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Wound Care For Unhoused Youth

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Wound Care For Unhoused Youth

Introduction

We partnered with a non-profit organization designed to serve the unhoused youth, ages 18-25, who have a day program as well as an overnight shelter. They have 30 beds and reserve 20 of those beds for individuals who are “residents,” who commit to staying for several nights and work towards finding more permanent options. The other 10 beds are for individuals to use for a single night, but these are not always guaranteed, you must sign up to save a spot. The day program has various activities ranging from painting to resume workshops and health clinics. While the day program offers the health clinic on Wednesdays, the coordinator informed us that many of these individuals have had problems with wound care and are unsure of how to care for them. Based on the needs assessment, we decided to create educational wound care in-service posters and informative pocket cards with instructions on how to properly apply or change a wound dressing. Due to the lack of access to these resources, we also created individual wound care kits. With this, our goal was to increase the knowledge of overall wound care, identification of infection, dressing changes, and a triage tool informing when to send clients to a higher level of care. Pre and post survey data was collected to measure the outcomes related to the educational in-service wound care.

Background

From the King County Committee to End Homelessness campaign, it is estimated that between 5,000 and 10,000 youth and at-risk young adults, ages 13-25, experience homelessness each year in King County (Scope of Homelessness in King County, 2012). In a study done by The Journal of Academic Emergency Medicine, they explored demographic features and the conditions that homeless people presented within the emergency department. Of the 39

participants, they had 347 admissions of these patients over a 40-month period. Coming in second behind cardiovascular and respiratory system issues, pain, from a chronic wound, for example, was a leading cause of admissions into the ED (Yilmaz et al., 2015). Skin and mucous membranes are the first line of defense for prevention of disease processes, and with the homeless population often experiencing a lack of access to clean water and bathing facilities, this puts them at an increased risk for infection (Kirkland-Kyhn, 2020). The second most common adversity seen in the homeless population is acute trauma; usually lacerations and wounds (HCH Clinicians Network, 2004). These traumatic wounds must be cared for early on in the acute stage before they become chronic as they become much more difficult to manage. The assessment step of the wound care process is fundamental, as the type of wound can typically be narrowed down to a few potential causes based on the location and appearance. Wounds on bony prominences are likely due to pressure cutting off circulation or friction/shear damage. Lower extremity wounds are likely due to vascular insufficiencies, foot wounds are typically due to neuropathy, the most common cause of which is diabetes (HCH Clinicians Network, 2004). Since this group is at a higher risk due to environmental factors, as well as additional comorbidities increasing their chance of wounds, we deemed it important to provide educational background to this shelter.

Activities with rationale

Due to the increased risk of infections from wounds caused by lack of proper footwear, drug use, trauma, or lack of medical care and poor hygiene, (Kirkland-Kyhn, 2020; Mullins et al., 2022) those in the healthcare industry must take the time to educate and treat the wounds of the homeless and prevent more serious infections; the staff at this facility do not represent the healthcare industry, however, they are on the front lines triaging clients. Our group decided to

tackle both areas, by creating some wound care bags with cards on taking care of wounds and educating about the importance of wound care (Dohoo et al., 2019, p. 7). The bags we handed out had enough supplies to do approximately two dressing changes and included gauze, antibiotic cream, alcohol wipes, bandages, burn cream, and saline (Mayo Clinic, 2021). The second part of this project were the cards we created as well as posters, that educate the community and the staff at the center on how to care for wounds. Posters and small cards “can be used in situations where it is necessary to reach a wide audience” (Hasanica et al., 2020, p. 138). An educational info-session was given to the staff to familiarize them with assessments and treatments of wounds as well as how to triage wound care based on our assessment of a knowledge deficit. We created five steps with simple directions. First, they should clean their hands and gather the listed supplies. Next, remove old bandages and rewash your hands. The third step involved how to clean the wound. The fourth step was to look for any changes and apply antibiotic cream and finally rewash hands. The other side of this card are symptoms they need to seek medical care for. For this we used an acronym, SWEARS, which stands for swelling, warmth (heat), excretions (drainage), ache (pain), redness, and smell (foul odor) (CDC, 2020). The other posters we created shared general information on wounds, where to get treatment, and why wounds need to be cared for. We wanted to share this information so that people may start to understand that wounds that are uncared for can cause serious harm or even death (Cahn et al., 2021). In addition, resources for future restocking wound care bags were left with the organization. For us, this program is just the beginning, our bags will not last long but we hope that the center will be able to continue creating these wound care bags.

Outcomes

After meeting with our site and determining what the population that we were working with needed, we discovered that there was a knowledge deficit surrounding wound care management as well as a lack of resources available for wound care and wound care management. The goal of addressing this deficit was to reduce the number of unmanaged wounds, subsequently reducing infection rates in houseless youth. An outcome we identified was the need for wound care resources. To achieve this outcome, we created the 100 mini first aid kits. Another outcome we identified was for clients to know how to properly manage a wound. To help us with this outcome, we created wallet-sized cards with step-by-step wound care instructions. We placed these and the posters in the wound care kits we created for the clients and employees at our site to decrease this knowledge deficit. In addition, the staff were educated on wound care assessments and triage in an informational session. The goal of both of these outcomes was to have better access to these materials and information, which we believe we achieved through this project.

To assess if we met our goal, we gave surveys out pre-education and then another survey afterward. The results for pre-education were scored on a scale from 1 to 5 and showed understanding of wounds and how to dress wounds to be an average of 1.6, signs of infection were an average of 3 and when to seek medical help was an average of 3.6. We gave the same survey after and saw post education an average increase in all areas. Understanding of wounds went to 3.3, how to dress wounds went to 3.6, signs of infection increased to 3.6, and when to seek medical help is now 4.5. The education seems to have been beneficial but further studies with a larger population are needed to prove significance.

Conclusion

Infallibly, it is essential to know the importance of wound prevention and how to manage wounds. When there is no proper wound care, bigger health issues can arise and lead to sepsis, limb amputation, or even death. Unhoused youth are particularly at risk and when evaluating what we could do for this facility that cares for unhoused youth, we determined that wound care was something that this population was seriously lacking knowledge of. By providing wound care kits and education on the importance of wound care, we eliminated some of the knowledge deficits. By the numbers, the survey showed they now have better knowledge of how to utilize the resources that we have provided for them. In the long term, we hope to see a lower rate of unmanaged wounds in this facility.

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