TRANQ AKA XYLAZINE: A FIELD GUIDE FOR SUPPORTING PEOPLE WHO USE DRUGS

WOUND CARE 101





Developed by: Jen Shinefeld M.S. Shannon Ashe MSW, LSW Rachel Neuschatz R.N. Amanda Secchiutti, MPH, CHES



<u>At this time, there is no solid consensus</u> <u>as to why these wounds are occurring or</u> <u>what defines best practice for these</u> <u>wounds.</u>

There is simply not enough research.

In addition to universal wound care tips, the information provided here is based off of our own experiences providing wound care to individuals using substances cut with xylazine.

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WOUNDCARE HYGIENE:

Clean your hands as best you can whenever you are touching a wound!

most effective: washing with soap & water

still helpful: hand sanitizer, body wipes, regular

water

Goal is to reduce the chance of introducing more bacteria to the wound!

Do not touch another person's wound without gloves, this puts both of you at risk.

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STEP BY STEP



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- 1. Wash or sanitize hand, or put on clean disposable gloves; try to lay out a clean workspace using a disposable chuck
- 2.Gently wash the wound and surrounding area with: Water, Saline, or Soap and water
- 3. Protect the healthy surrounding skin with ointment (A&D or something similar) or a no-sting barrier film
- 4. Apply an ointment (like Neosporin, Medihoney or hexagon) to a non-stick gauze or Adaptic/Xeroform. Place this directly on the wound.

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STEP BY STEP (cont.)

- 5. If you applied a dressing like Adaptic or Xeroform, place a non-stick gauze pad on top of that dressing.
- 6. If it's draining a lot, top that dressing with an ABD Pad (if that's not an option you can also use a Maxipad).
- 7. Wrap with roll gauze and tape
- 8. It's always an option to cover these dressing with athletic wrap or an ACE bandage



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WHAT TO DO

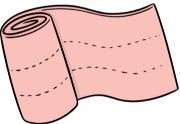
- Clean wounds with soap (if available) & clean water, or saline-no soap needed
 if no soap is available, water helps too!
- Keep wounds covered
- Change dressings
 - Try not to leave on for more than 48 hours
 - But definitely change whenever soiled or soaked through.
- Keep wounds just a little moist to allow dead skin and scabbing to soften & fall off on its own, & new skin to regrow.
- Keep skin around wound as clean/dry/free from wound drainage as possible.
 - Try using A&D ointment, or a product like vaseline, on the healthy skin around the wound.

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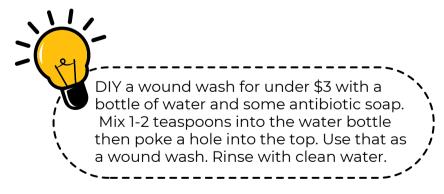
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WHAT TO AVOID

- Do not use abrasive solutions on wounds such as bleach, chemical cleaners, hydrogen peroxide or alcohol. These are all too harsh for healing skin and should not be used regularly to wash a wound (use saline or water and soap).
- Antibiotics only work against certain bacteria at certain doses—if you take random ones/someone else's/only some pills or if you only take part of your prescription, you might kill off only some bacteria, leaving the strongest ones still in your body.



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HI HERE DUCTION IS LOW





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WHEN TO SEEK MEDICAL ATTENTION:



You need to be assessed by a medical provider if:

The area around wound is:

- extra painful
- warm to touch
- red
- swollen

Or if you have

- fever/chills
- unexplained nausea/vomiting

Go to a clinic/hospital to see if you need antibiotics.

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WHEN TO GO TO THE EMERGENCY ROOM:

- You have an abscess...
 - that gets more painful, red and hot to the touch, or swollen
- Have an open wound or boil/abscess...
 - And have fever, sweats, chills, confusion, dizziness, weakness, or fatigue

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WHEN TO GO TO THE EMERGENCY ROOM:

• You have an open wound...

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- AND have fever, sweats, chills, confusion, dizziness, weakness, or fatigue
- With new or increased drainage, a bad smell (like rotting eggs)
- That grows very quickly
- With very bad pain when you move the body part with the wound or cannot move the body part as normal

To track how quickly a wound is growing, use a permanent marker to outline the area of redness and warmth.



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WHEN TO GO TO THE EMERGENCY ROOM:

If your wound has:

- A black layer covering the outside and small areas of white and red within (think large black scabs with small wide spots), the black is necrotic (dead) tissue that needs to be removed.
- Puss draining or inside the wound itself (puss resembles thick, mostly yellow &/or green, fluid with a bad smell- think yogurt or cottage cheese thickness).
- Very deep areas that may show white hard lines (bone) or bone itself or yellow squishy sponge-like areas (fat exposure).
- Small bugs inside of wound.

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