

Wound Care Basics

Wound Care Basics for New Nurses: What They Don't Teach You in School

If you're like most new nurses, wound care feels like one of those things you were *supposed* to learn — but never really did. Maybe you had one lab on packing a wound with gauze. Maybe your clinical instructor did most of it and told you to “watch this time.” Or maybe, thanks to pandemic-era schooling, you never even saw a wound up close.

So when you're handed your first real dressing change order at work, it's no wonder your stomach flips.

This blog is for you.

It's not going to teach you *everything* — that takes time and experience. But it will give you a clear foundation for wound types, staging, dressing selection, and documentation — in plain English, with your questions already in mind.

Why Wound Care Matters — and Why You Might Feel Behind

Here's the truth: Wounds are everywhere — in nursing homes, hospitals, clinics, home care. And wounds that aren't treated properly can lead to infection, sepsis, lawsuits, and long-term suffering for your patient.

But most new nurses start off underprepared. Not because they didn't study — but because they didn't see. No one gets confident doing something they only practiced once on a mannequin. This blog will give you a way to start building that confidence piece by piece.

Understanding the Main Types of Wounds: A Guide for New Nurses

Let's start with the basics. You're going to see all sorts of wounds in practice, but most fall into one of these categories:

- **Pressure Injuries (aka Pressure Ulcers)**

From unrelieved pressure over bony areas. Common in bedbound patients.

- **Surgical Wounds**

Incisions that are either healing well (closed) or complicated by infection or dehiscence (opening).



Clean, closed surgical incision with mild erythema. This wound is healing well — minimal drainage, no signs of infection, and edges are approximated.

- **Diabetic Ulcers**

Typically on feet or lower legs. Caused by poor circulation and nerve damage.

- **Venous Stasis Ulcers**

Often seen on the lower legs. Caused by blood pooling and poor venous return.

- **Arterial Ulcers**

Result from poor blood supply. These wounds are painful and don't heal well.

- **Traumatic Wounds**

From accidents, falls, or skin tears.

Wound Staging — Especially for Pressure Injuries

This is a big one. Especially in long-term care, you'll hear people talk about "Stage 2 wounds" or "unstageables." Here's what they mean:



Example of a Stage 2 pressure injury: shallow open blister with partial skin loss. This wound is superficial but painful, and needs protection to avoid further breakdown.

- **Stage 1:** Redness that doesn't blanch. Skin is still intact.
- **Stage 2:** Open, partial-thickness wound. May appear as a blister or shallow crater.
- **Stage 3:** Full-thickness tissue loss. You may see fat or slough, but no bone or tendon.
- **Stage 4:** Full-thickness loss with exposed bone or muscle. Often has tunneling.
- **Unstageable:** Covered by slough or eschar. You can't see the depth.
- **Deep Tissue Injury:** Purple or maroon area under intact skin. Damage is already happening underneath.

Don't Skip This Step: Wound Care Mistakes New Nurses Can Avoid

If you're overwhelmed by wound dressings, you're not alone. Most of us didn't get much hands-on practice in school — and if we did, it was usually the same few types. But in the real world, knowing *why* you're choosing a certain dressing matters just as much as how you put it on.

Here's a straightforward guide to the dressing types you'll see most often — and what you need to remember about them:

Gauze (Dry or Moist)



Gauze being used to pack a wound with visible slough. When packing, always document how many pieces you use — everything in must come out. Not a real wound

Good for:

- Light drainage
- Packing deeper wounds or tunnels
- Situations where you'll be changing the dressing often

Watch out for:

- Gauze that dries out and sticks to the wound
- Needing to count pieces if you pack the wound
- Not enough moisture to support healing on its own

(...Repeat similar format for Hydrocolloids, Foam, Alginate, Hydrogels, Transparent Films — already included earlier)

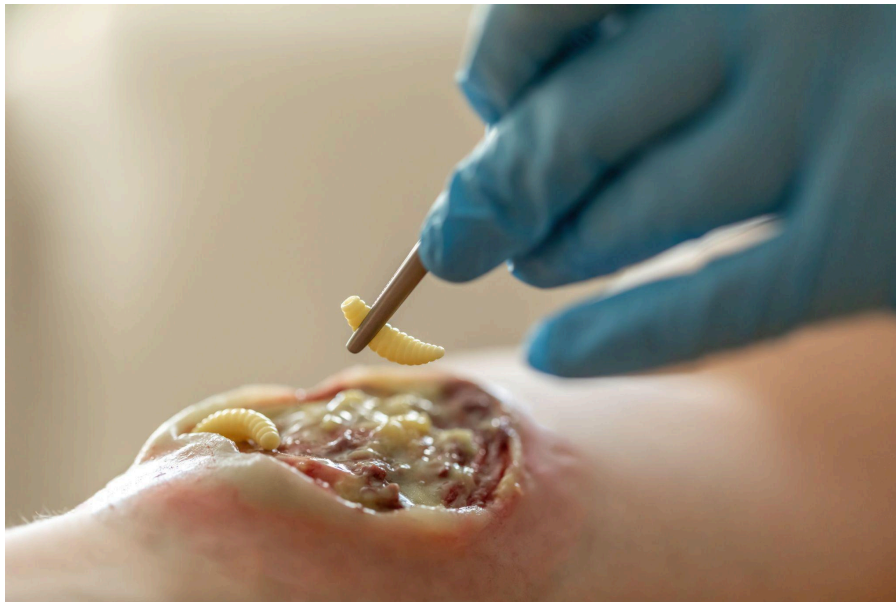
When the Wound Nurse Isn't Around...

Not all facilities have a full-time wound care nurse. Sometimes, it's just someone who *also* does wounds — and they might not be there when the wound actually needs care.

Here's what to do in the meantime:

- **Check the most recent orders** and follow them to the letter.
 - If you're packing a wound, **count the pieces you put in and write it down**.
 - **Document your dressing change**: What the wound looked like, what you used, how the patient tolerated it.
 - **Notify someone if you're concerned**. If you see signs of infection or think the wound isn't healing, flag it.
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How to Recognize Wound Infections and When to Speak Up



Simulated training image: This demonstrates an advanced wound with signs of infection and use of maggot debridement therapy — a rare but effective tool to remove necrotic tissue. This is not a real patient.

Watch for:

- Sudden increase in drainage
- New foul odor

- Pain increasing or not improving
- Fever, WBC changes, redness spreading beyond wound

If something feels wrong, it probably is. Speak up early — don't wait for wound rounds.

You're Learning — and That's Enough Right Now

If wound care feels overwhelming, you're not doing it wrong — you're just new. Every nurse you admire had to start where you are now: standing at the bedside, unsure, second-guessing, and hoping they were doing it right.

You don't have to know it all today. You just need to care enough to slow down, pay attention, and ask when you're not sure.

So the next time you peel off a dressing and think, *"What am I looking at?"* — take a breath and remind yourself:

"I don't have to be perfect. I just need to keep learning."

That's what makes a safe nurse. That's what builds confidence. And that's what gets you ready for the nurse you're becoming — one wound, one shift, one honest question at a time.

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Nurture

Subject:

Wound Care Made Simple — What You Should've Learned in School

Preview Text:

You're charting on wounds and changing dressings — but no one showed you how to really assess them. This blog breaks it down.

Body:

Hi [First Name],

You didn't miss the wound care lecture — most nursing students never really got one.

Between limited clinical rotations and post-COVID curriculum gaps, many new nurses and NCLEX students are thrown into practice expected to “know” how to assess wounds, document properly, and choose the right dressing.

And no one wants to admit they don't know.

👉 That's why I wrote this:

“Wound Care for New Nurses: What School Didn't Teach You”

A plain-language, judgment-free guide to:

- What those wound types *actually* mean (with images)
- What not to do when cleaning or packing
- How to pick the right dressing — with real-world context
- What to say if you're not sure and the wound nurse isn't there

 [Read the full blog here](#)

You're not alone if you feel uncertain about wound care. But knowledge = confidence. Let's start building both.

— [Your Name]

Checklist step by step

"My Wound Care Checklist" for New Nurses

This is designed to be printed, kept at a nurse's station, or folded in a scrub pocket. Here's exactly what it can include — followed by how to format it yourself (or I can format it for you if needed).

Section 1: Before You Start

- ☐ Check orders and MAR for correct dressing type and frequency
 - ☐ Wash hands and gather all supplies
 - ☐ Identify and explain procedure to the patient
 - ☐ Confirm patient allergies (especially adhesives, latex, or iodine)
-

Section 2: Wound Assessment (Every Time)

- ☐ Location
 - ☐ Wound type (pressure injury, surgical, trauma, etc.)
 - ☐ Wound size (length × width × depth in cm)
 - ☐ Tunneling or undermining (document direction and depth)
 - ☐ Drainage: amount, color, consistency, odor
 - ☐ Periwound skin: color, maceration, warmth, swelling
 - ☐ Pain level before and after care
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Section 3: Dressing Change Steps

- ☐ Remove old dressing carefully

- ☐ Note condition of removed dressing (dry, saturated, odor, etc.)
 - ☐ Cleanse wound as ordered (normal saline, wound cleanser, etc.)
 - ☐ Apply dressing type per orders (foam, gauze, alginate, etc.)
 - ☐ If packing, count number of pieces inserted
 - ☐ Secure dressing (tape, wrap, adhesive border, etc.)
 - ☐ Label with date/time/initials if required
 - ☐ Dispose of waste properly
 - ☐ Wash hands
-

Section 4: After Care and Documentation

- ☐ Patient tolerated well? (Yes/No — note concerns)
 - ☐ Dressing type and size applied
 - ☐ Amount of drainage and wound appearance
 - ☐ Pain reassessment
 - ☐ Number of packing pieces inserted
 - ☐ Notification made if wound looks worse or signs of infection
 - ☐ Next dressing change due _____
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How to Create & Print This Yourself

Here's how you can format it without needing Canva or templates that break:

Option 1: Use Word or Google Docs

1. Open a blank document

2. Copy and paste the checklist sections above
3. Use checkboxes (insert > symbol > checkbox in Word or use keyboard shortcut [] in Docs)
4. Make the font large enough to be readable when folded (14–16 pt)
5. Add your name or logo if you'd like
6. Save as PDF or print directly

Optional Tips:

- Print double-sided if you want to save space
 - Laminate and use dry-erase marker if you want it reusable
 - Keep extra copies in a binder at your nurse's station
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SEO

Here's your full **SEO optimization package** for the wound care blog:

Primary SEO Keyword:

Wound care for new nurses

Secondary SEO Keywords to include throughout the blog:

- Types of wound dressings
 - Wound assessment basics
 - Wound care tips for nursing students
 - Choosing the right dressing
 - How to document wound care
 - Beginner wound care mistakes
 - NCLEX wound care questions
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Optimized H1 (Main Blog Title):

Wound Care for New Nurses: What Nursing School Didn't Teach You

This title:

- Targets your **primary keyword**
 - Communicates a value gap (what students missed)
 - Includes "new nurses" to attract the right audience
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SEO-Optimized H2 Headings:

Original H2	Optimized H2
What You Didn't Learn in School	Why Nursing School Didn't Prepare You for Real-World Wound Care
Wound Types and What They Actually Mean	Understanding Wound Types: A Guide for New Nurses
Wound Staging 101	Wound Staging for Nurses: How to Identify and Document Properly
Dressing the Wound	Choosing the Right Wound Dressing: A Simple Guide
What If You're Not Sure What to Do?	What to Do When the Wound Nurse Isn't Available
The One Thing You Should Never Forget	Don't Skip This Step: A Safety Rule Every Nurse Should Know
Final Thoughts	You're Learning — And That's Enough Right Now

These H2s are designed to:

- Include high-ranking search terms like “wound staging,” “wound dressing,” “new nurses,” and “nursing school”
- Improve scannability and relevance in search engines
- Increase engagement by clearly outlining each section's takeaway

SEO-Optimized Meta Title (Max 60 characters):

Wound Care for New Nurses: Types, Staging, and Mistakes to Avoid

Why it works:

- Prioritizes high-intent keywords: “Wound Care,” “New Nurses,” “Mistakes”
 - Includes structure words like “Types” and “Staging” that match common search terms
 - Under 60 characters for full visibility in search results
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SEO-Optimized Meta Description (Max 155–160 characters):

Learn wound care basics for new nurses — types, staging, dressing selection, and mistakes to avoid. What nursing school didn't teach, we're covering here.

Why it works:

- Clear benefits-focused value prop
- Covers major sections: types, staging, dressing, mistakes
- Uses high-volume keyword phrases like “wound care basics,” “new nurses,” and “what nursing school didn't teach”

Keyword-rich and to the point

Let me know if you'd like a Pinterest or blog image alt-text SEO guide next.

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