

## **“Wound Care on the Street”**

Infections of the skin and underlying soft tissue are common among injectors. Many of these infections will heal without medical intervention. Some will require incision & drainage by a medical professional. Complications can lead to medical emergencies.

**MEDICAL EMERGENCIES** – Go to the Emergency Room!

- **Wound/ Abscess Complications**
  - Chest Pain [infection may have gone to heart]
  - Fever above 102.5 degrees, chills [infection may have entered blood system]
- **Necrotizing fasciitis** [incl. “flesh eating disease” uncommon, but serious]
  - Skin infection site dark in color – may turn black in center
    - Redness spreads fast -covering more area hour by hour, [outline redness on skin w/ink pen to measure progress]
  - Person feels very sick – fever - may be confused
- **Wound Botulism** [rare – life threatening]
  - 1-2 days after injecting – usually assoc w/Black Tar Heroin use
    - Vision problems/droopy eyelids
    - Difficulty breathing, short of breath [will need ventilator]
    - Difficulty talking/swallowing/sore throat
    - Injector needs to alert ER staff that they may have wound botulism

**GO TO A MEDICAL CLINIC** – **Get medical care** - as soon as possible if:

- Injector has multiple abscesses
- Abscess is over major artery [sites where you can feel a pulse]
- Red Streaks start spreading from site of infection
- Abscess is not improving after **5-7** days
- Injector has infection & is immune compromised [HIV-Diabetes-etc]

**Harm Reduction issues:**

- **Injectors may delay medical care due to:**
  - Fear of undergoing surgical procedures without enough narcotics/pain control
  - Cost - Transportation – Waiting time [need to “fix”]
  - Negative attitudes medical providers may hold toward injectors –punitive care
  - Concerns that law enforcement may be notified
- **For SEP’s:**
  - Know where free, safe, compassionate medical care is given in your community
  - Develop relationships with medical providers at these sites
  - Advocate for the people that you serve
  - Assist local Health Dept to alert injectors when there are disease outbreaks

## **ABSCESSSES: CAUSE & CARE for injectors**

**Cause:** Abscesses occur when the skin is punctured or compromised and bacteria or foreign material gets into the soft tissue below. Dirty works or contaminated skin/drugs are the most common source. Muscling, skin popping or missing a vein increase the risk. An inflammatory response is set off as the defense mechanisms of the body try to kill the bacteria or reject the material. The body then walls off a space at the site where germs multiply and pus develops.

**Treatment:** In general, abscesses must open and drain to improve. The pus and dead cells need to be removed from the space so the area can heal. Although this can occur using warm soaks at home, the abscess often needs to be lanced (incision and drainage) by a medical care provider. Some abscesses will require drainage in an operating room.

### **Home Care using warm soaks or compresses:**

- Use warm/hot water that doesn't burn skin
- Soak in tub of plain hot water or hot water with Epsom salts
- Use hot, wet clean washcloth and hold on abscess if it cannot be soaked in tub
- Soak abscess 3-4 times a day for 10-15 minutes each time, if possible
- Cover with a clean, dry bandage after soaking
- Allow abscess to come to point and rupture on its own - Do not squeeze
- NEVER shoot into or near the abscess
- STOP soaking/compresses when abscess starts draining – drainage may be copious

### **Harm Reduction issues / discussion**

- **Wound care bandages/kits**
  - “How to Change a Bandage” handout - “best practice” w/limited supplies
    - Irrigation solutions / packing of draining wounds on the street
      - Bottled water? Normal Saline solution? Dakin's Solution?
  - Supplies - Cost & access –
    - SEP's providing as part of Harm Reduction – see NASEN website
    - Some medical clinics may provide supplies w/appts.
- **Antibiotics**
  - Street issues including: Cost & access; Need to share, trade, or sell; Correct medication?; Storage/confiscation by law enforcement on street & if in jail
- **Homelessness –**
  - Where can person care for wounds/ change bandages?
  - Access to hygiene centers, meal-sites for adequate nutrition/hydration, adequate sleep, respite sites for sick

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## Educational Materials

### Tacoma-Pierce County Health Department

- “Abscess Care and Prevention” pamphlet  
<http://www.tpchd.org/files/library/de0097b80ae8199f.pdf>
- “How to Change a Bandage” best practice - illustrated handout  
<http://www.tpchd.org/files/library/ae42354ee14b8edd.pdf>
- Educational materials under the “MRSA Toolkit for Shelter Service Sites”, including information on ‘Caring for Skin Infections’ & 6 min. video  
<http://www.tpchd.org/page.php?id=421>

### Public Health – Seattle & King County

- See info. under: “Harm Reduction Materials for Users”  
<http://www.kingcounty.gov/healthservices/health/communicable/hiv/HarmReduction.aspx>

### WA State Dept. of Health

- <http://here.doh.wa.gov/materials/stop-do-not-share/?searchterm=abscess>  
<http://here.doh.wa.gov/materials/all-about-abscesses/?searchterm=abscess>

## Articles for advocating with the Medical Community

- “Expanding Harm Reduction Services Through a Wound & Abscess Clinic” [2002]  
<http://ajph.aphapublications.org/cgi/reprint/92/12/1915>
- “The Damage Done: A Study of Injection Drug Use, Injection Related Abscesses and Needle Exchange Regulation” [2007]  
<http://www.humboldt.edu/psychology/fs/aberson/subapp.pdf>

## Wound Irrigation

“Dakin’s Solution” Used to kill germs and prevent germ growth in wounds

- “A Comparison of an Antimicrobial Wound Cleanser to Normal Saline in Reduction of Bioburden and its Effect on Wound Healing”  
[Dakin’s Solution compared to Normal Saline]  
<http://www.o-wm.com/article/2907>
- “How To Make Dakin’s Solution” *[More is NOT better use 1/4 % solution only!!!]*  
<http://doreen.mkbmemorial.com/NF/dakins.pdf>
- “Dakin’s Solution Dressing” [wound packing using Dakin’s soaked dressings]  
<http://medicalcenter.osu.edu/PatientEd/Materials/PDFDocs/procedure/woundcare/dakinssolution.pdf>

### “How to Make Normal Saline”

<http://medicalcenter.osu.edu/PatientEd/Materials/PDFDocs/procedure/how-to/makenor.pdf>