

Nursing strategies in the care of post-traumatic wounds

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Dear Editor:

The review of the clinical case published by Niño et al. (1) regarding the treatment of post-traumatic cellulitis in a patient invites reflection on the importance of clinical judgment within the nursing profession for the management of soft tissue infections, considering that this research study represents a significant contribution to the professional nursing practice, particularly in primary clinical settings and in resource-limited environments.

Cellulitis is defined as a bacterial infection that affects the deep layers of the skin. Its diagnosis is primarily established through physical examination and medical history; only in specific cases are cultures or other complementary diagnostic tests requested to identify the etiologic agent (2).

This condition may develop when a breach in skin integrity allows the entry of microorganisms, mainly bacteria. If not promptly controlled, the infection may spread to the lymph nodes and bloodstream, rapidly compromising the patient's life (3). Cellulitis commonly involves the reticular dermis and hypodermis and may cause permanent damage to lymphatic tissue. Clinically, the affected area is characterized by increased local temperature, edema, pain, erythema, and irregular borders (4).

On the other hand, soft tissue infections are diseases with a high global prevalence rate and represent one of the most frequent causes of hospitalization. Furthermore, they may lead to complications that negatively impact the patient's quality of life, such as tissue loss, amputations, or even death (5).

The clinical case clearly demonstrates how nursing professionals' clinical judgment enables the identification of changes in the patient's progress. In the same way, the application of the NANDA, NIC, and NOC taxonomies, together with assessment based on Marjory Gordon's eleven functional health patterns, ensures comprehensive care focused on the patient's physical, emotional, and social needs (1).

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