

## Wound management

by Marie McCullagh & Ros Wright

Barry Godfrey, 82, has presented to his local GP surgery with a burn to the arm. The Practice Nurse is asked to dress the wound.

### Transcript

#### Part One

**PN:** Hello, Mr Godfrey. My name's Sandra. I'm the Practice Nurse. I hear you've had a little accident. Do you mind if I take a look?

**Barry:** No, no not at all. It's still a bit sore. I should have come in a couple of days ago, but, well, I just thought it would heal itself. I tried to clean it up and that, but ...

**PN:** If I can just take a look. Could you just roll up your sleeve for me? That's lovely, thanks.

**PN:** I can see it's hurting you quite a bit, isn't it? So, how did this happen, Mr Godfrey?

**Barry:** Ironing. I wasn't paying attention, you know, watching the box at the same time. I hate this ironing lark. Of course my wife did all that when she was here. Got to fend for myself now ... it's not that easy, and ...

**PN:** OK. Well, I'm just going to clean it up a bit first. Then I want to put on a fresh dressing for you.

**Barry:** I stuck my arm under the cold tap for a while then put some ointment on, but doesn't look like I did a good job, did I?

**PN:** It could have been worse. Now, it might be a little tender while I clean it. Just bear with me. There, that's better. Now, you see, the burn's become infected. Do you see here, where it's a bit red and inflamed? It's lucky you did come in today though, Mr Godfrey; otherwise the infection would have spread.

**Barry:** What's the best thing for it, keep it open?

**PN:** Not necessarily. We want to try to protect the wound and bring down the swelling. I'm going to use what we call an antimicrobial cream.

**Barry:** What's that then?

**PN:** It's similar to an antibiotic but in a cream form – we use it for burns like this that are slightly infected. It'll reduce the swelling and it's quite soothing too, so it should make your arm feel less tender. If you don't mind I'll just put the dressing on now too. You must keep this dry too and don't be tempted to take the dressing off, if at all possible. You should avoid having it exposed for the moment.

**Barry:** I'm sure I can manage that without too much trouble, me duck.

#### Part Two

**PN:** Are you looking after yourself otherwise, Mr Godfrey? You know wounds like this will always heal quicker if you're eating properly – nutrition's very important.

**Barry:** I go to a Day Centre once or twice a week for my lunch. The grub's not bad there. And my son comes round with my shopping, so I'm OK, thank you nurse.

**PN:** Good to hear. I can hear you're sniffing a little ...

**Barry:** I'm trying to shake off this cold; I've had it for a couple of weeks.

**PN:** It might be a good idea to make an appointment with your GP in that case, Mr Godfrey. Now I want you to come back into the surgery in a couple of days, Mr Godfrey, so that I can keep a check on the wound and change the dressing. Will you do that for me?

**Barry:** Yes. It's nice to get out my dear. I like my visits up the town or the doctor's. I always see someone I know, then we get chatting ...



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### A Professional usage

1. Before you listen, look at the information in the *Wound Assessment Form* and check the meanings of these words in a good dictionary or online.

granulated / macerated / malignant / necrotic / sloughy / traumatic

Wound Assessment Form						
Date	01.11.09					
Name	Barry Godfrey					
Wound site	R _____					
Type of wound	traumatic	surgical	burn	ulcer	malignant	other
Factors delaying healing	medications	allergies	peripheral vascular disease	nutritional score	mobility	other _____
Wound description	granulated	sloughy	necrotic	infected		
Freq of dressing	bd	tds	daily	3rd daily		
Antibiotics	no	yes	oral	IV		
Surrounding skin	healthy	dry	macerated	inflamed		
Dressing products	non-adhesive dressing (NAD)	antimicrobial	hydrating	absorbent		

2. Listen to Part 1 and indicate the cause of the burn and complete any other missing information you hear.
3. Now answer these questions:
- What other factors might hinder the healing of this particular wound?
  - What factors related to the healing process are in this patient's favour?
4. Listen to Part 2 and answer the questions:
- Why is the nurse's question about what the patient is eating relevant to his wound?
  - Is there any other reason the nurse might want to ask this question?
  - What's the significance of the patient's response to the nurse's final question?

### B Colloquial language

1. Match the prepositions with the verbs to make expressions useful when discussing the management of a patient's wound. NB: In some cases a preposition is NOT necessary.

#### VERBS

bring clean put roll shake spread take  
swell heal expose

#### PREPOSITIONS

down off on up

2. Look back at the dialogue if you are unsure of the appropriate usage and context for these expressions.
3. Now write a sentence of your own with each expression to help you remember them.

_____	_____
_____	_____
_____	_____
_____	_____

4. Using the context to help you, explain to your partner the meaning of three of these colloquial expressions.

(watch the) box / fend for myself / grub / here / me duck

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### C Communication focus

- Look at the dialogue and find examples where the nurse does the following:
  - Keeps the patient informed of what she is about to do/going to do.
  - Requests the patient's permission before carrying out an action.
  - Warns the patient.
- What is the nurse's intention when she uses the strategies a-c?
- Look at these responses from the nurse. What effect is she hoping they will have on the patient?
  - Just bear with me.*
  - Will you do that for me?*

### D Handover

In groups of three, use the information on the *Wound Assessment Form* to role-play an encounter with a Nurse on the ward.

Patient: Elizabeth Baylis D.O.B. 23.10.44		Wound Assessment Form				[Hospital name + logo]	
						Consultant/GP: Dr Raul Stefano Ward / District nurse : _____	
Date	01.11.09						
Wound site	R leg						
Type of wound	traumatic	surgical	burn	ulcer - diabetic	malignant	other	
Factors delaying healing	medications	allergies	peripheral vascular disease	nutritional score	mobility	Other - anaemia	
Wound description	granulated	sloughy		necrotic	infected		
Freq of dressing	bd	tds	daily		3rd daily		
Antibiotics	no	yes	oral		IV		
Surrounding skin	healthy	dry	macerated		inflamed		
Exudate	nil	small amt	moderate		heavy		
Exudate type	N/A	serous	haemoserous		purulent		
Odour present	yes	slight		no			
Level of pain	0 (none)	1	2	3 at dressing	4	5 (severe)	
Debridement	nil	surgical		mechanical (wet to dry dressing)		chemical	
Dressing products	non-adhesive dressing (NAD)	antimicrobial		hydrating		absorbent - occlusive dressing	
Wound closure	sutures		clips		open wound		
Comments	To be reviewed by Wound Management Team for reassessment on 10/11						
Wound assessed by	SIGNATURE OF NURSE						



#### Ward Nurse

Use the information in the *Wound Assessment Sheet* to explain to the patient how you are going to manage their wound. Involve your patient in the wound management process and check she doesn't have another agenda.

#### Patient

Use the information in the *Wound Assessment Sheet* to develop your character. You have suffered from diabetes for the last 15 years and you are tired of the problems it causes you – in fact you are a little depressed but are unable to discuss this with your doctor. You think the nurse will be more sympathetic.

#### Observer

As an observer, watch the role-play and note how the nurse involves the patient in the wound management process and employs a holistic approach.

At the end of the role-play feedback to the 'Ward Nurse' on the appropriateness of the language (s)he employed.

Then swap roles. Role-play again bearing in mind the feedback you have received.

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### ANSWER KEY

#### A Professional usage

- 1 granulated →describes tissue in the initial stages of healing  
 macerated →softened tissue around the wound  
 necrotic →dead tissue surrounding a wound  
 malignant →diseased and likely to cause death  
 sloughy →dead tissue from an infected wound are  
 traumatic →injury

2

Wound Assessment Form						
Date	01.11.09					
Name	Barry Godfrey					
Wound site	R arm					
Type of wound	traumatic	surgical	burn - iron	ulcer	malignant	other
Factors delaying healing	medications	allergies	peripheral vascular disease	nutritional score	mobility	other - cold for two weeks
Wound description	granulated	sloughy	necrotic	infected		
Freq of dressing	bd	tds	daily	3rd daily		
Antibiotics	no	yes	oral	IV		
Surrounding skin	healthy	dry	macerated	inflamed		
Dressing products	non-adhesive dressing (NAD)	antimicrobial	hydrating	absorbent		

- 3 a) The patient's age may hinder the healing process. Similarly, if he is a smoker or suffers from any respiratory problems, further exacerbated by the cold he has been suffering from.
- b) This patient does appear to be suffering any mental issues that could possibly hinder the process. He is well nourished which is also positive.
- 4 a) Nutrition can help a wound heal more quickly.
- b) The nurse is likely to be concerned in a more general way about how much the patient is eating as part of looking after himself
- c) A nurse should be aware that for many elderly people an appointment at the surgery is a significant event of the week. The patient's response indicates this is the case.

#### B Colloquial language

- 1 bring down                      shake off  
 clean up                         take off  
 put on                            expose  
 swell up                         heal  
 roll up                            spread

**NB:** Your learners may also come up with the following:

bring up / on  
 clean off / down  
 shake up / down  
 take up / on  
 roll off

- 2 **NB:** Point out to your learners that *swell up* does not appear in the dialogue but is very commonly used in this situation. Instead, ask them for a synonym for *to become inflamed*.
- 4 (watch the) box →(watch the) television  
 fend for myself →take care of myself  
 grub →food  
 here →alive  
 me duck →my dear (expression used in East Midlands/South Yorkshire)

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### Optional activity

You may now wish to do this additional activity with your learners to develop their communication strategies when faced with colloquial expressions they may not understand. Ask your learners to:

1. Identify the expressions that are really relevant to the situation. Explain your choice.
2. With a partner, devise a question a nurse might ask to clarify his/her understanding of the expression.
3. With a partner, practise using these using the examples from the dialogue. Make sure you smile and use appropriate intonation.

### Answers

- 1
- *watch the box* is not really relevant. The patient has indicated he wasn't paying attention when the accident took place. How it actually happened is additional information.
  - *feed for myself* is relevant. The nurse understands the patient is having difficulty taking care of himself.
  - *here* is relevant. It explains why he is having difficulty taking care of himself and gives an indication as to his (psychological) general well being.
  - *grub* is not relevant. It is additional information. The important point is that the patient is eating regular balanced meals, which is highlighted by the fact he is eating meals at the Day Centre.
  - *me duck* is not relevant. It's simply a term of endearment.

**NB:** Point out that such terms are commonly used in English, especially by older patients but differ depending on the region or country. Ask your learners for their experience of these in their professional and/or personal life.

**NB:** Point out that it is more difficult to do this when listening in real time.

- 3
- Sorry, I'm not quite sure what you mean.* [rising intonation to invite a response]  
*What do you mean exactly, Mr Godfrey?*  
*Sorry, I've not come across that expression before, what does it mean?*

### C Communication focus

- 1 a) *I'm just going to clean it up a bit first. / I'm going to use ...*  
 b) *Do you mind if I take a look? / If I can just take a look? If you don't mind I'll just put the dressing on now too*  
 c) *... it might be a little tender while I clean it.*

- 2 The nurse aims to involve the patient in the wound management process as much as possible.

**NB:** Depending on the level of professional experience of your learners, you may want them to discuss this with a partner first. For a monolingual group, they could discuss in their L1.

- 3 a) The nurse hopes the patient is going to be patient despite the pain while she cleans the wound.  
 b) The nurse encourages the patient to comply with her request to attend the surgery. This puts the responsibility on the patient.