Wound field concept: What it means to the undergraduate nurse?

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Teaching basic principles of colonisation, contamination and infection has revolutionised approaches to wound care. Wound colonisation is classified as the existence of bacteria with no obvious host reaction (Carville 2005). The act of wound contamination is recognised as introducing micro-organisms into the wound (Ellis 2004). Wound infection is an invasion and multiplication of micro-organisms causing localised and systemic effects (Baranoski & Ayello 2004). Through clinical practice nurses inadvertently engage in wound contamination thus setting the environment for wound infection.

Previously, education focused on teaching nursing students technicalities of maintaining a sterile dressing field (Ellis & Beckmann 1997, Ellis 2004). This method taught students to mimic practice rather than critically consider practice during wound care. Currently wound education considers how, when, where and what contaminated the wound field. The wound field encompasses both the wound surface and the dressing surface (Ellis & Beckmann 1998). Students are encouraged to regard these two surfaces as one common field not two separate areas.

Most wounds carry a bacterial load (Thomas Hess & Kirsner 2003), classifying them as non sterile. An exposed dressing sheet in a ward environment shares a similar fate. As the dressing sheet is considered an extension of the wound surface all items common to these two areas may move to and fro during dressing procedures (Ellis & Beckmann 1997, Ellis 2004). The process of contaminating the wound field occurs when items uncommon to these combined fields enters either area. Students are encouraged to ask, how, when, where and what did I contaminate in the wound field.

‘How’ contamination of the wound field occurs is by failing to recognise what is common to the wound field and what is uncommon. Contamination of the wound field occurs ‘when’ micro-organisms have been introduced from a secondary environment (Ellis 2004) such as, touching the forceps onto the disposal receptacle then returning back to the wound. ‘Where’ contamination of the wound field occurs is at any stage during wound care, including dressing area preparation through to the wound cleansing stage. ‘What’ was contaminated is an intuitive skill to recognise when, how and where contamination occurred and being able to implement proper processes to rectify this event.

Education on the prevention of wound contamination must commence in undergraduate nursing programs. More importantly, all nurses need to ensure best wound care practices are clinically demonstrated in the work environment thus developing a new generation of expert wound managers.

References


