

## NURSING QUICK REFERENCE: WOUND CARE BASICS

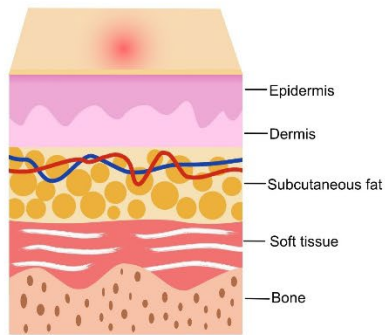
Provided by Singh Wound Care | Dr. Singh, MD Mobile Physician Services • (833) WOUNDOC

### GUIDE 1: Pressure Injury (The "Bed Sore")

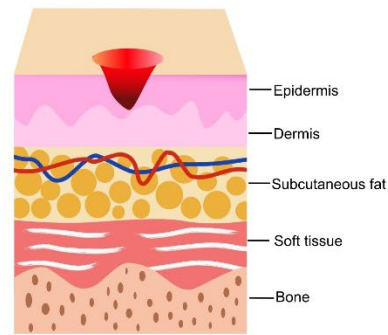
**Primary Cause:** Unrelieved pressure over a bony prominence. **Most Common Sites:** Sacrum, Heels, Hips (Trochanter), Ischium (buttocks), Elbows.

#### Identification (Staging)

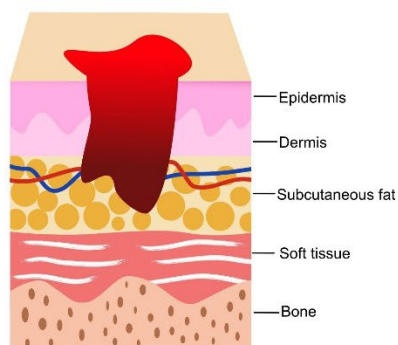
## Stages of Pressure Sores



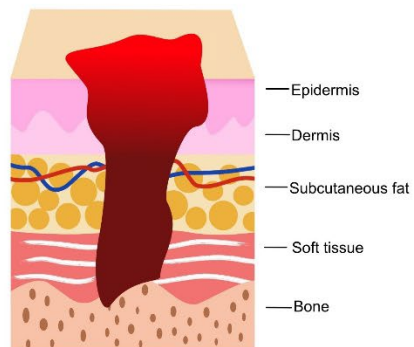
Stage 1



Stage 2



Stage 3



Stage 4

- Stage 1: Non-blanchable redness (skin is intact).
- Stage 2: Partial thickness loss (looks like a blister or shallow abrasion).
- Stage 3: Full thickness loss (fat visible).
- Stage 4: Bone, tendon, or muscle exposed.
- Unstageable: Covered in yellow slough or black eschar.
- Deep Tissue Injury (DTI): Purple/Maroon intact skin (looks like a deep bruise).

#### ✅ The Singh Standard (Management)

1. **Relieve Pressure:** This is the *only* way it heals. Turn patient q2h. Float heels off the bed using pillows or boots.
2. **Moisture Control:** If the patient is incontinent, use barrier cream. Keep the wound bed moist but the surrounding skin dry.
3. **Documentation:** Measure L x W x D weekly. Note the percentage of granulation (red) vs. slough (yellow).

#### 🚩 Red Flags

- Rapid decline (wound gets larger in <48 hours).
- New "mushy" feeling under the skin (undermining/tunneling).
- Foul odor immediately after cleaning (sign of deep infection).