5-Layer Foams: Your Go-To Dressing

During the COVID-19 pandemic, there was an uptick of skin issues and pressure injuries due to the way care was shifted; care was bundled to decrease staff and resident exposure time. The elderly, who make up most residents in facilities, tend to naturally have fragile skin due to the aging process. For some, interruptions in care made them even more susceptible to skin breakdown. For residents who contracted Covid, their skin was impacted by lower tissue oxygenation, repositioning challenges and hospital stays.¹

Even if there were no COVID-19 cases in the facility, doctors, nurses, and caregivers have not been able to visit as often to monitor their skin. Social activities that kept people moving and prevented conditions such as pressure injuries were cancelled. Being isolated from family and others added stress that could, in turn, affect skin. During the initial outbreak, Personal Protective Equipment (PPE) was sparse, which complicated the frequency and efficiency of care. Keeping caregivers and residents safe was of utmost importance as we learned how to navigate through this highly contagious disease. In Contently 1, a published commentary on skin care during the coronavirus pandemic², it was stated that "skin and wound care has been changed by the need to protect healthcare providers from COVID-19 with physical distancing."

The strict guidelines during the height of the pandemic have lifted, but these issues continue due to staffing shortages and supply chain issues. Putting together a well thought out prevention plan, along with a simple treatment plan for wound treatment, including new products that address the skin needs of the residents, will help caregivers at Long-Term Care (LTC) facilities continue to provide the highest level of care. There are many types of wounds to navigate and treat, and picking the proper dressing is imperative for the healing process. An improper dressing can lead to delayed healing, pressure injuries, friction, and discomfort.



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Using a 5-layer foam can aid in the healing of wounds, help prevent pressure injuries, assist in management of microclimate and provide comfort. Additionally, the gentle silicone adhesive layer assures it does not adhere to the delicate wound bed. They allow for seven days of wear-time and provide absorbency for moderate to light exudate while remaining pliable. The five layers also reduce friction and prevent movement in the wound bed, and with reduced dressing changes, discomfort to residents/patients is minimized while saving valuable nursing time.

When to use 5-layer foam dressing and what they can treat

Prophylactic 5-layer foam dressings are an effective component of pressure injury prevention. They meet the ideal properties of a dressing used for PI prevention as outlined in the World Union of Wound Healing Societies Consensus Document, 2016 (p.11)⁴.

For **stage 1** pressure injury prevention, be sure to protect boney prominences.

When dressing wounds such as **stage 2** pressure injuries, skin tears, partial and some full thickness wounds, foams may be used as a primary dressing.

For **stage 3 and 4** pressure injuries and deeper full thickness wounds where products are used to fill the wound, foams become the secondary dressing.

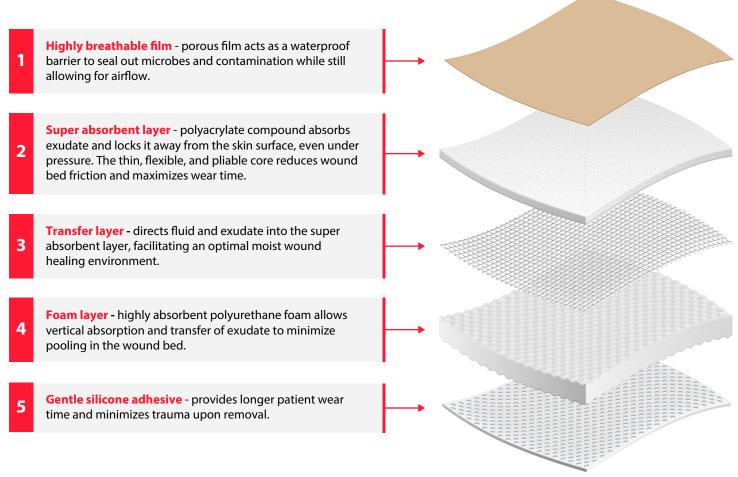
5-layer dressings will absorb and breathe which helps maintain the microclimate. In addition they provide thermal insulation, provide a moist healing environment, protect the wound, prevent contamination, and reduce the risk of infection.

Use of Foams for Pressure Injury prevention

There are many peer-reviewed studies that show the value of using 5-layer foams for prevention which resulted in a reduction of Hospital Acquired Pressure Injuries (HAPI) in many care settings.³ Immobility is a major contributing factor in an at-risk patient to indicate use of a dressing for pressure injury prevention. "In a study using computer modelling, a multilayer foam dressing applied to the heel dissipated internal shear to a greater extent than did a single layer foam dressing".⁴ Foam dressings further contribute to the role of prevention as they have a high moisture vapor transfer rate, which assists in absorbing perspiration and exudate thus keeping the skin dry and maintaining an optimum microclimate.

Why use a 5-layer foam dressing

Cardinal Health's Kendall™ Silicone Bordered 5-Layer Foam
Dressing delivers an innovative design with improved adhesion
and absorbency. The five layers allow for effective wound management and are designed for patient comfort with the added benefits
of better pressure reduction and cushioning than traditional foam
dressings. With the addition of 5-layer foams to the Cardinal Health
wound care portfolio, we have a robust, cost effective advanced
wound care line to meet most wound care needs.



Best practices when using 5-layer foams

The best outcomes begin with a proper assessment of risk factors and of the skin/wound. Identifying what issues need to be addressed such as pressure, exudate, pain, etc. leads the clinician to proper product selection. Foams can be utilized for a wide variety of wounds, and they are often referred to as the "universal dressing". As described, 5-layer foams offer many benefits needed for wound healing such as maintaining a moist wound environment, reduction of shear, friction, and pressure, absorbency to manage exudate and promote an optimum microclimate, providing thermal insulation, and and a gentle adhesive on the wound bed and surrounding skin. The additional cushioning and increased absorbency over single layer and even 3-layer foams make them the best choice when a foam dressing is indicated.

To find out more about Cardinal Health's trusted 5-layer foam dressings offering visit us **here**

References

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- 3. Padula W. V. (2017). Effectiveness and Value of Prophylactic 5-Layer Foam Sacral Dressings to Prevent Hospital-Acquired Pressure Injuries in Acute Care Hospitals: An Observational Cohort Study. *Journal of wound, ostomy, and continence nursing: official publication of The Wound, Ostomy and Continence Nurses Society, 44*(5), 413–419. https://doi.org/10.1097/WON.00000000000000358
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