

# 2023 Toronto Geriatrics Virtual Update Course

## Workshop #2 : Wound Care

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# Disclosures

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- No financial disclosures.
- Generic names will be used, brand names may also appear to support identification.
- Wound care is complex medicine, both empiric- and evidence-based.

# Wound Care teaching enabler

<https://1drv.ms/b/s!AooCISog8BQSkH6J15NAQ9vcfUst?e=KrKu1U>

Look in chat!



# Objectives

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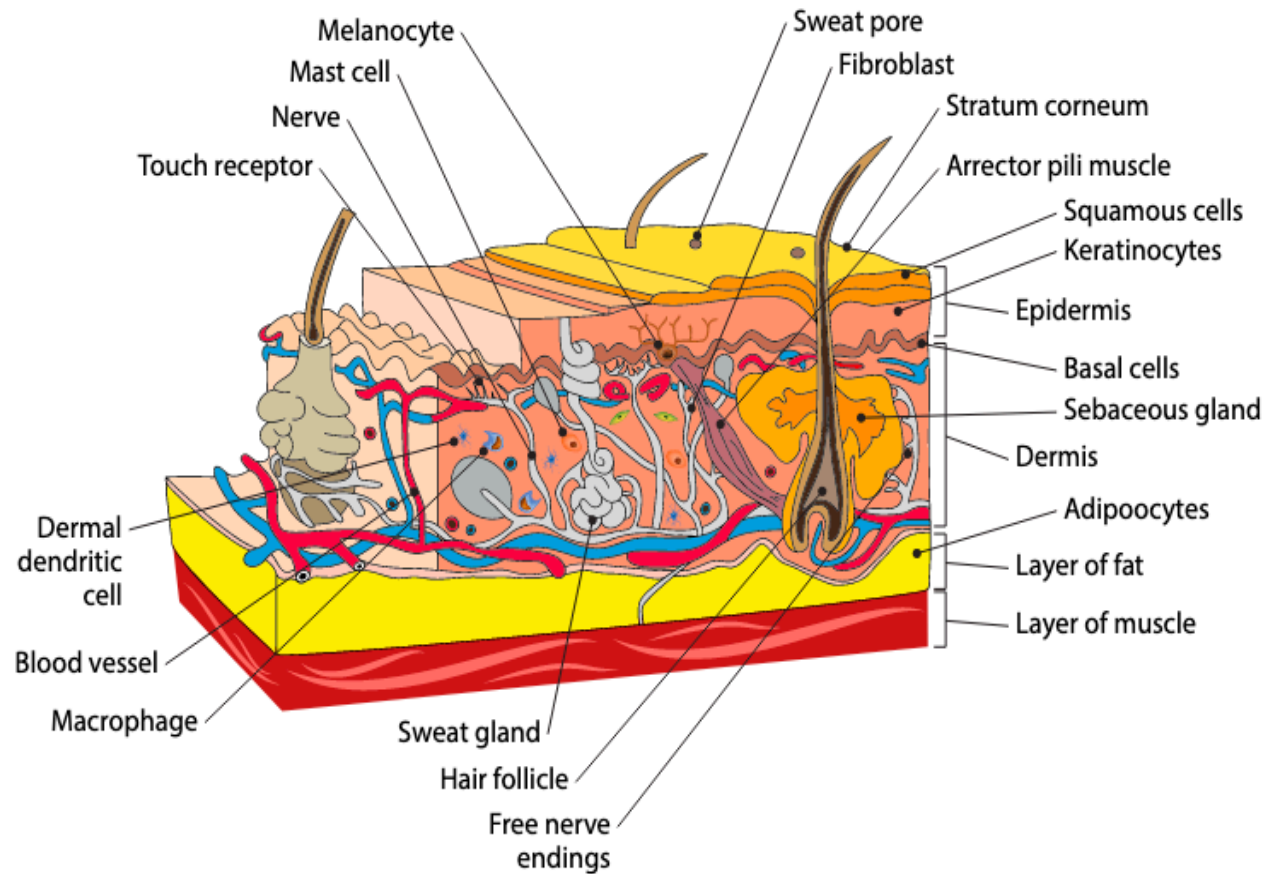
1. To review skin function, wound healing and how this may differ in the older person.
2. To review an evidence-based approach to wound care and identify key factors that affect healing potential.
3. To gain familiarity with basic wound care products – including wound cleansers, primary and secondary dressings - and how to write a local wound care order
4. To discuss some local wound care learning opportunities

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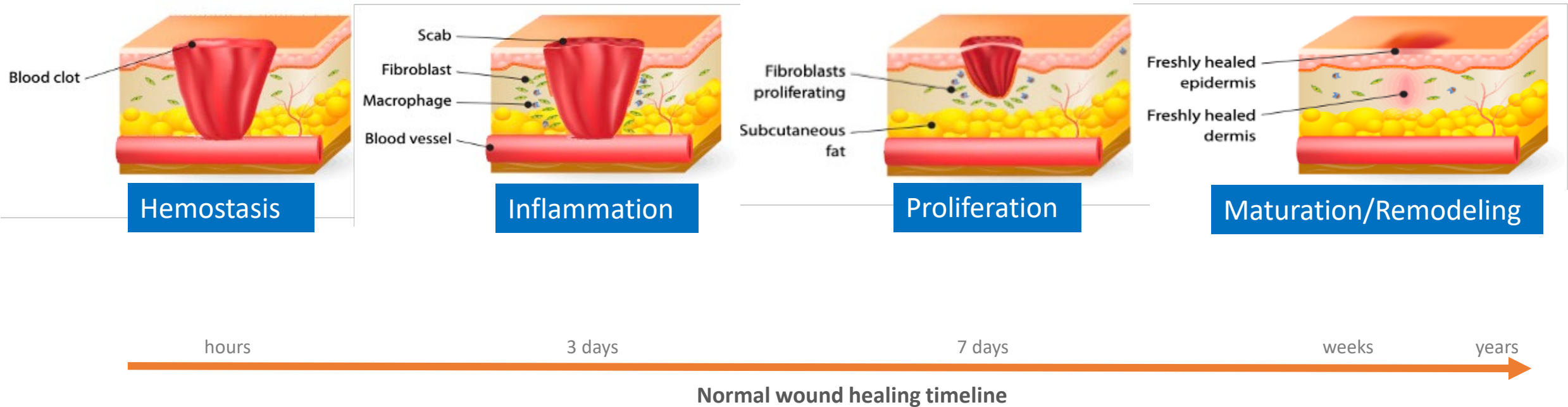
# Skin review



- **Epidermis**
  - protective
  - relies on diffusion of O<sub>2</sub>, nutrients from deeper layers
  - regenerates every 4-6 weeks
- **Dermis**
  - collagen, elastin, ECM for strength, pliability
  - blood, lymphatics for nutrition. waste removal
  - nerve fibres, hair follicles, sweat glands
- **Hypodermis (subcutaneous tissue)**
  - insulates, absorbs shocks
  - adipose, connective tissue

Orstead et al. Foundations of Best Practice for Skin and Wound Management. Skin: Anatomy, Physiology and Wound Healing. Wounds Canada, 2017.

# Four phases of wound healing



Orstead et al. Foundations of Best Practice for Skin and Wound Management. Skin: Anatomy, Physiology and Wound Healing. Wounds Canada, 2017.

## Poll (#1): What is unique to the care of wounds in the elderly?



Choose the *best* answer:

1. Age itself means that wounds cannot be healed.
2. There are more wounds in the older person as they have fragile skin and are more prone to injuries.
3. The older person may appear to have more wounds due to expected skin changes associated with aging that result in slowed wound healing.
4. With ageing, the skin undergoes changes that both increase the risk of wound development and impair healing.



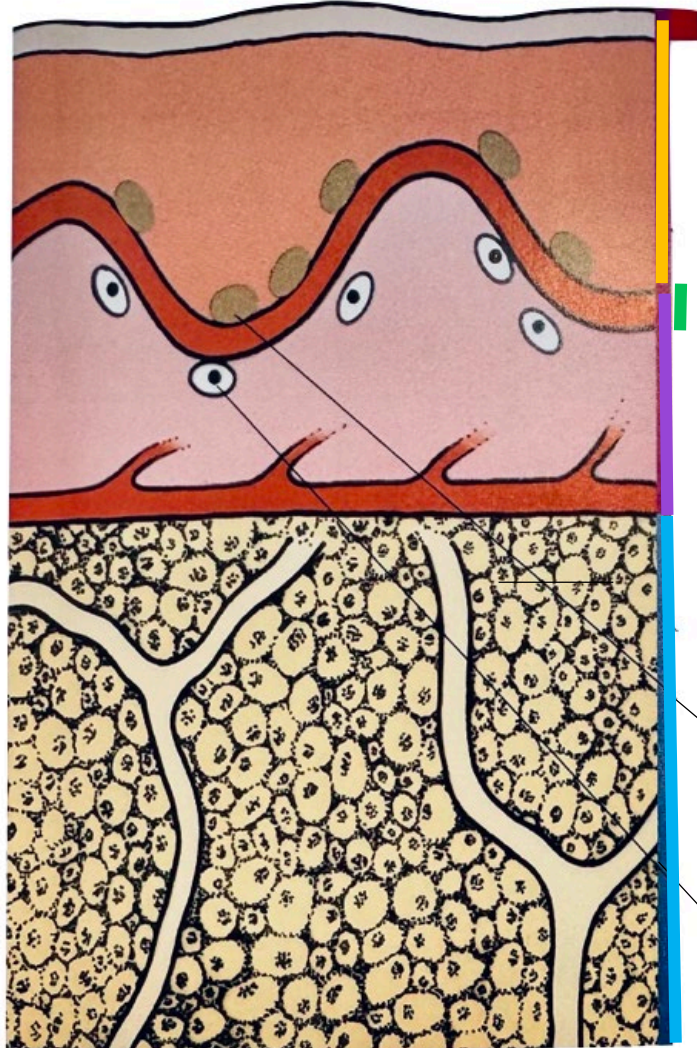
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## Younger skin



**Stratum corneum**  
50% reduced cell turnover

**Epidermis**  
Progressively thins

**Papillary dermis**  
Flattens, reducing contact  
between epidermal and  
dermal layers

**Dermal thickness**  
declines 20%

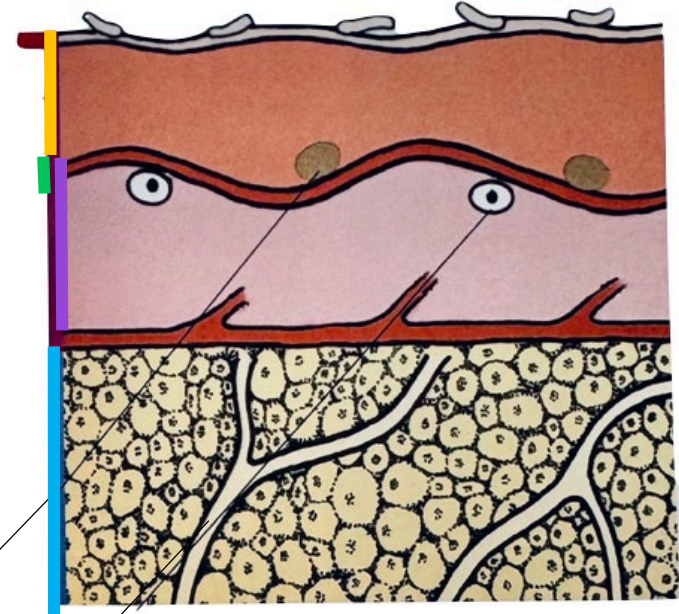
**Deep vascular plexus**  
declines, reducing blood flow  
to the skin

**Subcutaneous tissue**  
fewer fat cells

**Melanocytes**  
Decrease, causing  
pigmentation irregularities,  
increased risk of skin cancer

**Mast cells**  
Decline 50%, reducing  
inflammatory response

## Older skin

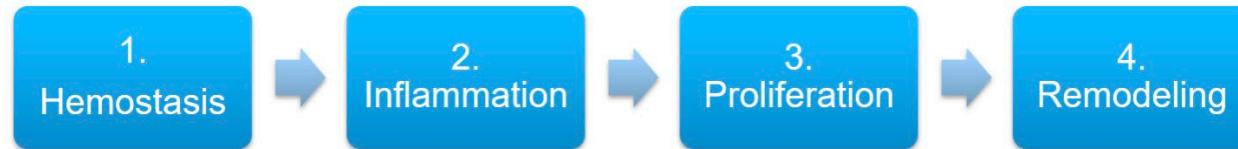


As skin changes with ageing, there is increased risk of developing wounds and impaired healing

Burghardt et al. Wound care 2<sup>nd</sup> ed. Lippincott Williams Wilkins. 2012.

# Definition of a chronic wound

- Wounds that fail to proceed through normal phases of wound healing in an orderly and timely manner
- Often, stalled in the **inflammation** phase of healing



- Differing length of time in the literature
  - **3 months**

Frykberg RG, Banks J. Challenges in the Treatment of Chronic Wounds. Adv Wound Care (New Rochelle). 2015 Sep 1;4(9):560-582.

# Health system impact of chronic wounds

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- Prevalence increases with age
- 1-2% will have a chronic wound in their lifetime
- Major public health challenge to individuals/health care/society<sup>1</sup>
- 2% to 3% of the healthcare budgets in developed countries<sup>2</sup>
- Worldwide costs estimated at \$15 billion USD in 2022

1. Prevalence and incidence of chronic wounds and related complications: a protocol for a systematic review. *Syst Rev* 5, 152 (2016).
2. Canadian Agency for Drugs and Technologies in Health. Optimal Care of Chronic, Non-Healing, Lower Extremity Wounds: A Review of Clinical Evidence and Guidelines. Ottawa, ON, Canada, 2013
3. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10111378/#B15>). 2022 Nov 14

# Objectives

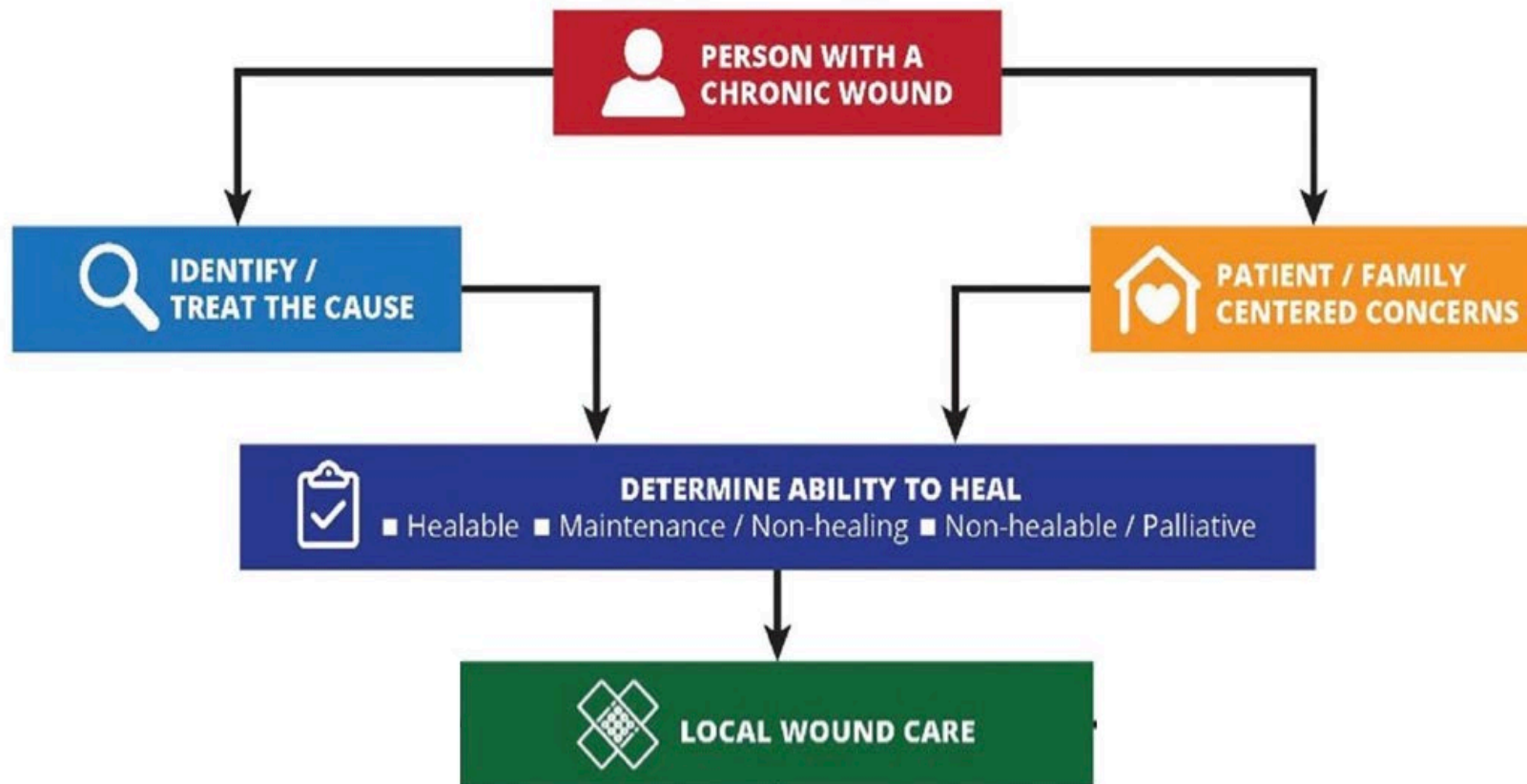
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# Wound Bed Preparation

An evidence-based approach to the management of chronic wounds



Wound Bed Preparation 2021. Sibbald et al. *Advances in Skin & Wound Care*: [April 2021 - Volume 34 - Issue 4 - p 183-195](#)

# Case study: Mr Arthur Di Abetica

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You are the primary care provider for this 89-year-old gentleman.

He was recently hospitalized for pneumonia with ICU stay and after a lengthy stay is newly bedbound with functional decline.

PMH    Mild cognitive impairment  
       MI with CABG 12 years ago  
       Left hip arthroplasty post fall/fracture  
       Hypertension  
       Type 2 Diabetes 2002

Meds    ASA  
          Metoprolol  
          Amlodipine  
          Metformin  
          Gabapentin



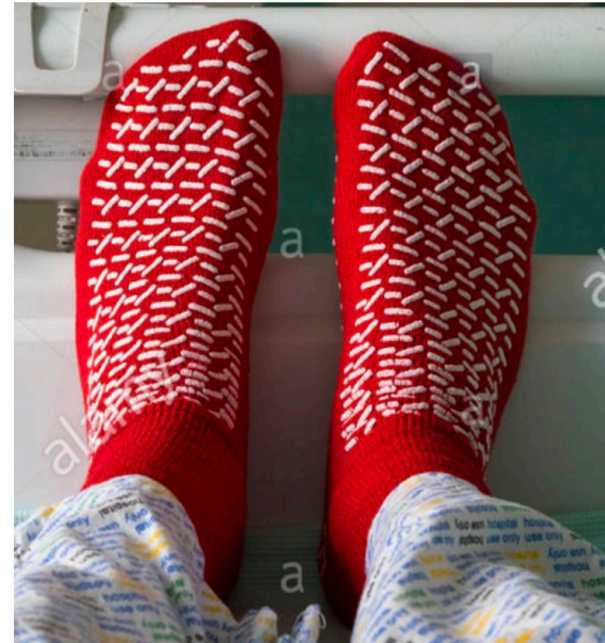
## Case study: Mr Arthur Di Abetica



It was noted just before discharge that Mr Di Abetica has a **wound on his right heel**.

As his primary care provider, you are being asked to assess.

What would you like to do??





## Poll (#2): When notified that your patient has a wound, what do you do next?

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Choose the correct answer:

- a. Look at the wound (be brave)
- b. Identify and assess the potential underlying issues causing the wound.
- c. Talk to your patient and their loved ones, be curious about their experience, understanding, expectations and limits of care.
- d. Assemble your care team.
- e. All of the above.

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- d. Assemble your care team.
- e. **All of the above.**

## Case study: Mr Arthur Di Abetica



You perform a physical exam

R heel wound is 7x5cm

Dried black eschar with discrete flat borders

Minimal surrounding erythema, warmth

Non-tender

Difficult to palpate dorsalis pedis, tibialis posterior pulse

Dystrophic elongated nails

Hairless toes, cool to touch with slowed distal cap refill

Leg, malleolar varicosities present

Hemosiderin staining

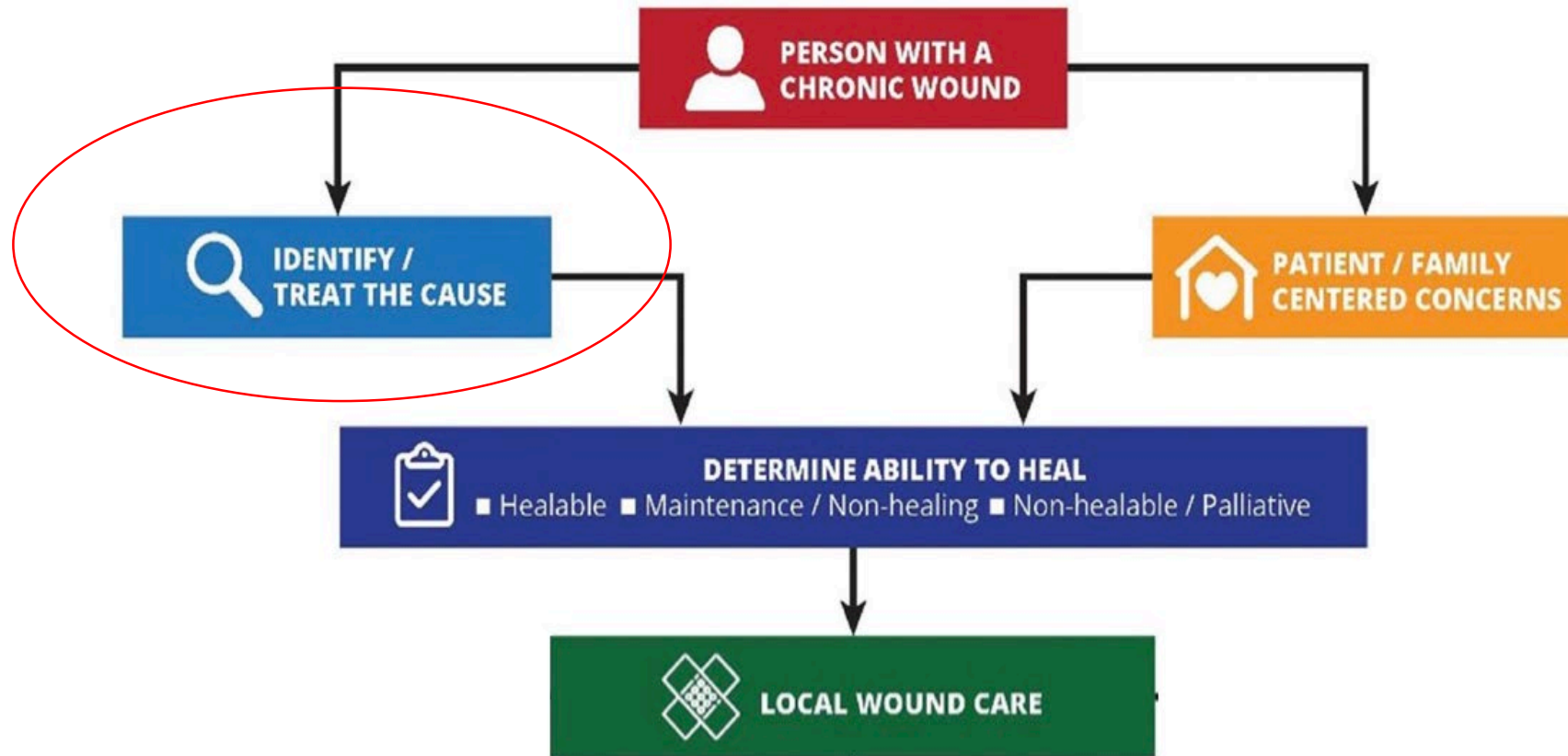
Mild pitting edema L>R

- What causes for his wound are you concerned about?
- Are there any additional bedside tests that you would like to do?



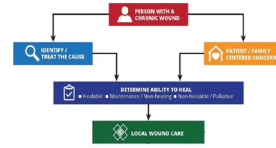
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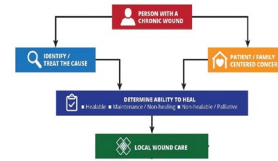


Wound Bed Preparation 2021. Sibbald et al. *Advances in Skin & Wound Care*: [April 2021 - Volume 34 - Issue 4 - p 183-195](#)

 **IDENTIFY /  
TREAT THE CAUSE**



Need to identify root and contributing causes for this wound



Given Mr Di Abetica's past history of T2D - this is a **Diabetic foot ulcer**.

For next steps assessment: THINK **VIP**

**V** Vascular

**I** Infection

**P** Pressure/Neuropathy

## Case study: Mr Arthur Di Abetica

What further bedside tests could you do?

### V: Handheld Doppler

If biphasic waveform detected,  $ABI > 0.9$  (adequate bloodflow)<sup>1</sup>



### I: Infrared Thermometry

If  $>4F$  elevation vs contralateral side, likely to have deep infection<sup>2</sup>



### P: Semmes-Weinstein 10 g monofilament

If unable to detect over any of 10 sites, probable loss of protective sensation at that site<sup>3</sup>



1. Alavi, Afsaneh, et al. Audible handheld Doppler ultrasound determines reliable and inexpensive exclusion of significant peripheral arterial disease. *Vascular* 2015;23(6) : 622-629.
2. Sibbald, R.G., Mufti, A. and Armstrong, D.G., 2015. Infrared skin thermometry: an underutilized cost-effective tool for routine wound care practice and patient high-risk diabetic foot self-monitoring. *Advances in skin & Wound care*, 28(1), pp.37-44.
3. Mayfield JA, Sugarman JR. The use of the Semmes-Weinstein monofilament and other threshold tests for preventing foot ulceration and amputation in persons with diabetes. *J Fam Pract* 2002;49(Suppl 11):S17-29.



## Case study: Mr Arthur Di Abetica



Physical exam

R heel wound 7x5cm

Dried black eschar with discrete flat borders

Minimal surrounding erythema, warmth

Non-tender

Difficult to palpate dorsalis pedis, tibialis posterior pulse

Dystrophic elongated nails

Hairless toes, cool to touch with slowed distal cap refill

Leg, malleolar varicosities present

Hemosiderin staining

Mild pitting edema R>L



**Monophasic waveform at R TP**

**2F Dermatemp difference**

**6/10 negative monofilament sites**



## Poll (#3): What is the etiology of Mr Di Abetica's wound?

---

Choose the correct answer:

- A. Diabetic foot ulcer
- B. Peripheral vascular disease – mixed
- C. Neuropathic ulcer
- D. Pressure injury
- E. A + B + C + D

### Poll (#3): What is the etiology of Mr Di Abetica's wound?

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Choose the correct answer:

- A. Diabetic foot ulcer
- B. Peripheral vascular disease – mixed
- C. Neuropathic ulcer
- D. Pressure injury

**E. A + B + C + D**

In older patients, all 4 etiologies must be considered

- **Peripheral vascular disease**
  - Increases with age

- **Diabetes**
  - Increases with age

- **Venous issues**
  - Increases with age

- A wound can have multiple contributing factors that will make it difficult to heal



## Poll (#4): What investigations should we order at this point?

---

- A. CRP/ESR
- B. HbA1c
- C. Wound Swab for C&S
- D. Vascular studies
- E. X-ray R foot

Choose the correct answer below:

- 1. A,B,C
- 2. A,B,D,E
- 3. All of the above

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Choose the correct answer below:

- 1. A,B,C
- 2. A,B,D,E**
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## Case study: Mr Arthur Di Abetica



What investigations would you do?

### ESR, CRP: **Inflammatory markers**

Trend of values can suggest whether wound likely to heal or stagnate<sup>1</sup>

### HbA1C: **Blood glucose control**

>8% associated with poor outcomes, include lower leg amputation<sup>2</sup>

### X-Ray: **Imaging**

Confirm advanced osteomyelitis (poor sensitivity for early osteo), look for FB, rule out other causes<sup>3</sup>

### Vascular Study: **Ankle-Brachial Index**

Follow up from handheld bedside doppler

In patients with diabetic foot ulcers, up to 50% can have PAD<sup>4</sup>

1. van Asten et al. *International wound journal*, 14(1), 142-148. 2017.
2. Llewellyn et al. *European journal of radiology*, 131, p.109215. 2020.
3. Lane et al. *Journal of Diabetes and its Complications*, 34(10), p.107638 2020.
4. Prompers et al. *Diabetologia* 50: 18–25, 2007.

## Case study: Mr. Arthur Di Abetica



### Physical exam:

R heel wound is 7x5cm  
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Non-tender

Difficult to palpate DP, TP pulse  
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Mild pitting edema L>R

Monophasic waveform at TP  
2F dermatemp difference  
6/10 negative monofilament sites

### Investigations:

**ESR 12, CRP 2**

**HbA1c = 8.9**

**Vascular study: R ABI =0.55, no DVT**

**X-ray : No calcaneal osteomyelitis, no FB**

## Case study: Mr. Arthur Di Abetica



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R heel wound is 7x5cm  
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### Investigations:

**ESR 12, CRP 2**

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**X-ray : No calcaneal osteomyelitis, no foreign bodies**

### Impression:

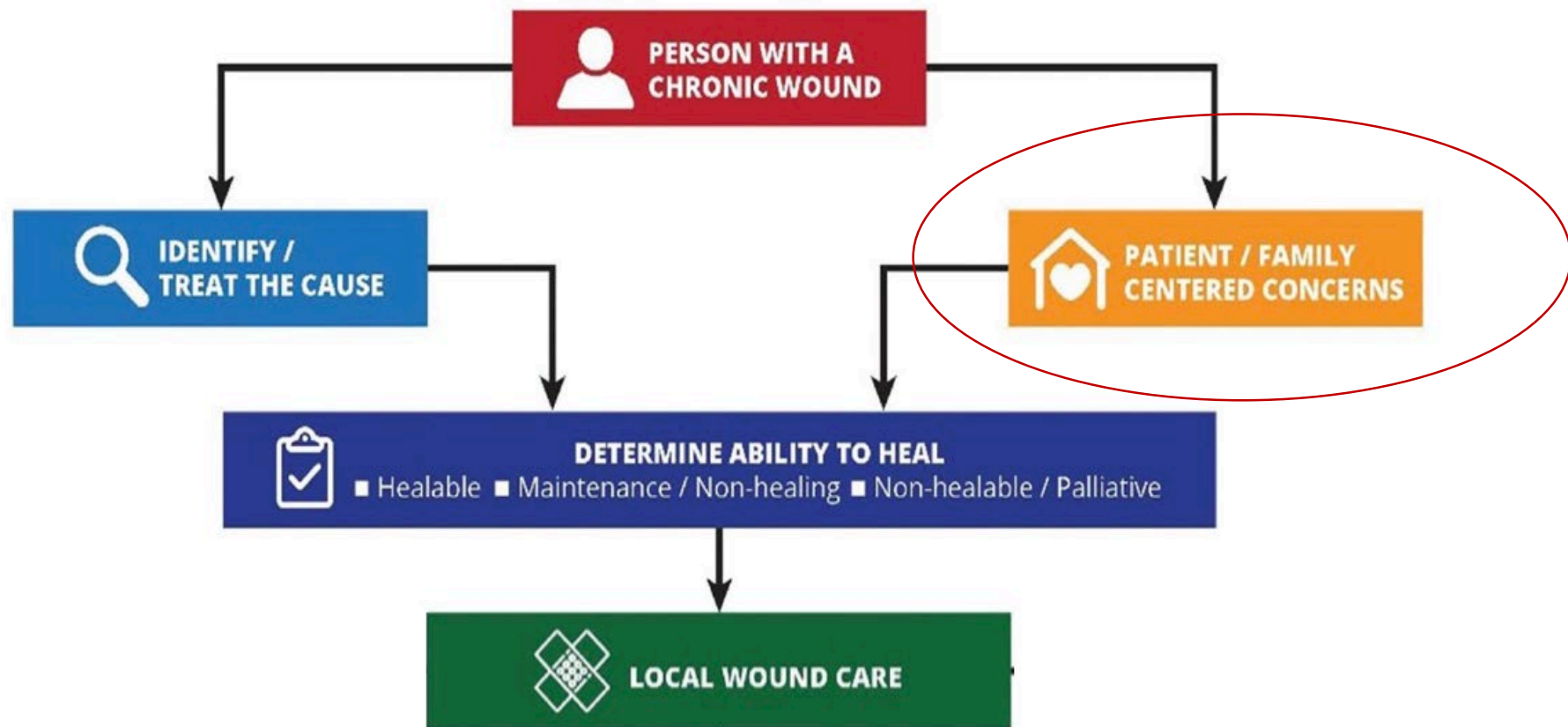
**89M with poorly controlled T2D with non-infected R heel DFU in context of severe PAD**

**Is he a candidate for surgical revascularization?**



# Wound Bed Preparation

An evidence-based approach to the management of chronic wounds



Wound Bed Preparation 2021. Sibbald et al. *Advances in Skin & Wound Care*: [April 2021 - Volume 34 - Issue 4 - p 183-195](#)



## Understanding our patient



- What are our patient's values and needs?
- How is our patient coping?
- Costs of care:
  - Physical
  - Psychological
  - Social
  - Financial Are there adequate supports?
- **Establishing expectations and goals of care**

## Case study: Mr Arthur Di Abetica

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89-year-old male – family is concerned about his decline

- Now bedbound
  - Family notes cognition/mood declined
  - Physically weak and cannot walk due to pain in foot.
- 
- Lives in a 2-story home – bathrooms on all floors, family open to modify
  - Prior to hospitalization – gardening, golf, taking grandchildren for walks
- 
- Patient goals:
    - gain strength and mobility
    - attend his granddaughter's wedding next summer



# Goals of Care determined by patient

- Discussed with patient and family
  - Expect prolonged wound healing
  - Family supportive
  - Patient hoping to return to his previous function
  - Patient keen to participate in his care



## Case study: Mr. Arthur Di Abetica

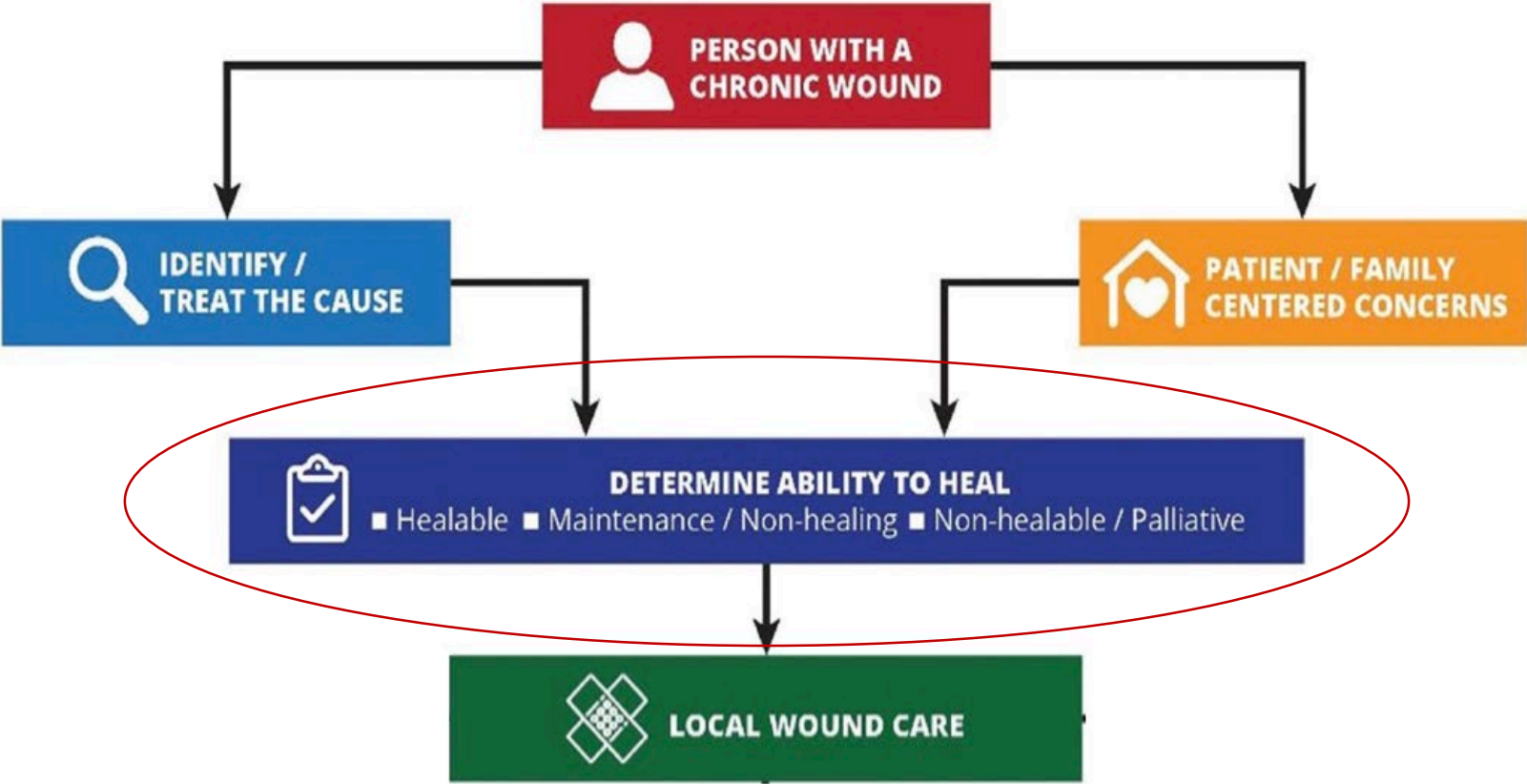


- You refer him to Vascular Surgery
- Angioplasty is performed on R posterior tibial artery  
**ABPI increased from 0.55 to 0.92**



# Wound Bed Preparation

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## Poll (#5): How would you classify Mr Di Abetica's wound?

---

Choose the correct answer:

- A. Healable
- B. Maintenance/Non-healing
- C. Non-healable/Palliative



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Choose the correct answer:

- A. **Healable**
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## DETERMINE ABILITY TO HEAL

■ Healable ■ Maintenance / Non-healing ■ Non-healable / Palliative



### Healable

- adequate blood supply
- treatable cause
- available resources

### Maintenance / Non-healing

- adequate blood supply
- cannot adhere to the plan of care
  - AND/OR
- does not have appropriate resources

### Non-healable / Palliative

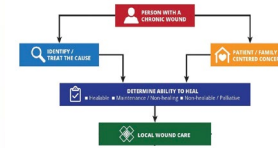
- inadequate blood supply
  - AND/OR
- cause that cannot be corrected (e.g, terminal cancer, negative protein balance)

Wound Bed Preparation 2021. Sibbald et al. Advances in Skin & Wound Care: [April 2021 - Volume 34 - Issue 4 - p 183-195](#)



## DETERMINE ABILITY TO HEAL

- Healable
- Maintenance / Non-healing
- Non-healable / Palliative



Before Vascular Surgery



**NON-HEALING**

Post - Angioplasty

Offload Pressure

Control sugars, infection risk

Compression, mobilize

Motivated patient



**HEALABLE**



\*\*\* Must consider *QUALITY OF LIFE*

## Poll (#6): What are the next steps to support Mr Di Abetica's healing?

---

Choose all the correct answers:

- A. Stay in bed
- B. Nutritional evaluation
- C. All meals in bed
- D. Catheter needed
- E. Mobilization
- F. Offloading
- G. Local wound care orders

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- E. Mobilization**
- F. Offloading**
- G. Local wound care orders**

## Case study: Mr. Arthur Di Abetica

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Further medical optimization to address underlying issues :

- improve glycemic control, consider Endocrinology
- nutritional assessment, support
- consider compression (start Tubigrip™) to address edema, stasis post-angiopathy
- OT/PT for offloading, safety set-up assessment and to mobilize
- Chiropody for foot care, offloading footwear

## Case study: Mr. Arthur Di Abetica



### Some common offloading options



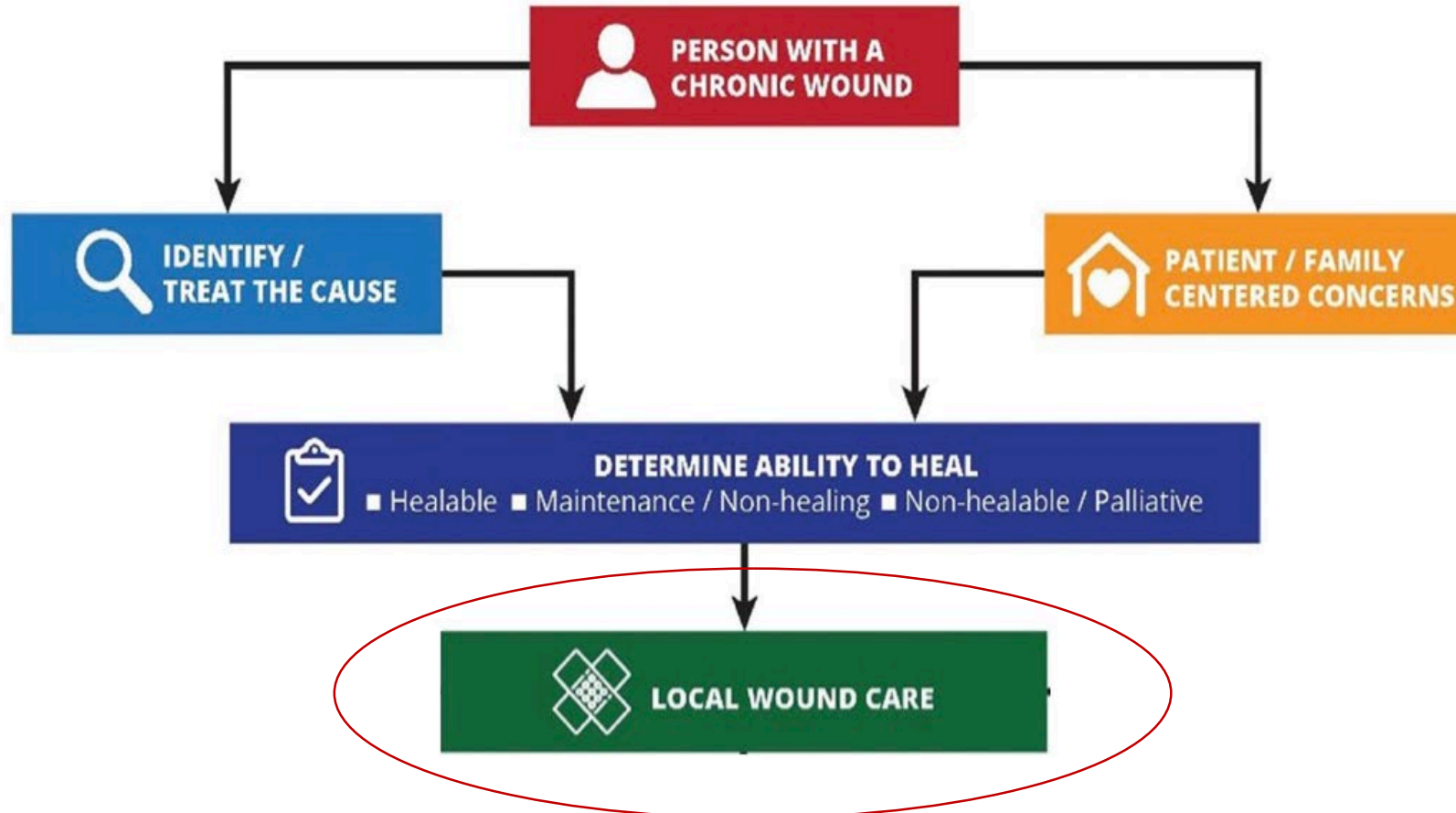
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# Wound Bed Preparation

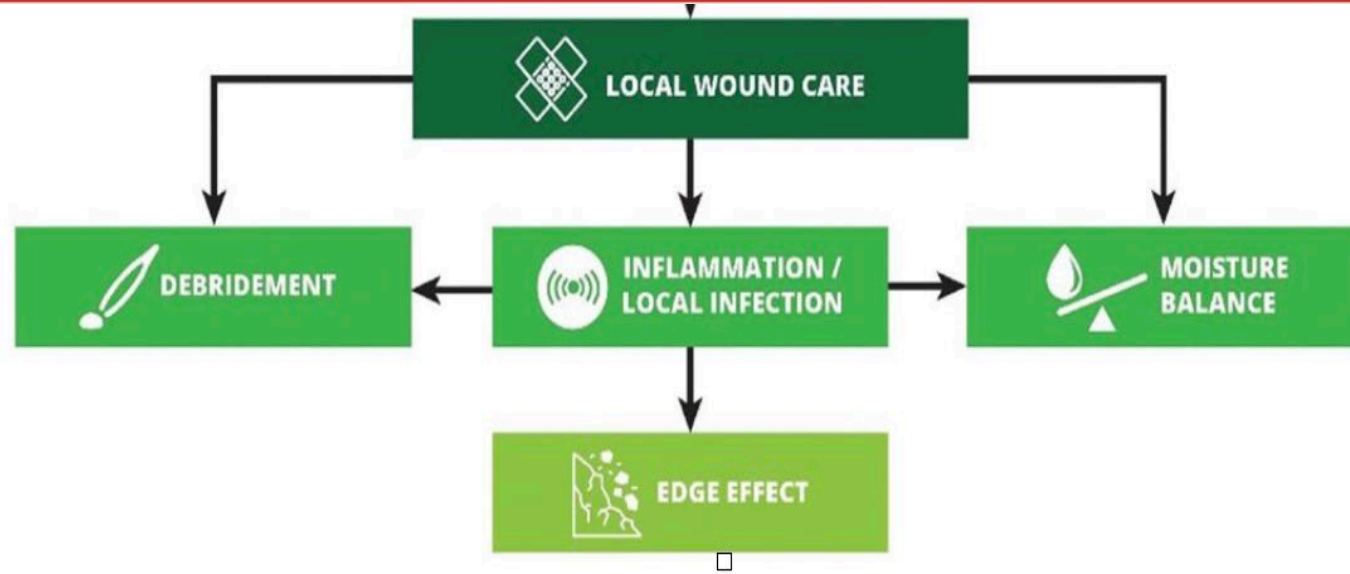
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# Developing a wound care order

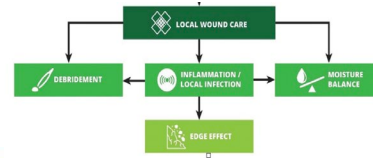


**T** or **D**  
**I**  
**M**  
**E**

1. Management of dead tissue (Debridement)
2. Management of infection/inflammation
3. Moisture balance
4. Edge Effect

Wound Bed Preparation 2021. Sibbald et al. *Advances in Skin & Wound Care*: [April 2021 - Volume 34 - Issue 4 - p 183-195](#)

# Writing a Wound Care Order



1. **Cleanse instructions**
2. **Primary Dressing** contact layer +/- antimicrobial
3. **Secondary Dressing** "cover layer" moisture balance
4. **Securement** tape, wrap
5. **+/- Compression**
6. **Frequency of dressing changes**

Sample order:

*Local wound care for R venous leg ulcer*

1. *Cleanse with NS and pat dry*
2. *Apply non-adherent chlorhexidine mesh (eg Bactigras™)*
3. *Cover with silicone foam*
4. *Apply double layer size F Tubigrip™ from base of toes to just below knees for compression*
5. *Change qMon and qThurs, and prn*



## Potable Water



## Normal Saline



## Chlorhexidine (Peridex™)

active against gram-positive and negatives



## Acetic acid (diluted white vinegar)

effective against Pseudomonas (may select out other organisms)



## Hypochlorous Acid (Vashe™)

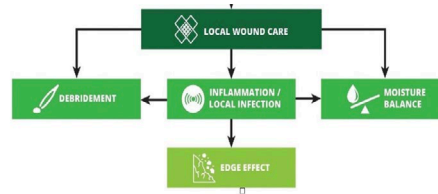
broad spectrum activity

Caution –  
irrigation can  
cause  
tunneling.  
AVOID use of  
syringe

*No difference in rates of infection or healing between tap water and normal saline in the cleansing of acute and chronic wounds<sup>1</sup>.*

1. Beam JW. Wound Cleansing: Water or Saline? J Athl Train. 2006;41(2):196–7. PMID: PMC1472650.

# DEBRIDEMENT



- Sharp / Surgical



- Autolytic (eg hydrogel)

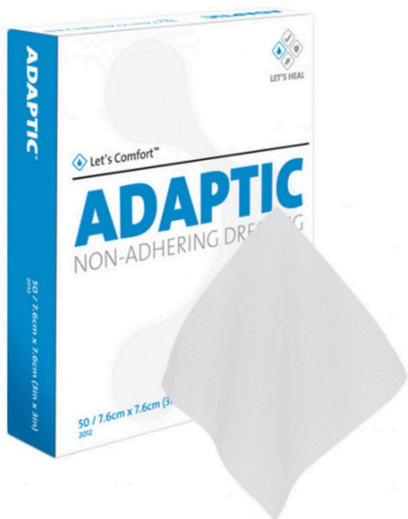




# Primary Dressing (Contact Layer)

- No infection - only need a non-adhering contact layer

- Local infection, inflammation management





# Secondary Dressings (moisture balance)



*Light*

*Heavy*

*Amount of exudate*





# Dressings – NO RCT EVIDENCE ONE IS BETTER THAN ANOTHER

Vermeulen H, van Hattem JM, Storm-Versloot MN, Ubbink DT, Westerbos SJ. Topical silver for treating infected wounds. *Cochrane Database of Systematic Reviews* 2007, Issue 1. Art. No.: CD005486. DOI:

Shi J, Gao Y, Tian J, Li J, Xu J, Mei F, Li Z. Negative pressure wound therapy for treating pressure ulcers. *Cochrane Database of Systematic Reviews* 2023, Issue 5. Art. No.: CD011334. DOI: 10.1002/14651858.CD011334.pub3. Accessed 04 November 2023.

*There is some evidence that the treatment may reduce time to healing as part of a treatment that includes a punch skin graft transplant.*

Dumville JC, Land L, Evans D, Peinemann F. Negative pressure wound therapy for treating leg ulcers. *Cochrane Database Syst Rev.* 2015 Jul 14;2015(7):CD011354.

Moore ZEH, Webster J. Dressings and topical agents for preventing pressure ulcers. *Cochrane Database of Systematic Reviews* 2018, Issue 12. Art. No.: CD009362. DOI: 10.1002/14651858.CD009362.pub3. Accessed 04 November 2023.

Walker RM, Gillespie BM, Thalib L, Higgins NS, Whitty JA. Foam dressings for treating pressure ulcers. *Cochrane Database of Systematic Reviews* 2017, Issue 10. Art. No.: CD011332. DOI: 10.1002/14651858.CD011332.pub2. Accessed 04 November 2023.

Westby MJ, Dumville JC, Soares MO, Stubbs N, Norman G. Dressings and topical agents for treating pressure ulcers. *Cochrane Database of Systematic Reviews* 2017, Issue 6. Art. No.: CD011947. DOI: 10.1002/14651858.CD011947.pub2. Accessed 04 November 2023.

Broderick C, Pagnamenta F, Forster R. Dressings and topical agents for arterial leg ulcers. *Cochrane Database of Systematic Reviews* 2020, Issue 1. Art. No.: CD001836. DOI: 10.1002/14651858.CD001836.pub4. Accessed 04 November 2023.

Dumville JC, O'Meara S, Deshpande S, Speak K. Hydrogel dressings for healing diabetic foot ulcers. *Cochrane Database of Systematic Reviews* 2013, Issue 7. Art. No.: CD009101



# How We Decreased the Costs of Wound Care Supplies **at a Hospital and Long-term-care Home**

By Carol L. B. Ott, MD FRCPC, Lilibeth Jones-Lim, RN(EC) MN GNC (C), Aysha Bandali, RN(EC) MN GNC (C), and Sue Calabrese, RN(EC) MN



## Case study: Mr. Arthur Di Abetica



### Wound Care R heel

qMWF

1. Cleanse with NS
2. Apply non-adherent PVP-I mesh (eg Inadine)
3. Cover with superabsorbent (eg. Mesorb™)
4. Skin protectant to periwound
5. Secure with paper tape

### Pain

Add  
Acetaminophen 1  
gram PO TID

Reassess often and  
consider adjuvants

### Pressure Management

Appropriate  
footwear

Offloading in bed

### IP Care Team

PT Mobilization

OT Ax Equipment  
and safety set-up

Nutrition and diet

Social Work

Chiropody

## Case study: Mr. Arthur Di Abetica

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Thanks to the fabulous multi-disciplinary care, Mr. Di Abetica's foot went on to heal and he and his wife live happily ever after!



# Objectives

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1. To review skin function, wound healing and how this may differ in the older person.
2. To review an evidence-based approach to wound care and identify key factors that affect healing potential.
3. To gain familiarity with basic wound care products – including wound cleansers, primary and secondary dressings - and how to write a local wound care order
- 4. To discuss some local wound care learning opportunities**

# Wound Care Education

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