

# When Nociceptive and Psychogenic Pain are the Primary Obstacles to Providing Appropriate Wound Care

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## Purpose

To demonstrate the use of an absorbent soft silicone antimicrobial exudate transfer foam dressing\* to manage patients with nociceptive and psychogenic pain secondary to wound manipulation and anticipatory anxiety related to wound care. Two primary goals were to achieve a high level of patient satisfaction and to produce improved clinical outcomes.

## Background

Per standard wound care principles, tactile manipulation for cleansing and preparation of the wound bed with topical application of the appropriate product during wound dressing changes is unavoidable in practice. From the author's experience, patients may refuse care and prohibit staff from following a plan that demonstrates optimal outcomes supported by evidence based practice. To address this issue, focus was placed on using a product that minimizes pain, reduces the frequency of dressing changes, and manages strike-through drainage without disruption of the primary dressing. Successful outcomes included:

- Positive patient reaction to care
- Report of decreased pain level upon dressing application, dressing removal, and evaluation post dressing change
- Decreased anticipatory anxiety related to a predictable scheduled dressing change
- Improved skin integrity

## Method

Three patients met the criteria for creating an alternate care plan based on refusal of care due to pain and anxiety. All patients had wounds that previously required daily cleansing and dressing changes.

### Case Study #1: Skin Fold Management

87 y/o bariatric female with acute-on-chronic intertriginous dermatitis. Patient reported history of failed treatment with topical antifungal creams, antibacterial ointments and silver impregnated textile with care provided daily to TID. While the silver textile's antimicrobial and antifungal action were effective, it failed to remain secure to skin folds. Patient reported 10/10 pain described as "burning and stinging with intermittent itching." An absorbent soft silicone antimicrobial exudate transfer foam dressing with secondary gauze left securely in place for 3 days revealed intact skin and reported 0/10 pain with no further itching. Patient reported "first time without pain in years".



Day 1



Day 3

### Case Study #2: Peri-Tubular Irritant/Fungal Dermatitis

72 y/o female with esophageal perforation, anastomotic leak post esophageal reconstruction with development of gastrocutaneous fistula. Presented with severe peri-tube irritant dermatitis, partial-thickness wounds, and pain rated as 10/10. Failed treatment plans included: zinc oxide skin barrier, anti-fungal creams, drain sponges and non-adherent dressings, daily to BID. Patient was visibly distressed, displaying protective shielding. Initiated absorbent soft silicone antimicrobial exudate transfer foam dressing. At discharge intact skin noted with absence of satellite lesions. Patient reported pain 2/10.



Day 1



Day 5 Discharge

### Case Study #3: Peri-Tube Irritant Dermatitis / Tracheostomy

54 y/o female admitted with tracheostomy and ventilator associated pneumonia, secretions x 3 months and circumferential denuded peri-tubular skin with yellow drainage and satellite lesions. Patient refused topical skin cleansing due to reported 9/10 pain level described as "burning." Previous failed treatment plans included antibacterial cream, barrier ointments, and silver foam adhesive dressings. Absorbent soft silicone antimicrobial exudate transfer foam dressing allowed drainage to transfer through the foam to the secondary drain sponge that was changed daily and prn. With the new plan, reported pain levels were quickly reduced to 1/10 and described only as "warm."



Day 1



Day 5

## Results

- Patients demonstrated reduced anxiety and reported being "relieved, hopeful and no longer dreading wound care"
- Patients reported immediately decreased pain levels ranging from 0/10 to 2/10
- Dressing change frequency was reduced to every 3 to 7 days with ability to remain in place for 14 days if indicated
- Improved skin integrity was demonstrated in 3 to 5 days, exceeding our expectations

## Conclusion

Based on the demonstrated clinical outcomes and increased patient satisfaction, we re-evaluated our wound care formulary and eliminated less versatile products.

By implementing a change in the products we use, and thus how we provide care, we have achieved an additional goal: time and cost savings.

"Dedicated to Allison Feldman who inspired this poster; encouraged me to "think outside the box" and supported my idea for implementing an alternative practice for skin fold management."