



Volume 18
Issue 1
2024

Wound Care: A Primer

Denise Napoli Long

This is how to take care of M.'s stage 4 sacral bed-sore.

No, no, let me start again.

M. was an accountant. He was in his late eighties when he was admitted to home hospice. The first time I met him, he was still working, still doing his daughter's taxes, sitting up in his hospital bed in what used to be a formal living room in the front of the house. *The Price is Right* was on TV, loud. What do you want, the guy was eighty.

M.'s wife was on a futon on the other side of the room, asleep, with two small dogs in the bed with her. Bichons, something like that. The ones where the mouths get all brown around the edges. They growled at me as I stepped over their wee-wee pads to M. The wife didn't stir.

"She has her own health issues," said M.'s daughter, referring to the wife. I don't remember the daughter's name, now. I can see her so clearly, her hands over her mouth, and I can feel her, the smallness of her when she let me hug her, at the end. But I can't for the life of me remember her name.

M. was gruff. "Who are you?" he said.

"I'm your new best friend!" I said, and his daughter laughed, and he groaned. "I'm here to do your wound care for Kathy today. She's out sick."

"Lucky me," he said. He rolled his eyes.

Kathy was his regular nurse. Kathy had told me he was a pain in the ass. She said this over text earlier that day. *He's a pain in the ass. Sorry!!* Then the emoji with the mouth in a rectangle and all the teeth showing.

“So,” I said to his daughter, “do you usually pre-medicate, or ... ?”

I meant, do you usually give morphine before you change the wound? Sometimes we do. It's painful, or it can be.

“Hell, no!” said M. “That stuff makes me sleepy. Just get it over with.” Then he turned his head toward the entrance to the room and hollered: “Julianna!”

A tall, strong, beautiful Jamaican woman came into the room. Her skin was the smoothest, deepest brown and her teeth were blindingly white. She smiled, first at me, and then M.'s daughter, and then, with a special softness, at M.

“This is Julianna,” said M.'s daughter. “She's his aide.”

“Help me, damnit!” M. said.

“Dad!” cried his daughter. “Don't be so rude!”

“For the love of Christ,” he muttered, and turned his face to the wall, so that I could get to his backside.

Julianna smiled again and moved to stand against the wall and with two huge, capable hands she pulled him over, so that he was balancing on his left hip and I could get a clear view of his ass and his wound. He weighed nothing, 85 or 90 pounds at most. She held him there, leaned down, and whispered into his ear, “It's okay, handsome. It's okay.”

I began the wound care. Stage 4 means the wound, the bedsore, went through his skin, and then through the fat under his skin, and then through the muscle. At the base of the wound was white bone. The wound was maybe ten inches wide and seven inches long, all around his sacrum. Just above his ass. Just there.

Wait a minute. There's more. I need to tell a little more, first.

* * *

Let me start again.

Before I was a hospice nurse, I was an ICU nurse. One night, I took care of an old man whose daughters loved him very much. They loved him so much that they wouldn't let him die. They wouldn't sign the papers that would let us nurses and doctors stop banging on his chest every time his heart stopped. They wouldn't let us disconnect the tubes from his groin that filtered his blood through a dialysis machine every time his kidneys stopped. They wouldn't let us take out the tube into his trachea that was hooked up to a ventilator that made him breathe every time his lungs stopped. Their love for him was torturous.

It was Easter, and Jesus was rising, and he (the patient, not Jesus) mouthed to me, soundlessly, because the tube in his trachea didn't let him speak, *Let me die. Let me die.* Then he went into v-tach, which is a fancy way of saying that his heart went apeshit.

I didn't let him die, dear reader. Don't worry. I saved his life. I'm a hero.

What I did do, after that, was become a hospice nurse, because although I am a hero, I am not a sadist. There are no emergencies in hospice care. No one is on dialysis. No one needs CPR. No one is on a vent. People still beg you to let them die, sure, but at least you're not actively withholding it. On hospice care, when patients say, "Let me die," we nurses say, "Go right ahead!"

Thing is, just because someone is ready to die, and their body is trying to die, it doesn't mean they're going to die. Some people decide to stop going to the hospital, stop going to doctors and being treated for things, and then they get better. Sometimes there's nothing to be done, and the patient seems to have days or weeks to live, and six months later they are still lying in a hospital bed in their living room, eating farina and watching *The Price Is Right* with a Jamaican lady named Julianna while they do their daughter's taxes. In those cases, lots of times, patients get bedsores.

Which brings us back to M. and his ass wound. I was going to tell you how to take care of it. I was going to write an essay about what you have to do to take care of a wound like that.

Ah, not yet. Let's wait a little longer. I'll tell you about the wound in a minute. Just, here, let this sink in for a minute: In order to keep M.'s wound from festering, it needed to be packed with gauze that was soaked in bleach. Bleach, in his wound.

Just remember that for a minute, will you?

Let me start again.

I mentioned M.'s wife, earlier. How she was on a futon, asleep, with two small dogs bouncing all over her, and the TV blaring, and a nurse walking through the room making obnoxious wisecracks, and the daughter saying that her mother had her own health issues.

M.'s wife was a mess. Remember that movie *Death Becomes Her*? Goldie Hawn and Meryl Streep unlock the secret to eternal life, or something, but their bodies keep decaying and have to be glued back together. At the end, Goldie Hawn's face is all runny and patchy, and Meryl Streep says she needs some more glue, and Goldie says, "I need to get to the hardware store!"

That's kind of how M.'s wife looked, in the face.

Because the thing about hospice is that it's never only one person that is dying. Everyone is dying, all the time, all of us. I am dying as I write this. I am one moment closer to my own demise, right now. And now. And now. We are all in varying states of decay. M. was decaying quite literally from the inside out, while he still breathed, but M.'s wife was dying, too. Her heart was giving out, little by little by little, her heart and her brain, at the same time. She slept most of the time and when she was awake, she seemed not to understand that her husband was dying—we nurses weren't to say the H word in front of her. Hospice, I mean. Not Hawn, as in Goldie.

There was also M.'s daughter, whose name I can't remember. She loved her father very much, and loved her mother, too, and she had grown up in this house. She drove over every day from where she lived with her husband and her chil-

dren, a few miles away, to check on her father. She had a sister, too, who was in Florida, or Virginia, or somewhere. M.'s daughter would ask Kathy, the regular nurse, whenever Kathy visited, "Is it happening? Is it now? Should I call my sister? Should I tell her to come?"

"Yes," said Kathy, every time. "It's happening. It's still happening."

When we take care of hospice patients, and their ass wounds, and the ten million other things that are the matter with them, or when we take care of patients like my kamikaze ICU man, we aren't just taking care of the patient. We are taking care of his wife, and his daughter, and his aide, too, and the dogs with the brown around their mouths, and all the people who have a stake in his suffering, which is everyone he knows and has met and could have met and could have known. They are all crowded around there, watching us, in M.'s smelly, dark, cramped living room, hundreds of eyes, thousands, watching. They all see that it will be their turn, too, despite their currently intact asses, and they all want to know: how does one do it? How does one die? And how does one care for someone who is dying?

Back to M.'s wife and daughter.

They didn't want to see the wound. I can't blame them. Not only was it stage 4, but it was also unstageable in parts, because it was black, and there was no way of telling what was going on under the blackness. Some areas of M.'s wound were holes, deep tunnels into his flesh, and a person could stick an eight-inch cotton swab in. I mean all the way.

I can smell it, still. I can smell the sticky, sweet scent of the wound when I first open the dressing, and the rest of the skin around the wound, which hasn't been showered or properly washed outside of the confines of a hospital bed for months and months. I can smell the bleach, the bleach plus the dogs, the dogs with the brown mouths, and the wife with her mouth a little open as she sleeps, and the aide Julianna whispering in M.'s ear and stroking his back ever so gently, *It's okay, handsome, it's okay. Almost done, handsome, almost done.* Even though, you know, we had just begun.

* * *

Let me start again.

Today I went to see a woman, 91 years old. When I walked into the living room, she was sitting up in what I thought was a chair, with her aide nearby, and her husband, Carl, sitting on a couch on the other side of the room, his eyes red from crying. "Good morning!" I said cheerfully, which is just like how I was with M., and as I try to be with everyone. She had just returned home from the hospital, this woman, after being there a week. It was my job to explain hospice to her so that the next time she tried to die she could do it at home with some morphine, like she wanted.

I chatted with her and her husband and her aide for about ten minutes before she said, "Excuse me, it won't come out."

"What won't come out?" I said.

"The shit," she said. "It's stuck."

That's when I realized that she wasn't sitting on a chair but on a commode, right there in the living

room, four feet from the front door. She was actively trying to take a poop while I was discussing the philosophy of hospice, and our roles, in this life, as caregivers, and the fact that Medicare was not likely to pay for both hospice and her aide, and wondering if I correctly understood that she had a DNR order, and did she have a copy in the house?

I took a look. Sure enough, she had a baseball-sized poop stuck in her butt, and she weighed 95 pounds, and she was covered in bruises and sores and cuts, and there was no way she was going to be able to push that poop out on her own, and there's no way I was going to be able to leave that house until she was done shitting.

“Do you have any Vaseline?” I asked.

That woman's name was—goddamn it, I was just there today and I can't even remember her name. You disimpact one half-dead old lady, you disimpact them all.

Gloria? Gwendolyn? Gabriella? Something like that.

Anyway, this woman I saw today doesn't have anything to do with M., who has been dead for months now. I only mention it because I have been thinking about M., obviously, and today, when I was confronted with this woman's ass, bony like M.'s, and packed so full of shit that it probably reached up to her esophagus, I thought: I also want to make sure I mention, in that essay about how to clean M.'s stage 4 bedsore, that it was good when he was constipated. He would be constipated for three weeks at a time. Farina in, nothing out. Farina in, nothing out. Over and over and over. And then, every three weeks, for about four days, there

would be a flood. A nonstop, completely liquid, absolutely rancid flood of shit. His anus was involved in the wound by then. The dressing was basically a bag for the shit, so that when you pulled away the tape, as his wife dozed and the dogs barked and Julianna whispered in his ear and his daughter pretended to take a call in the next room, it would pour out like a watering can.

To recap: stage 4 bedsore. Bones and blackness and tunnels through the flesh so deep they could hide a pencil. Shit, spilling out, once a month or so, for days at a time. Bleach. Pack it with bleach, to kill the germs from the shit. Got it?

Good. Almost done. Stay with me.

* * *

Let me start again. At the end, this time.

In the end, over the course of the time I knew him, I would visit M. and clean his wound a dozen or more times. I would get to know his daughter, and she would let me hug her one day in the hall as her mother puttered around the kitchen looking for dog treats and her father slept in the living room and the aide, who was not Julianna anymore but some other aide that the agency sent, watched soccer in a room off the hall. One of the dogs died, the day she let me hug her. The daughter found it in the hall when she came over to check on her father. It seemed to be the last straw, the thing that put her over the edge at last.

In the end, I would tell M. that we didn't have to do the wound care if he didn't want to. It was his ass and he could do with it what he pleased, because it hurt him to turn to the side, and it hurt

him to know that the thing I was doing back there was taking care of a dead body, more or less—cleaning it and tending to it and pouring chemicals on it so that the body’s mind, which was basically fine, could go on watching Drew Carey give away dinette sets on TV.

In the end, he let me do it. The wound care.

This is how you do it:

Julianna turns him to his side. She whispers in his ear, and strokes his back, and you watch her hands, and you feel that what she does for him is something that, for all you are about to do for him, you could never do. You could do it for your children, maybe, and for no one else. You wonder why she can, what she has that you don’t have, what she knows that you don’t know, won’t ever know, no matter how long you do this.

You gather up the materials: Washcloths. Wound cleanser spray. A basin of warm water. Non-sterile gauze. Sterile gauze. Bleach solution, a special concentration ordered from the pharmacy. Cotton swabs, the extra-long ones. A paper tape measure. Two big pink bandages, the color of rosy cheeks. Tape, at least a full roll of tape, to keep it all in place. Gloves, an entire box, so that you can change them after each step. A garbage pail. Extra pads for under him, and diapers, and hand sanitizer.

Then you say, “OK, handsome, it’s showtime!” And you take a deep breath. And you start again.

About The Author

Denise Napoli Long is a hospice nurse with the Visiting Nurse Service and Hospice of Suffolk, New York. Email: denise.napoli@gmail.com