**Managing Chronic Wounds in Long-Term Care: Best Practices**
*Pressure Injuries, Diabetic Ulcers & a Whole Lot of Gauze—Let’s Do It Right*

**🧠 Introduction: Wound Care Isn’t Glamorous, But It’s Critical**

In long-term care, wound care is part of the daily grind—and it’s not always pretty. Chronic wounds like pressure injuries, venous stasis ulcers, and diabetic foot ulcers show up uninvited and stick around like bad houseguests. Mismanaging them can lead to infection, hospitalization, amputations, or worse—state citations and legal nightmares.

But when you follow evidence-based wound care protocols, you’re not just applying dressings—you’re improving quality of life, preventing complications, and possibly saving lives.

**💡 1. Know Your Enemy: Types of Chronic Wounds**

Not all wounds are created equal. Knowing what you’re treating makes all the difference.

**Pressure Injuries (Bedsores)**

* Caused by unrelieved pressure over bony areas
* Common sites: sacrum, heels, hips
* Staged from I (non-blanchable redness) to IV (exposed bone/muscle)

**Diabetic Ulcers**

* Found on feet or toes, usually painless due to neuropathy
* Slow to heal due to poor circulation and immune response

**Venous Stasis Ulcers**

* Found on lower legs, usually weepy with irregular borders
* Related to poor venous return—compression is key

**Arterial Ulcers**

* Small, dry, and painful—usually on toes or pressure points
* Often cool to touch, with poor pulse in the area

**Get the type wrong? You’ll treat it wrong.** Assessment is everything.

**🧼 2. Cleanse Like a Boss: Don’t Just Splash and Go**

* Use **normal saline** or wound cleansers—*no peroxide or betadine unless ordered.*
* Irrigate gently to remove debris without damaging healthy tissue.
* Pat dry surrounding skin—no scrubbing!

A clean wound heals. A contaminated wound gets charted... then cultured... then escalated.

**🩹 3. Choose the Right Dressing (Not the Most Expensive One)**

Match the dressing to the wound’s characteristics.

* **Alginates:** For wounds with heavy drainage
* **Hydrocolloids:** For shallow, low-drainage wounds
* **Foams:** Cushioning, good for bony areas
* **Hydrogels:** For dry wounds needing moisture
* **Silver dressings:** Help fight infection in colonized wounds
* **Transparent films:** Not for open wounds—use for skin protection only

When in doubt, consult your wound care nurse. Don’t guess with gauze.

**⏳ 4. Document Like a Pro (Because Surveyors Will Check)**

Charting wounds is a CYA moment if there ever was one.

Include:

* Location and size (length, width, depth)
* Staging (if it’s a pressure injury)
* Drainage type (serous, purulent, sanguineous)
* Odor (be honest—"foul" is a real descriptor)
* Tissue type (slough, granulation, necrotic)
* Dressing applied and who performed the care
* Resident tolerance to the procedure

**Avoid:** “Looks better.” Be objective. Use numbers, colors, and tissue descriptions.

**📈 5. Monitor Progress—or Lack Thereof**

If the wound’s not improving in **2–4 weeks**, it’s time to reassess:

* Is it the wrong dressing?
* Is there undiagnosed infection?
* Is blood sugar uncontrolled?
* Is the resident constantly laying on it?

Wounds don’t just "stall" for no reason—*they’re telling you something’s wrong.*

**🛏️ 6. Prevention Is Still the Best Treatment**

Let’s not create new wounds while treating the old ones.

* **Turn and reposition every 2 hours** (yes, really)
* **Float heels** with pillows
* **Use specialty mattresses or overlays**
* **Keep skin clean and dry**. Moisture is a skin killer.
* **Manage incontinence quickly and respectfully**

An ounce of prevention saves a pressure injury... and a whole lot of paperwork.

**📣 7. Educate CNAs and Get the Whole Team Involved**

Nursing assistants often see wounds first. If they don’t know what to look for—or worse, they’re afraid to report it—things get missed.

* Train CNAs to report redness, odor, or open areas
* Encourage teamwork during turning and toileting
* Make wound care a *unit priority*, not just the treatment nurse’s burden

**🕊️ Final Takeaway: Every Wound Tells a Story—Be the One Who Listens**

Chronic wound care in long-term care isn’t glamorous. It’s hands-on, often frustrating, and sometimes heartbreaking. But it’s also a powerful way to preserve dignity, relieve pain, and prevent decline.

When you manage wounds with intention and consistency, you’re not just healing skin—you’re protecting lives.