



Pressure Ulcers eCourse

Knowledge Checkup Module 5.6

Handout

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Knowledge Checkup – Questions

1. What are the symptoms of an infected wound?
2. In the elderly, the only clinical signs of a systemic infection might be:
3. How does bacterial burden and wound infection negatively impact wound healing?
4. The risk of getting infected is high when the pressure ulcer wound:
5. What types of patients are more likely to get infections in their pressure ulcers?
6. What signs and symptoms in a pressure ulcer suggest a local infection?
7. What signs in a pressure ulcer suggest a diagnosis of spreading acute infection?
8. Name several commonly used wound antiseptics.

9. What are some of the cautions to keep in mind when using topical antiseptics?

10. When should we use topical antiseptics for pressure ulcers?

11. What topical products should be considered for pressure ulcers with multiple organisms?

12. Why should we limit the use of topical antibiotics?

13. For what type of conditions should we consider administering systemic antibiotics?

14. When should you suspect osteomyelitis?

15. What diagnostic tools and tests can be used to confirm osteomyelitis?

Knowledge Checkup – Answers

1. Fever, edema, erythema, local pain and tenderness, and induration of the wound edge and adjacent tissues
2. Change in mental or functional status
3. Prolongs inflammatory stage; induces tissue destruction; delays collagen synthesis and prevents epithelialization
4. Has necrotic tissue or a foreign body; present for a long time; is large or deep; and if wound has been repetitively contaminated
5. Those with diabetes, under nourished, hypoxia, poor tissue perfusion, autoimmune disease and immunosuppression
6. Friable granulation tissue, foul odor, pain, heat, change in drainage, necrotic tissue, pocketing or bridging
7. Erythema extending from the ulcer edge; induration; new or increasing pain; warmth or purulent drainage; crepitus, fluctuance or discoloration; change in functional status
8. Iodine, chlorhexidine, acetic acid, silver compounds, hydrogen peroxide, sodium hypochlorite
9. Use for a limited time only; proper dilution; watch for toxicity and reactions
10. Not expected to heal; critically colonized; to reduce bacteria bioburden; and reduce inflammation
11. Antimicrobial silver and medical-grade honey
12. Risk of creating antibiotic-resistant organisms; inadequate penetration; skin irritation; systemic absorption and hypersensitivity reactions
13. Cellulitis, fasciitis, osteomyelitis, SIRS and sepsis
14. Exposed bone; bone feels rough or soft; failure to heal with prior therapy
15. X-rays, lab analysis, bone scans, MRI and biopsy tissue