

Core Concepts of Nursing Exam 4 Review

Pathophysiology: Wound Healing: Wound Drainage (2)

- **Stage I pressure ulcer**
 - Skin prep, granules
 - Hydrocolloid dressing - sealed, gel pad the absorbs drainage
 - Transparent dressing - if skin intact
- **Stage II pressure ulcer**
 - Transparent dressing
 - **Hydrocolloid** dressing
 - Pain management
- **Stage III pressure ulcer**
 - Wet-to dry gauze dressing with sterile NS
 - **Hydrocolloid** dressing
 - Proteolytic enzymes
- **Stage IV pressure ulcer**
 - **Wet-to-dry gauze** dressing with sterile NS
 - Vacuum-assisted closure (**VAC**)
 - Pack wound with sponges, drain out exudate, negative pressure to make it oxygenated; make sure VAC pack intact, document how much comes out
 - Helps keep swelling down, overtime they can close
- Healing time depends on risk factors; once you lost that skin, **does not return to baseline**, does not downgrade
- **Types of wound healing**
 - **Primary** *Based on depth of the wound*
 - **Wound does not have a lot of tissue loss**, minimal, closed surgical incision with staples/sutures
 - **Secondary**
 - Pressure injury/burn area, more loss of tissue, left open to **heal from inside out**; **greater risk for infection**, scarring, granulation tissue to heal
 - **Tertiary**
 - Wound that requires **a long and extended time to heal**, kept open to be cleaned, widely separated wound
- **Phases of Wound Healing**
 - Inflammatory
 - Last few days - 1 week
 - Proliferative

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Table of Contents Core Concepts In Nursing Video Series

1. Understanding the eBook Core Concepts In Nursing Video Series
 - The Rise of Digital Reading Core Concepts In Nursing Video Series
 - Advantages of eBooks Over Traditional Books
2. Identifying Core Concepts In Nursing Video Series
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Core Concepts In Nursing Video Series
 - User-Friendly Interface
4. Exploring eBook Recommendations from Core Concepts In Nursing Video Series

- Personalized Recommendations
 - Core Concepts In Nursing Video Series User Reviews and Ratings
 - Core Concepts In Nursing Video Series and Bestseller Lists
5. Accessing Core Concepts In Nursing Video Series Free and Paid eBooks
 - Core Concepts In Nursing Video Series Public Domain eBooks
 - Core Concepts In Nursing Video Series eBook Subscription Services
 - Core Concepts In Nursing Video Series Budget-Friendly Options
 6. Navigating Core Concepts In Nursing Video Series eBook Formats
 - ePub, PDF, MOBI, and More
 - Core Concepts In Nursing Video Series Compatibility with Devices
 - Core Concepts In Nursing Video Series Enhanced eBook Features
 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Core Concepts In Nursing Video Series
 - Highlighting and Note-Taking Core Concepts In Nursing Video Series
 - Interactive Elements Core Concepts In Nursing Video Series
 8. Staying Engaged with Core Concepts In Nursing Video Series
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Core Concepts In Nursing Video Series
 9. Balancing eBooks and Physical Books Core Concepts In Nursing Video Series
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Core Concepts In Nursing Video Series
 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
 11. Cultivating a Reading Routine Core Concepts In Nursing Video Series
 - Setting Reading Goals Core Concepts In Nursing Video Series
 - Carving Out Dedicated Reading Time
 12. Sourcing Reliable Information of Core Concepts In Nursing Video Series

- Fact-Checking eBook Content of Core Concepts In Nursing Video Series
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning
- Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
14. Embracing eBook Trends
- Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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