

**Wound Care Panel**

CMDA Annual Conference  
April 29, 2022



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Moderated by Travis Neill, PA-C



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**Panelists**

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  - Pradeep Raj Rai, MD
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  - Lauren Kraemer  
RN, WCC, RAC-CT
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  - Chad Worz, PharmD
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  - Jenny Albertson  
NHA
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  - Sheldon Goldberg, MD

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**Learning objectives**

1. Describe distinguishing features among wounds associated with COVID, calciphylaxis, diabetes, and pressure injury
2. Document the assessment and treatment of incontinence-associated dermatitis
3. Discuss interdisciplinary approaches to wound prevention
4. Integrate diverse perspectives on wound care from interdisciplinary team members.

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**PREPARE YOURSELF...**

**WOUND CARE KNOWLEDGE IS ABOUT TO BE DROPPED!**



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**Case #1: Mr. Teflon**

- Mr. Teflon is a 65 yo man with end stage renal disease on dialysis with a hx of left lower extremity DVT
- He lives in LTC and is frequently non-adherent with medications and nursing care.
- He is independent with transfers and toileting
- His medications include: vitamin D, sevelamer, warfarin and metoprolol.

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### Case #1: Mr. Teflon

He has a developed painful, necrotic ulcerations with eschar on the back of his calves



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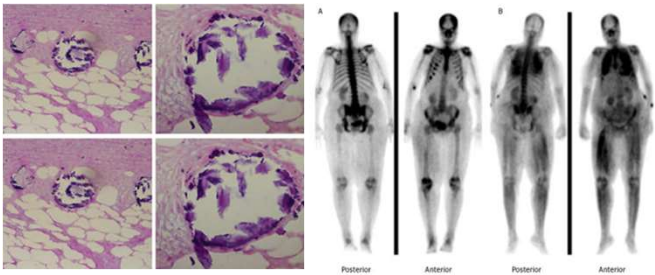
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### Case #1: Mr. Teflon



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### Case #2: Ms. Pealot

- Ms. Pealot is a 91yr old woman who has recently enrolled in hospice for end-stage dementia. The C.N.A reports her buttocks are more red than usual and has open wounds.
- She experiences incontinence, is moderate assist with transfers but is max assist with repositioning and toileting
- She has an air mattress
- Her medications include: morphine sulfate, acetaminophen, lorazepam

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**Case #2: Ms. Pealot**

The C.N.A reports the patient's buttocks are more red than usual and has open wounds.



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**Case #3: Mr. Hysugar**

- Mr. Hysugar is a 79yr old man with long standing diabetes mellitus type 2, venous insufficiency, CHF with chronic lower extremity edema
- He has been living at the NH for one year, is non-compliant with his diet and often refuses care
- He is independent with transfers and toileting, ambulatory, has been wearing the same old shoes since admission and started complaining of foot pain two days ago
- His medications include: glipizide, metformin, aspirin, losartan and metoprolol.

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Case #3: Mr. Hysugar

- He develops a wound on the plantar aspect of the right foot with a 1.2cm depth with 1cm undermining.
- Scant exudate
- No odor



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Case #4: Ms. Saculcer

- Ms. Saculcer is a 63yr old woman with multiple medical problems including relapsing MS and CAD who was just admitted to your nursing facility following a hospital stay for Covid-19 pneumonia
- She is unvaccinated for Covid-19 and is her own responsible party
- Her medications include: fingolimod, gabapentin, baclofen, metoprolol, apixaban, and vitamin D
- The admitting nurse is told “she has a wound on her sacrum that is covered with a dressing” but is not given any more information about the wound

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Case #4: Ms. Saculcer

- You remove a heavily saturated dressing



- The wound measures 4.5 x 5.0 x 0.4cm
- You notice subcutaneous granulation

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### Case #5: Mr. Ohnomytoe

- Mr. Ohnomytoe is a 82yr old man with poorly controlled DM, HTN, COPD from smoking, CAD, and severe PVD
- He says he noticed worsening bluish discoloration and pain in his left foot for the past several months but did not seek medical attention
- He was admitted to the facility following a hospital stay for a COPD exacerbation with a non-tender eschar on his left toe. He is his own responsible party
- His medications include: metformin, glipizide, apixaban, lisinopril, metoprolol, atorvastatin, tiotropium bromide inhaler, and acetaminophen

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**THEY SAY TIME  
HEALS ALL  
WOUNDS ...**

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### Case #5: Mr. Ohnomytoe

On admission the eschar was non-tender and left foot was cold

Pt refused surgical interventions: toe at 3 weeks

At 6 weeks



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