In at the deep end with a drug-related wound

A nursing student recounts her first second-year placement when she treated an intravenous drug user.

My first second-year placement was in the community, where I helped care for a patient with an open wound on his inner thigh caused by repeated trauma from intravenous drug use.

The patient was apathetic about his health. When I assessed the wound, it was clear it was infected, there was a high level of exudate and inflammation, and he was in pain.

I informed my mentor and swabbed the wound to identify the most suitable antibiotic. I then talked to the patient about wound progression and the importance of hygiene for aiding tissue granulation. I also explained why a healthy diet is important, and how increasing calorie and protein intake would help the wound to heal.

While assessing the patient’s wound, I noticed that he was becoming breathless. He had asthma, which had been exacerbated by his poor living conditions and his inefficient technique for using his inhalers and a peak flow meter.

I helped him use his salbutamol inhaler and encouraged him to sit up while adopting the pursed-lip breathing technique, which increases the efficiency of gaseous exchange and thoracic volume.

The patient refused to go to hospital so my mentor and I talked with his GP to ensure antibiotics were prescribed for the infected wound and arranged an asthma management strategy review. We also updated his care plan and arranged for food parcels to be delivered to him to help the wound to heal.

This experience made me more sensitive to the needs of patients with addiction and more aware of the dangers of an apathetic approach to health and chronic conditions.

It also allowed me to expand my clinical knowledge of choosing the correct wound dressing and practise my skills in aseptic non-touch technique. I had little experience in carrying out wound packing and wound irrigation, so the placement also gave me a chance to use these techniques.

My knowledge of respiratory conditions, such as chronic obstructive pulmonary disease and asthma, was also enhanced, as were my communication and interpersonal skills. I had the opportunity to liaise with other health professionals to ensure my patient’s needs were met.

**Increased awareness**

The patient was easily agitated, so the experience gave me increased confidence in dealing with conflict and building an appropriate relationship with difficult patients.

Before this experience, I had little knowledge of addiction. I learned more about some of the most common issues that surround addiction, such as social isolation, malnutrition and mental health issues including depression and psychosis.

I have become a more compassionate and understanding practitioner through this experience, which also gave me the opportunity to act as a patient advocate.