



Pressure Ulcers eCourse

Knowledge Checkup Module 5.3

Handout

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Knowledge Checkup – Questions

1. When we are cleansing a wound, we are using fluids to remove:
2. What are some of the important considerations when cleansing a pressure ulcer wound?
3. What factors do we need to consider when doing an irrigation cleansing of a wound?
4. Why should necrotic tissue be removed from a pressure ulcer?
5. What are some debridement methods used with pressure ulcers?
6. What factors do you need to take into account when selecting a debridement method?
7. Which debridement method should be used if there is no urgent clinical need for drainage of removal of necrotic tissue?
8. Surgical debridement is recommended if the pressure ulcer wound exhibits:
9. Sharp debridement should NOT be used with patients who:
10. Patients with Stage III and IV pressure ulcers should be referred for surgical evaluation if the pressure ulcer exhibits the following:

Knowledge Checkup – Answers

1. Surface contaminants, bacteria and remnants
2. Do at each dressing change; use normal saline or potable water at room temperature; gently wash with cloth or sponge; cleanse periwound skin
3. Use pressure of 4 to 15 PSI; use syringe or catheter; capture and dispose of irrigation solution
4. Source of infection; prolongs inflammation; obstructs contraction; impedes epithelialization; masks fluid collections or abscesses; and limits assessment
5. Sharp / surgical, autolysis, enzymatic, and mechanical
6. Patient's condition; goals of care; ulcer/periwound status; necrotic tissue; care setting and professional capability
7. Mechanical, autolytic, enzymatic or biosurgical
8. Advancing cellulitis, crepitus, fluctuance or secondary sepsis
9. Are in anticoagulant therapy or have bleeding disorders
10. Undermining, tunneling, sinus tracts and extensive necrotic tissue that cannot be removed by debridement