Xylazine Wound Care Protocol for Harm Reduction and Street Outreach Settings

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Goal

To provide useful practical guidance for xylazine wound care in street medicine/outreach settings

Protocol Development

- 16 interviews with clinical providers of wound care for PWUD
- Review of medical and harm reduction literature
- Synthesized real-world clinical experience from providers with existing nursing frameworks to create a protocol to guide xylazine wound care planning

Who can provide wound care?

- Medical training isn't necessary for many aspects of wound care
- Depends on individual willingness/comfort
- Organizational liability concerns and comfort

ABCDE Framework (Harm Reduction-ified)

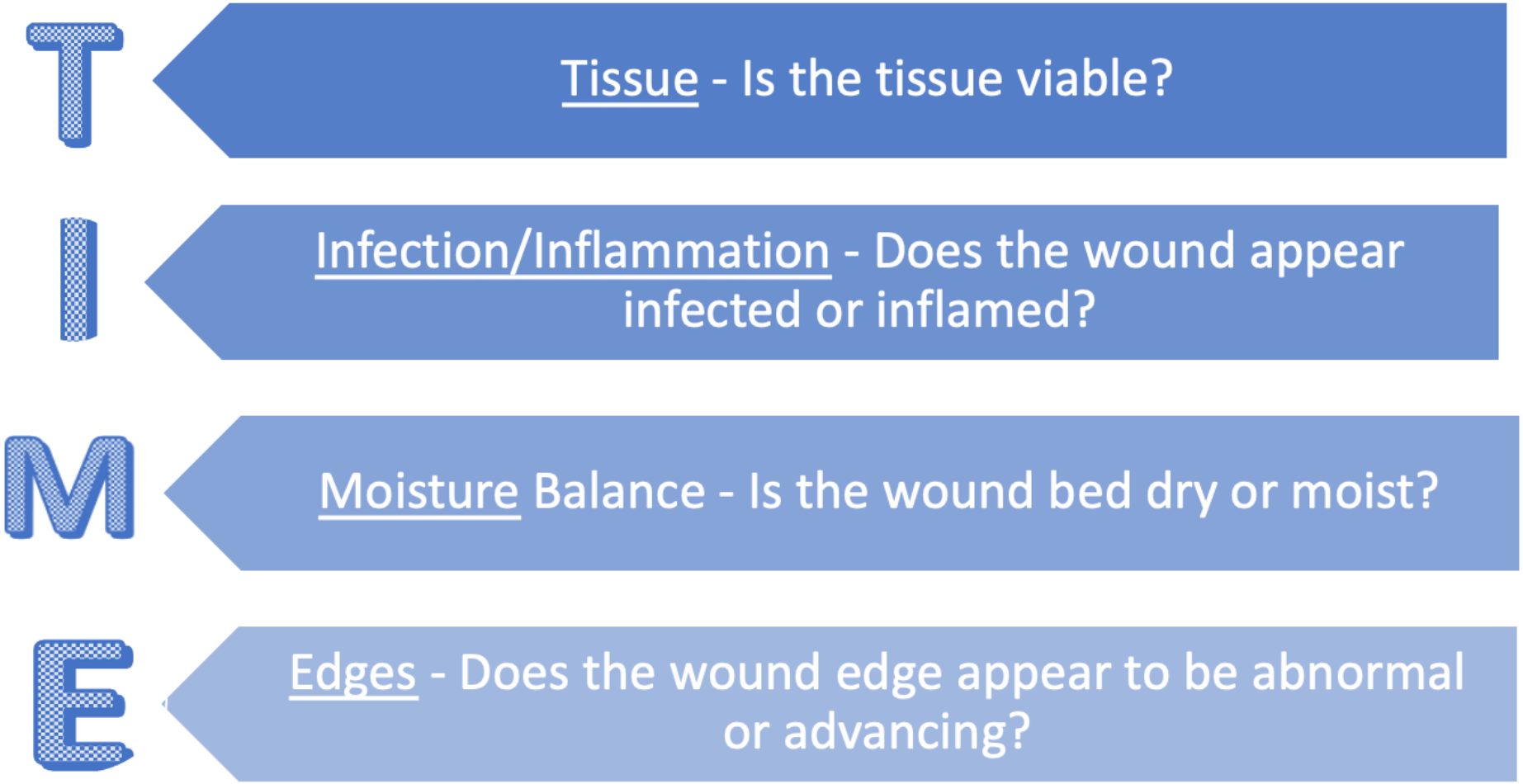
Identifying Xylazine Wounds

- Drug use history suggestive of xylazine use
- Wound appeared away from the injection site, typically on extremities
- Wounds typically start small and expand quickly
- Appearance:
  - Blister-like with a dark layer under skin
  - Red or purple skin discoloration
  - Hard, dry tissue
  - Black, dead, or necrotic tissue not due to infection

When is higher level care needed?

- **Signs of systemic infection** (e.g., sepsis, osteomyelitis)
  - Fever
  - Chills/Shivering
  - Nausea
  - Vomiting
  - Diarrhea
  - Increased heart rate (over 100 beats per minute)
  - Increased respiratory rate (over 20 breaths per minute)
  - Low blood pressure (under 90/60 mmHg)
  - Poor blood flow (pale, capillary refill < 3 seconds)
  - Altered mental status (confusion, sleepy)
- **Exposed tendon, bone, or other underlying structure**
- **Wound located on/near area with highly complicated underlying structures** (e.g., near eyes, arteries)
- **Weakness or impaired motor function** indicative of nerve damage or infective arthritis

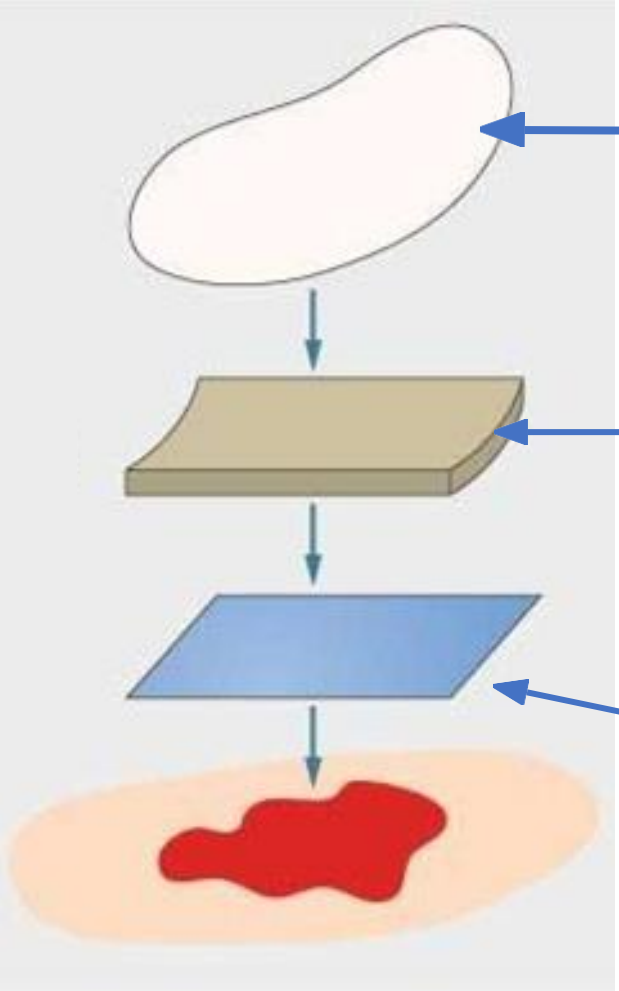
Assessing a Wound Using TIME



Cleansing and Debridement

- Remove dead tissue to help healing and decrease infection risk
- Cleansing with soap and water/saline is usually sufficient
- Gentle mechanical debridement is usually warranted
- Autolytic debridement using Medihoney is another common approach
- Sharp/surgical debridement should only be done by healthcare providers

Dressing



The outer layer makes sure the dressing stays in place and protects from dirt and moisture

The absorbent layer absorbs drainage (abd pad, sponge, or gauze)

The contact layer touches the wound (xeroform, honey gauze, Telfa pad, A&D ointment, drawing salve)

Jordan et al., 2012

Critical Role of Client Education

- Clients should be considered partners in their wound care

- Provide education and supplies to empower the patient to independently care for their wound
  - Tailor to client's unique needs
  - Explain what you're doing as you go
  - Use the teach-back method or have patients perform wound care under your direction
  - Provide educational material, when appropriate or requested

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