

NSG330: Introduction: Paper 1

Why do some wounds heal well while others settle into a non-healing stasis? Certainly there are many reasons; some relate to the type of wound, some to the condition of the patient, and yet others to the treatment regimen or environmental factors. Wound care has become quite a sophisticated specialty.

Healthcare professionals have become very knowledgeable about how general health affects wound healing and there is now an impressive array of treatments and dressing types but the writer has met with very mixed views about the role, if any, of oral zinc supplementation. Those who favor this adjunct recommend 220mg of zinc daily. This is prescription strength as most OTC zinc supplements are 10mg or less. Some proponents of oral zinc supplementation recommend it only as part of a larger regimen that would include vitamins A, C & D and protein supplements.

The writer became interested in this subject while working in homecare. A number of elderly patients had been receiving regular home nursing visits, in some cases for years, for treatment of non-healing wounds. Nurses and MDs involved had very differing views on the effectiveness of zinc intake and for the writer the question remains:

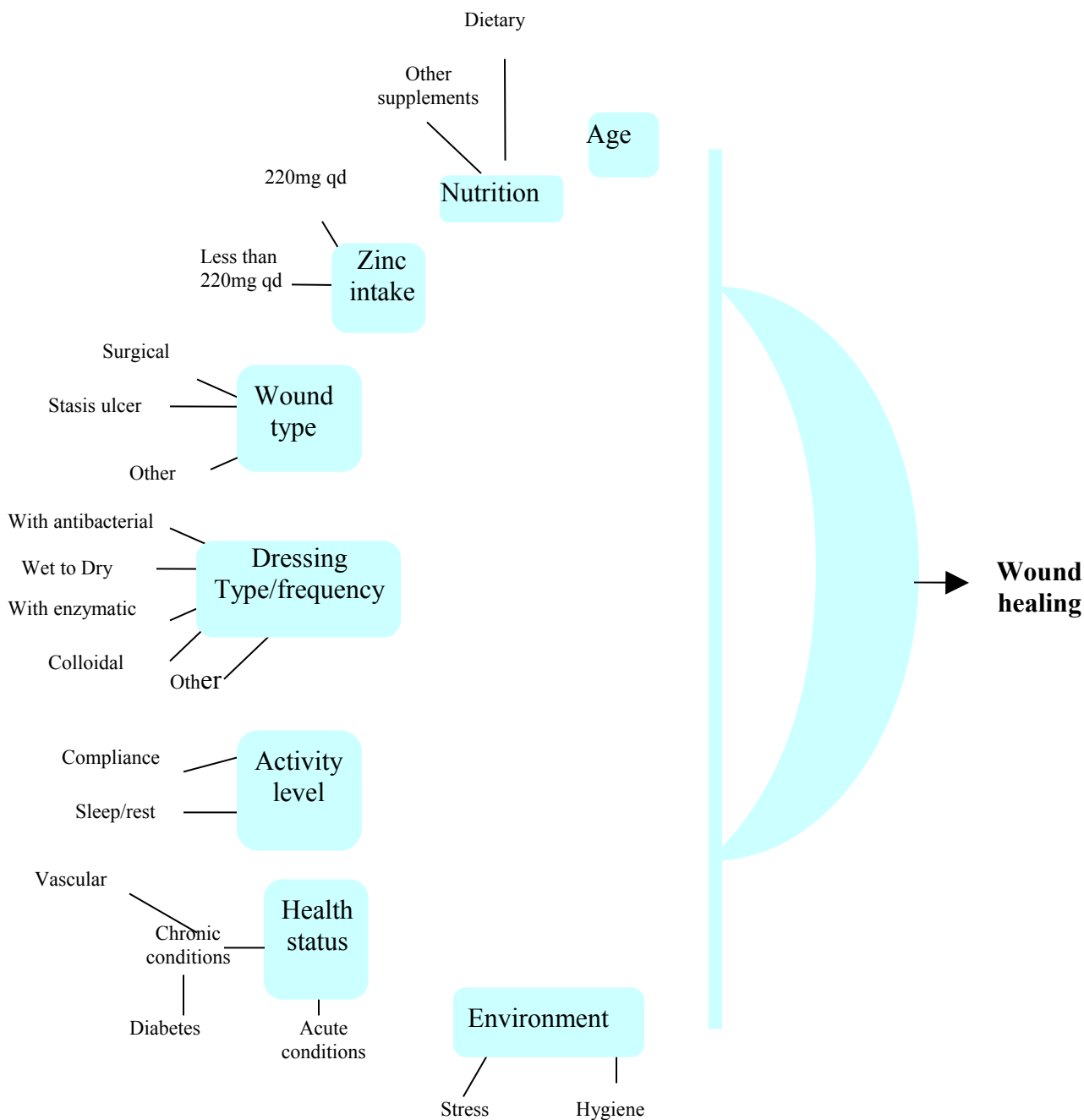
Does oral zinc supplementation promote wound healing in patients age 65 years and older?

The concept map on the following page shows a number of factors that are known to affect the rate of wound healing and zinc intake. The purpose of this paper is to explore whether current literature can answer the stated question.

Theoretical Framework

Florence Nightingale's theory, according Tomey & Alligood (2002) p. 73,

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“... contains three major relationships: (1) environment to patient, (2) nurse to environment, and (3) nurse to patient.” Within Nightingale’s theory diet is an environmental factor. (Kozier, Erb, Blais & Wilkinson 1995, p 47) She also saw the nursing role as “... manipulation of the environment in a number of ways to enhance patient recovery.” (Tomey & Alligood, 2002, p. 73.) Nightingale’s work was based on the belief that the

the belief that the body would naturally repair itself if environmental factors, including diet, were appropriate to healing and wellness. This view would seem very relevant to the above question because zinc is a nutrient, a dietary constituent or supplement, not a drug. “Nightingale believed that nursing’s role was to prevent an interruption of the reparative process and to provide optimal conditions for its enhancement.” (Tomey & Alligood, 2002, p. 70.)

. In addition to this, Nightingale utilized scientific observations and statistics in order to arrive at conclusions and present them to others. (Tomey & Alligood, 2002, pp. 71 & 72.) In the present day we would record our observations of the wound, over a period of time, together with treatments and other factors. This information would be utilized when evaluating the efficacy of a treatment regimen. It is by comparing such records that we arrive at statistics.

Nightingale’s theories are particularly relevant to the question at hand because, if oral zinc supplementation is shown to promote wound healing, the mechanism of support is dietary. The supplement would be altering the environment in a way that improves the body’s restorative powers. Similarly, the mechanism of recording observations and producing statistical evidence, either for or against zinc supplementation, is essentially following in the path set by Nightingale over a century ago.

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