



Association for
the Advancement
of Wound Care



SO Many DRESSINGS SO Little TIME!

Mary Haddow RN, CWCN - ©2019

Lower Extremity Summit
November 2-3 • Sacramento, California



“The medical profession eradicated
polio and smallpox, but often
ignores the most basic evidence on
how to heal wounds”

Bolton LL 2004



Features of an appropriate dressing

Maintain body temperature

Protect periwound

Autolytic debridement

Prevent contamination

User friendly

Comfortable

Reduce pain

Moisture balance

Cost effective

Readily available



KNOW your OPTIONS

gauze	filler	antimicrobial
contact layer		super absorbent
honey	foam	negative pressure
hydrogel		composite
collagen	silicone	transparent film
hydrofiber		compression
cellular tissue product		hydrocolloid
calcium alginate		antiseptic



Barriers to Healing

- Inadequate PATIENT Assessment
- Poor wound bed prep
- Failure to address CAUSE
- Inappropriate product use
- Limited Formulary
- Unrealistic Goals/Expectations



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The role of Normal Saline and Cotton Gauze in 21st Century Wound Care



If the wound is **WET**...

If the wound is **DRY** and **PAINFUL**...

If the wound is **DEEP**

If the wound is **STALLED**

WHAT would **YOU** choose-
and **WHY?**

AAWC[®]

SUMMITS

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Dressings do not HEAL wounds!
The right dressing supports the
BODY's ability to HEAL



Patients can be very 'HARD OF LISTENING'

- Blissfully content with the status quo
- Good intentions **≠** Lifestyle Changes
- Oblivious to impact of sub-optimal environment
- Incapable of realistic self evaluation
- Irrational Expectations based on behavior patterns



Complications occur - Even with a “Compliant” Patient

BEFORE YOU RE-INVENT THE TREATMENT PLAN:

Re-Assess the Patient: has anything changed?

Re-Visit Patient Centered Goals

Re-Confirm Availability of Supplies

Re-Enforce Need for Lifestyle Changes

Re-Appraise Patient Technique and Commitment



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When all else fails,
FREE your inner MacGyver



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THANK YOU!

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