

Wound Care

For Opioid Affected Communities

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University Of Illinois Health System

Community Outreach Intervention Projects (COIP)

Outreach Clinics

Background and Education



Background and Education



Joined the Army so they let me graduate - 2005



Bachelor of Science in Nursing - 2012



Doctor of Nursing Practice/FNP - 2020

Background and Education

- Terrible Highschool Student
- Active Duty Army 2005-2008
- Operation Iraqi Freedom 2006-2008
- Liked putting IVs in better
- 9 years ER/ICU/Psych/Medsurg
- Now a Family/Addiction Nurse Practitioner (SUD PCP)
- I like giving things away for free
- 20K of Wound Care Supplies since 2019 \$\$\$



UIC SSTI and Wound Care Project

- Partnership with the Community Outreach Intervention Project (COIP)
- Providing services for people who inject/use drugs
- DNP project 2018-opened a wound care clinic in a syringe exchange program
- Program still in operation and expanded across mobile units



**Community Outreach
Intervention Projects**



Low Barrier Care

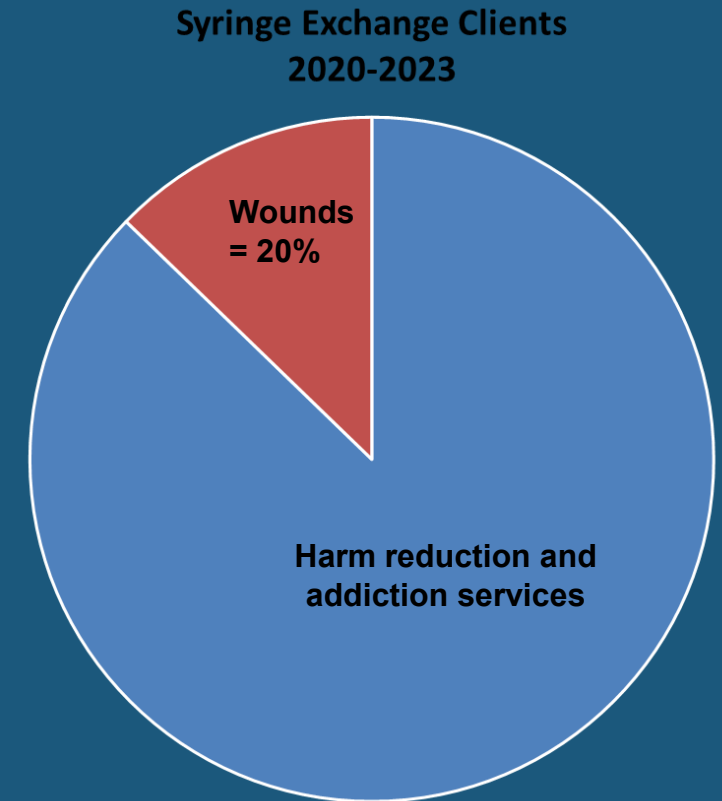
- I run a clinic in a Syringe Exchange Program/Harm Reduction Facility
- I see people on the street and mobile health units and between harm reductions sites
- Addiction, primary care, wound care, reproductive care, behavioral health
 - Integrated Care

We have cool stuff like drug checking on site and food
We are a walk-in clinic

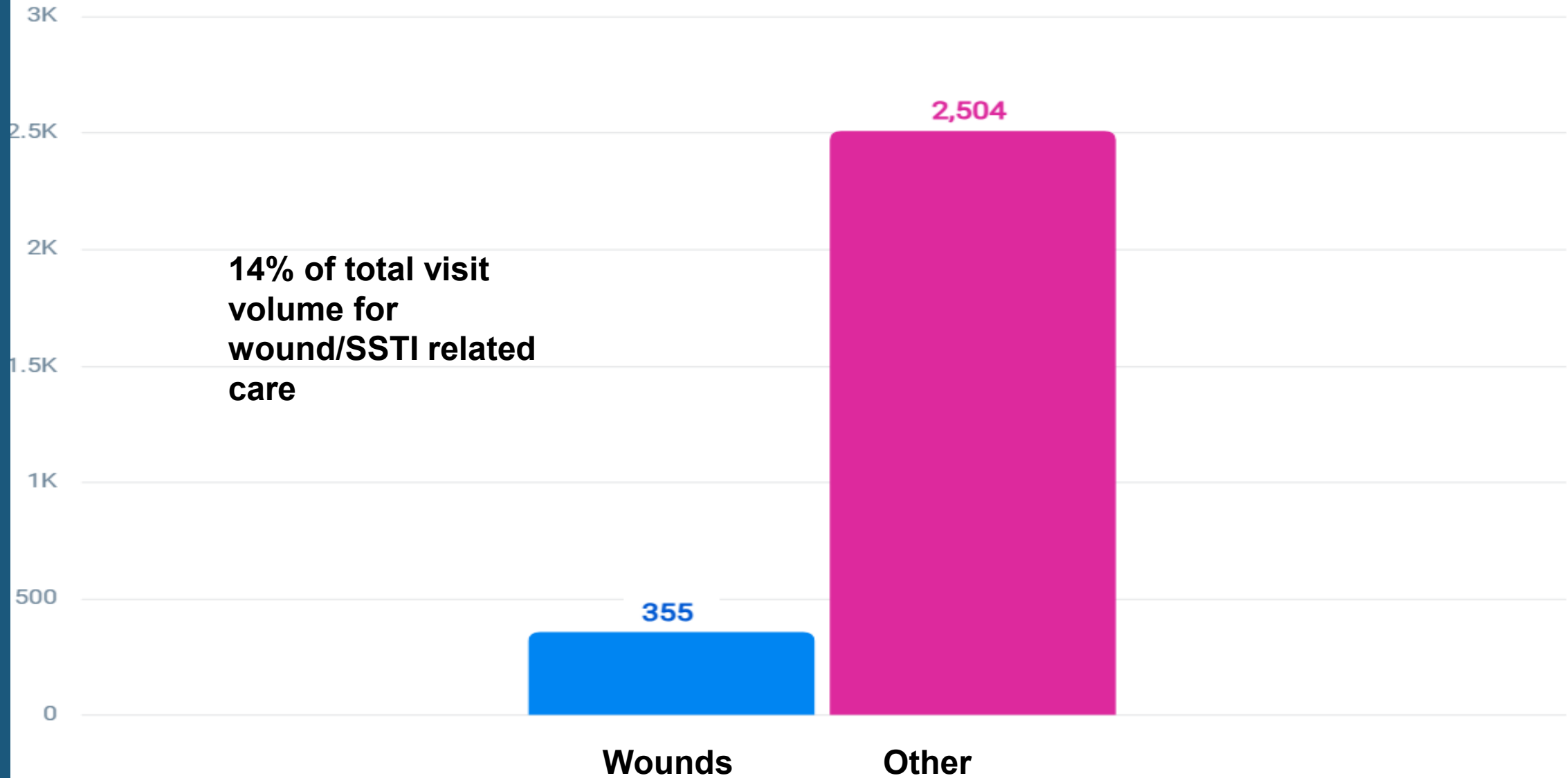


Intro

- People who inject and use drugs (PWID/PWUD) are at increased risk for skin and soft tissue infections (SSTI's) as well as acute and chronic wounds
- Prevalence of chronic wounds can be as high as 20%
- Wounds are not SSTI's and do not benefit from treatment with systemic or topical antibiotics unless an infection is present
- Most wounds are chronically colonized with bacteria and benefit from debridement, careful dressing selection, and mitigation of causative factors



COIP Wound Related Visits AUG2025-2026

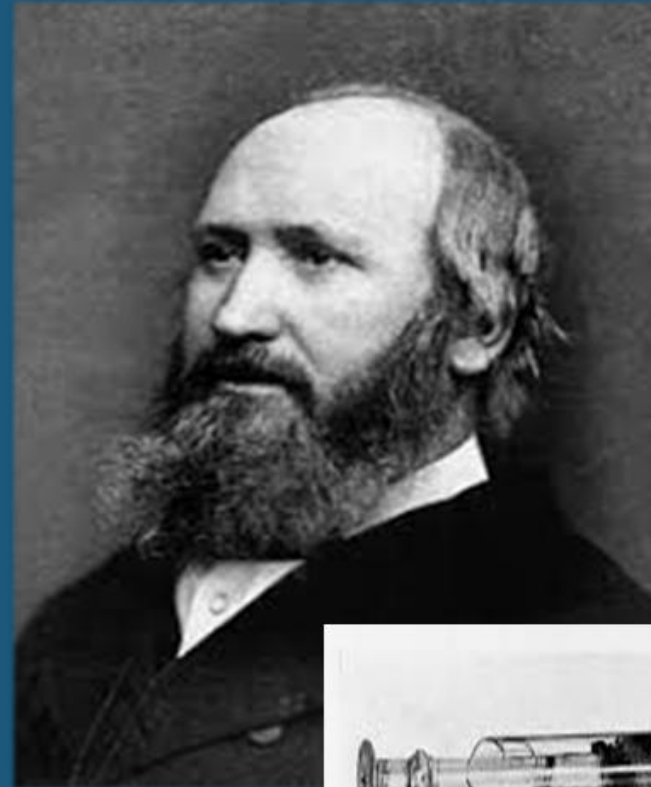


Topics to Cover

- Causes of Wounds and SSTI's in PWUD
- Prevalence and Cost
- Treatment Options

History

- Dr. Alexander Wood of Scotland credited with inventing the first medical hypodermic needle in 1851
- Morphine isolated in early 1800s (Germany). Widespread use during US civil war
- Reported cases of syringe sharing in the US early as 1914²²



Substances Used for Injection

- **Heroin (Fentanyl) Dope**

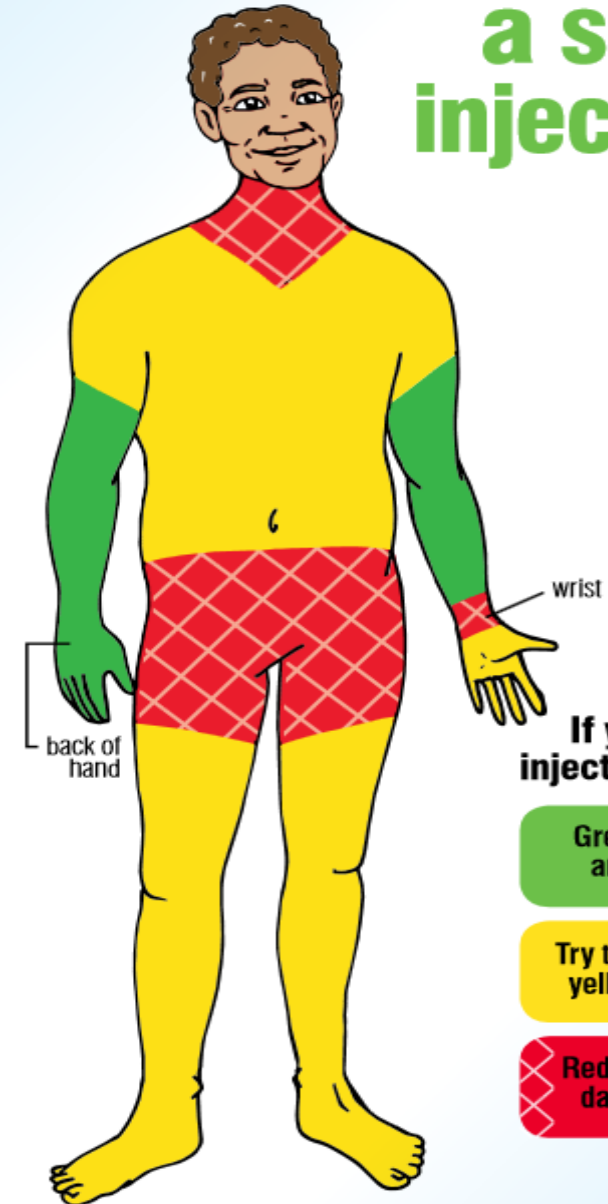
*all heroin is fentanyl and some fentanyl contains heroin)

- **Pharmaceuticals:** Oxycodone, hydrocodone, hydromorphone, dextroamphetamine, xylazine, medetomidine
- **Cocaine:** Base (powder) and Hydrochloride salt (rock)
- **Methamphetamine**
- Combinations of **opiates** and **stimulants** (speedball/snowball)

Where People Inject

- Anywhere there is venous access
 - Upper/ lower extremities
 - Hands, feet, digits
 - Neck/ external jugular
 - Groin/ femoral vein

Choosing a safer injection site



If you are injecting drugs:

Green areas are safer.

Try to avoid the yellow areas.

Red areas are dangerous.

Etiology of Injection Related SSTI

- Introduction of infectious agents subcutaneously and intravenously
- Poor hygiene practices leading to inoculation with skin flora
- Contaminants within illicit substance
- Cytotoxic effects of substance injected
- Sharing of injection equipment/reusing paraphernalia ²



Etiology of Injection Related Wounds

- An abscess which was self treated and drained gives rise to a chronic wound
- Missed injection of heroin/fentanyl is extravasated into the subcutaneous tissues
- Acidic/cytotoxic substances destroy surrounding tissues when not diluted through intravenous injection
- Vasoconstrictive substances such as cocaine and methamphetamine are extravasated and cause local tissue hypoxia



Injection Related Wounds

“It cooked up different. Usually, it is pale yellow but this time it looked like Coca-Cola. It felt like shooting battery acid. The next day all the skin started dying off.”

– Wound Client

Injection Related Wounds: Risk Factors

- Whether injection site was cleaned prior to use
- Number of daily injections increases incidence of SSTI and wounds
- Lower extremity injection associated with greater risk of SSTI/wounds ⁹
- Subcutaneous injection (skin popping) and Intramuscular injection (muscling) highly associated with development of abscess and infection^{14, 15}



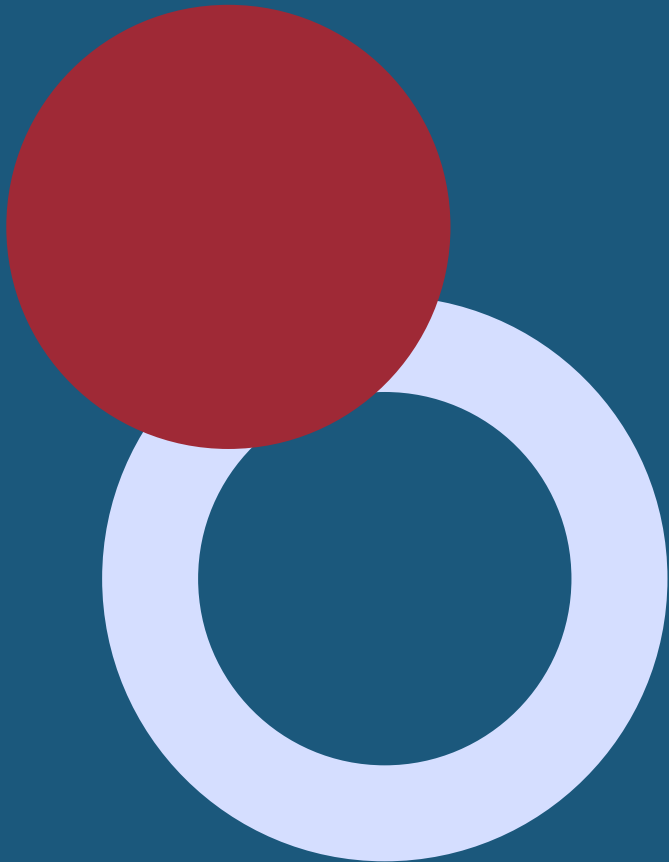
Prevalence and Cost

- Baltimore syringe exchange (SEP) survey (N=159)
 - 17.8% with an active abscess
 - 19.7% with current chronic wound¹⁵
- DC area SEP survey, 81.2% reported having ever had a wound (N=101)²³
- California syringe survey exchange (N=864)
 - 37% of clients endorsed an abscess in the last 30 days ⁷



COIP Wound Clients

TABLE 2 —Patient Encounter Data October 2018–August 2019	
Total Clinic Patients Seen (N=85) (Wound Client N=16 (18.8%))	
Encounter Type	
Wound Visits	48 (24%)
Visit Other	152 (76%)
Total Visits	200
<i>Visit other:</i> Includes visits for medical problems other than wound care.	



Wounds and SSTI's

- Not all wounds are infected. Many are chronically colonized with bacteria
- Chronic wounds that are not infected do not benefit from treatment with antibiotics
- The Infectious Disease Society of America (IDSA) recommends against using topical antibiotics on wounds
- Chronic non-infected wounds benefit from debridement, exudate management and thoughtful dressing selection



Wounds Encountered in PWUD

- Injection related ulcerations
- Related to cytotoxic effects of injected substance
- Can be secondary to infectious process such as an abscess
- Wound maintained for purpose of injecting heroin/fentanyl into the wound bed
- Venous Ulcers
- Arterial wounds

Injection Related Ulcer

- Can arise from a previously infectious process such as an abscess that was self-treated or never treated
- Heroin/Fentanyl induces a cytotoxic inflammatory response which causes tissue necrosis
- Cytotoxic effects of drug adulterants (xylazine/quinine)
- Cocaine is a potent vasoconstrictor and can induce tissue hypoxia and necrosis if injected ²⁰

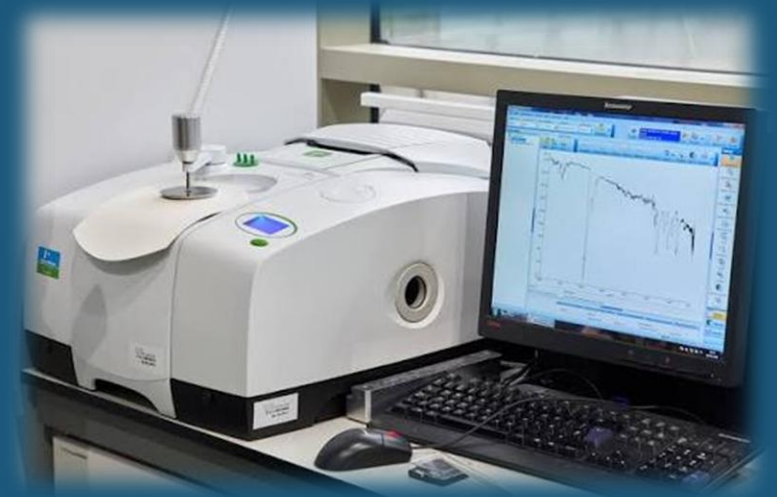


Injection Related Ulcer

Heroin/Fentanyl Adulterants Chicago Opioid Supply 2026

- Quetiapine
- Gabapentin
- Maltose/Lactose
- Inositol
- Quinine
- Acetaminophen
- Xylazine/Medetomidine

FT-IR Spectrometer





Injection Related Ulcer: Xylazine

“I have the most meticulous injection technique you have ever seen. I always have clean rigs, and never share or reuse. I find a vein, get a register, draw back fresh blood, and make sure the whole hit goes into the vein. But when I remove the needle, even that little bit of residue left is enough to form a small ulcer and that’s why I have all these wounds.”

- Wound Client

-

Injection Related Ulcer: Xylazine

- Xylazine (Tranq) is a central α_2 -adrenergic agonist
- Medetomidine also used as an adulterant
- Used as a veterinary tranquilizer/sedative since 1962 (Bayer)
- Reduces release of norepinephrine and dopamine in the central nervous system
- Results in sedation, muscle relaxation, respiratory depression, hypotension
- First reported used as an adulterant in heroin supply within Puerto Rico early 2000's ¹⁷



“anestesia de caballo”

Injection Related Ulcer: Xylazine

- Xylazine prevalence in US Heroin supply identified around 2010 in Philadelphia
- Can be found in heroin supply Chicago to Los Angeles.
- Very inexpensive (\$60 kilo)
- Associated with increased risk of fatal overdoses and acute wounds ¹⁰
- Per Chicago Recovery Alliance Drug Checking Program about 20% of Chicago heroin/fentanyl/dope contains xylazine (Sep-Dec 2023)



TRANQ DOPE:

Xylazine in the Drug Supply



“TRANQ” is the slang term for opioids laced with xylazine

Xylazine is an animal sedative not approved for use in humans.

- Xylazine is **NOT** an opioid so it does not respond to naloxone (Narcan)
- You should still give naloxone if someone is overdosing as it will reverse the effects of any opioid overdose

2019	21
2020	23
2021	89
2022	112

SOURCE: Provisional data of fatalities in Chicago with xylazine as the primary cause from Cook County Medical Examiner Open Data Portal. Data as of 3/15/2023 and is subject to change.

HOW DOES XYLAZINE FEEL?

You may be able to feel the effects of xylazine 1-2 minutes after consuming. Effects can last 4+ hours.

- Heavy sedation/heavy nod especially in first 20-30 mins after use
- Lowered heart rate, blood pressure, and breathing rate
- Dry mouth
- **Skin ulcers** — large, severe, poor healing wounds, skin may be blackened and dead
- Feelings of dizziness, tiredness, weakness, or confusion caused by rapid drop in blood sugar and possible anemia

Xylazine use can cause severe **skin wounds** that can require complicated wound care:

- May become large and have dead skin and tissue
- Can be at sites associated with injection, at sites not associated with injection, and in people who don't inject at all (often found on legs, forearms)
- Are not infectious, but can become infected
- Do not heal well or quickly

How to manage wounds associated with xylazine use:

- If possible, cut back or stop using xylazine
- Do not pick at skin
- Keep wound as clean as possible with soap and water
- See a doctor immediately

Injection Related Ulcer: Xylazine

- α_2 -adrenergic receptors also found in peripheral tissues but α_1 are more prevalent
- α_1 agonism results in vasoconstriction
- Postulated that xylazine causes injection site tissue hypoxia and skin necrosis through local α_1 agonism
- Wounds can occur independent of injection site and have been reported in those insufflating heroin



Malayala et al. 2022

Injecting Into Wounds

“Yeah, I have been injecting into the wound and messing with it for awhile. I know, what kind of person would do something like that? But I have no veins, I am desperate, and it is almost as good as mainlining.”

– Wound Client

Wound Injection Ulceration

- When venous access becomes too difficult to obtain, PWID may resort to subcutaneous and intramuscular injecting
- PWID may also use a chronic wound for injection/drug delivery
- Healing wound beds have a robust blood supply=quick drug absorption
- Important to assess as wound injection can be a risk factor in up to 50% of PWID with chronic wounds



Houck & Ganti, 2019

Wound Injecting

- Hyper granulation tissue is common from manipulation of wound bed
- Clients may have wounds for years
- Might also “baste” wound in solution of drugs and saline
- Decreasing injection only way to reduce wound size
- Intranasal, oral, rectal (boof), MOUD!



Venous & Lower Extremity Ulcers

- Venous stasis ulcers are highly prevalent within PWID, especially in those with a history of lower extremity injection
- A Detroit area study found that 39% of PWID frequenting a syringe exchange had medically verifiable evidence of venous disease ¹⁵
- Decreased venous blood flow, damage to venous valves, and deep vein thrombosis (DVT) contribute to venous hypertension, eventual venous insufficiency, and ulceration



John Hopkins Medicine, 2023



Arterial Wounds

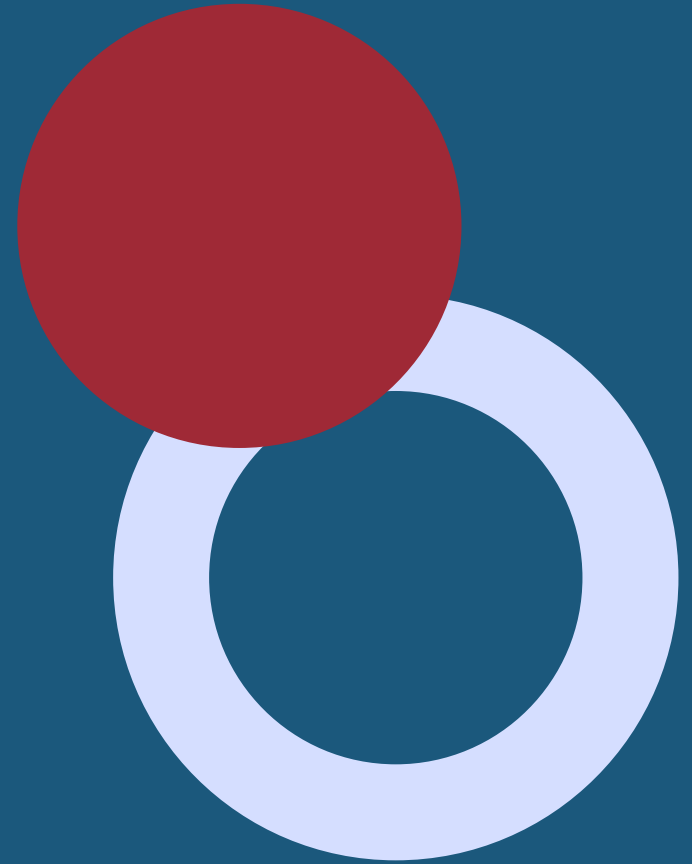
- Arterial thromboembolism
- Femoral artery necrosis
- Tissue hypoxia and necrosis from venous or arterial injection
- Organic process (PAD)



Kobilica & Flis , 2021

Wound Infection

- Chronic or acute wounds in PWID can have an infectious etiology
- Injection related hygiene is highly correlated with the development of SSTI and those with higher uptake of hygiene and harm reduction services have overall less reported SSTI's¹⁶



Abscess - Carbuncle - Furuncle

- Abscesses, carbuncles, and furuncles are characterized as purulent infections which manifest as a collection of pus forming a “head” within the subcutaneous layer
- The Infectious Disease Society of America 2014 guidelines specify a range of treatment options such as incision and drainage, oral, and intravenous antibiotics depending on infection severity
- These infections are commonly caused by resident streptococcus and staphylococcus species but may include resistant strains such as MRSA ⁴



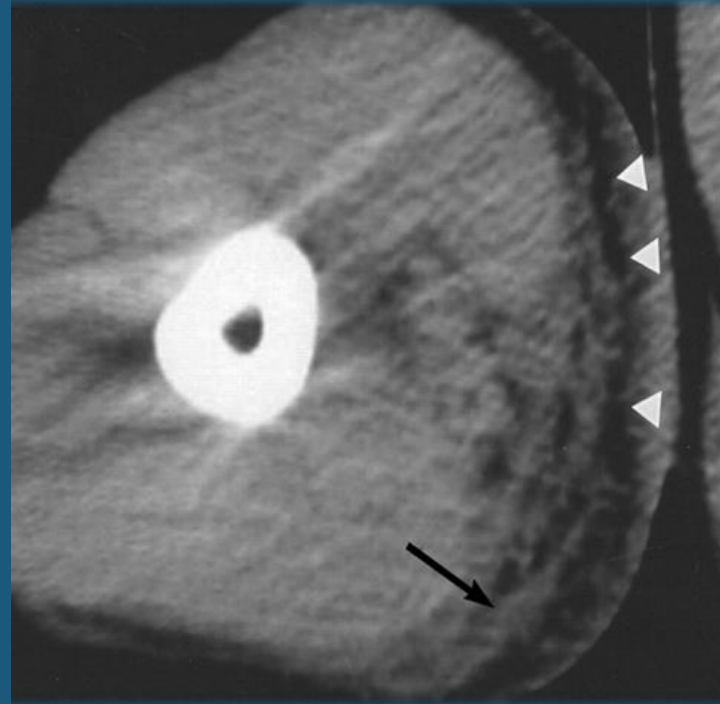
Cellulitis

- Classified as a non-purulent SSTI and manifests as expanding erythema affecting all dermal layers originating from a site of infection. Often accompanied by a “burning sensation,” increase in skin temperature, and possible systemic symptoms such as fever ⁴
- Cellulitis may accompany many different wounds and SSTI as they represent an inoculation site for pathogens



Pyomyositis

- Purulent infection of the deep muscle which can occur from intramuscular injection
- Beware of painful and erythematous musculature at injection sites
- Pockets of distributed pus/gas throughout musculature



Johnston & Keogan, 2004

CT scan obtained with soft-tissue setting shows high-attenuation areas of cellulitis (arrow) and low-attenuation areas of subcutaneous gas (arrowheads).

Cutaneous Anthrax

- Anthrax is a zoonotic disease caused by gram positive bacillus anthracis ¹²
- Isolated cases of cutaneous anthrax have occurred in European clients with a few outbreaks since 2000
- Heroin contaminated during transport via livestock in mountainous Afghanistan is thought to be the source
- There are no known anthrax infections in Chicago PWID



Meghji, Judd, & Carr, 2013

Necrotizing Infections

- Rapidly expanding infection of the subcutaneous tissue and fascia caused by streptococcal pyogenes, staphylococcus aureus and most commonly a clostridial species ⁵
- Necrotizing infections related to black tar heroin injection (Washington, Oregon, and California)
- Rapidly expanding infection, edema, and erythema -increases in size by the hour



Wound Botulism

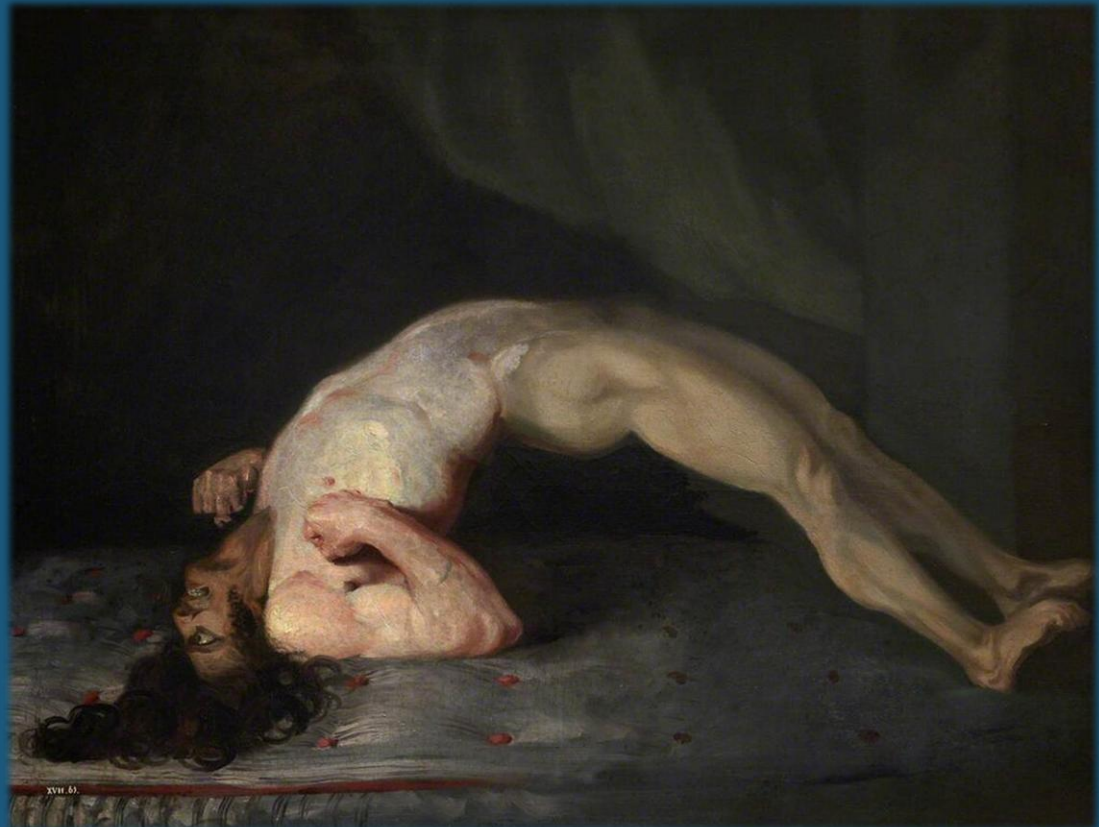
- Contamination with the anaerobic gram-positive bacterium *Clostridium botulinum* which is commonly found in soil
- Cases have been mostly isolated to California and the west coast and associated with the injection of black tar heroin
- *C. botulinum* is a potent neurotoxin that causes descending paralysis and respiratory arrest ¹



Sam & Beynon, 2010

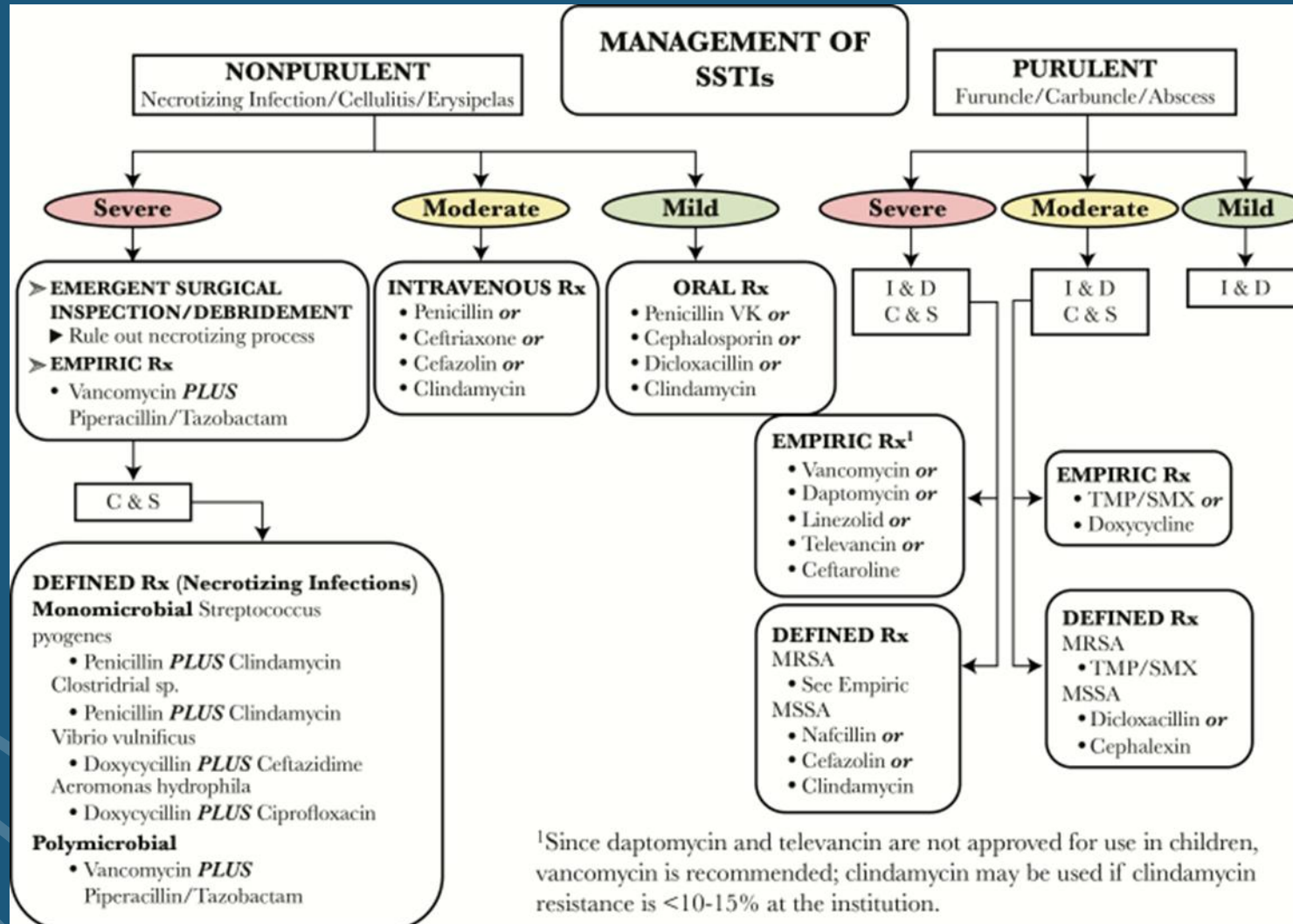
Wound Tetanus

- Clostridium tetani is found in soil and causative agent in injection related wound botulism ⁸
- Tetanus cases in the US are mostly isolated to the west coast and related to black tar heroin injection
- C. tetani produces the exotoxin tetanospasmin which inhibits GABA and leads to uninhibited neuronal firing ⁸



Sir Charles Bell, 1809

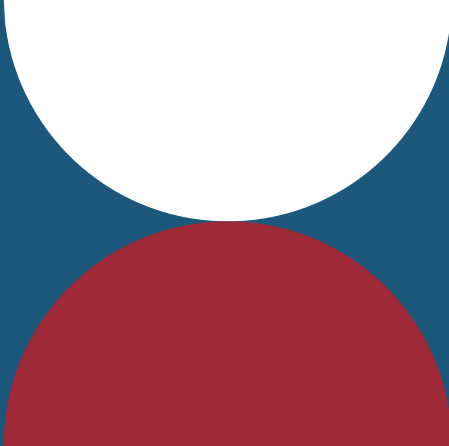
SSTI Treatment



People are People

Consider the Differentials

- Cutaneous malignancy such as Squamous cell carcinoma
- Basal cell carcinoma Melanoma
- Kaposi sarcoma
- Medical conditions -Scleroderma, Rheumatoid arthritis, pyoderma gangrenosum
- PWUD have medical conditions aside from those relating to addiction



Wound Treatment Pathways

Problem:

Lack of access to wound care can result in tissue necrosis, chronic wounds, wound infection, limb loss, and sepsis, etc

Solution:

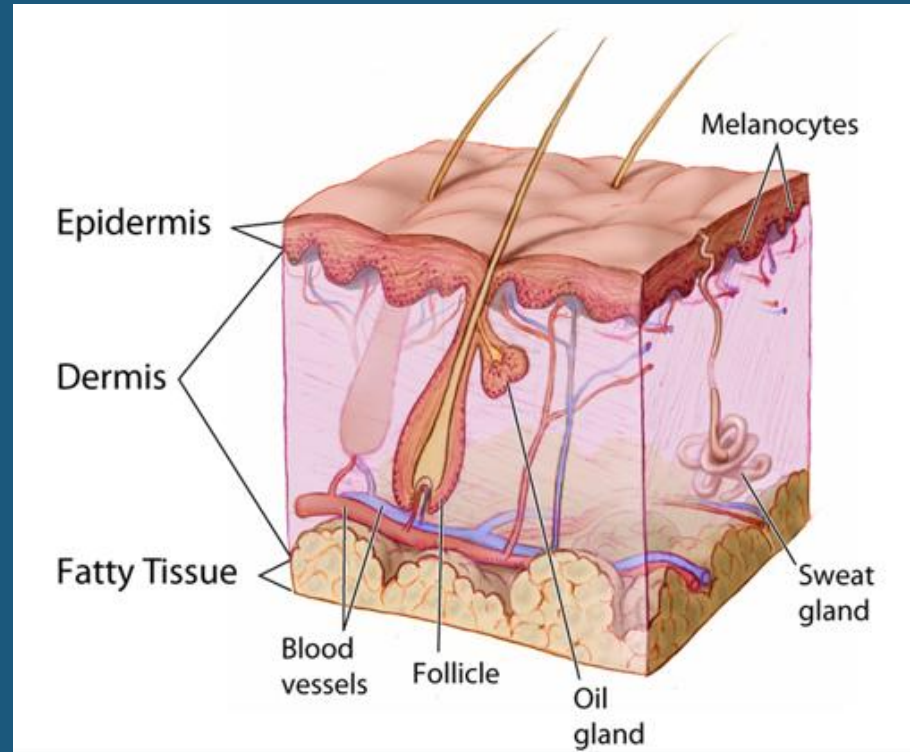
Providing best wound care practices and treatment can aid in harm reduction, decrease infection, and prevent limb loss/sepsis



Skin Anatomy Review

Anatomy & Function of the Skin

- Protection from the environment
- Thermoregulation
- Sensation
- Vitamin D production
- Largest organ system

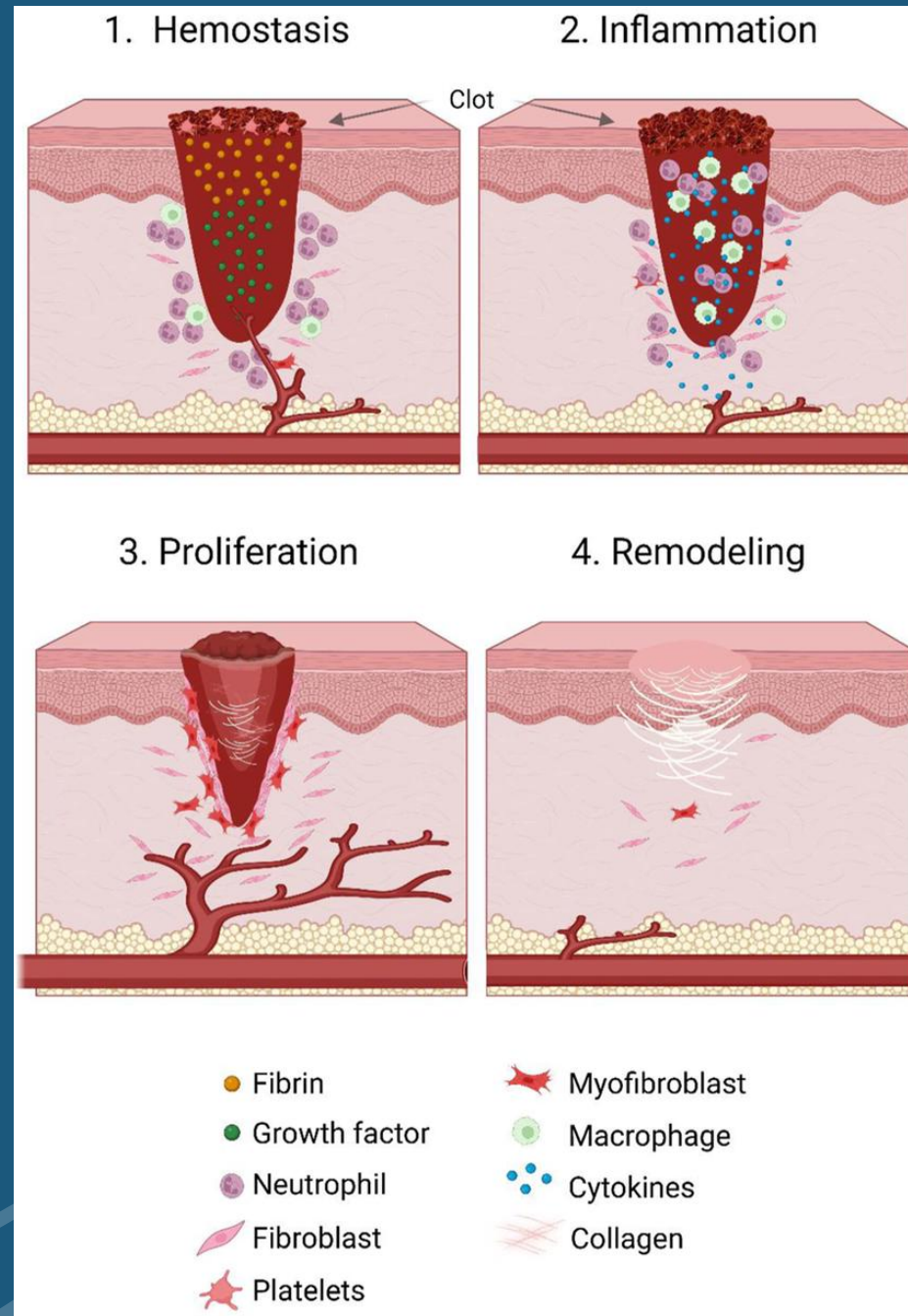


Wound Healing

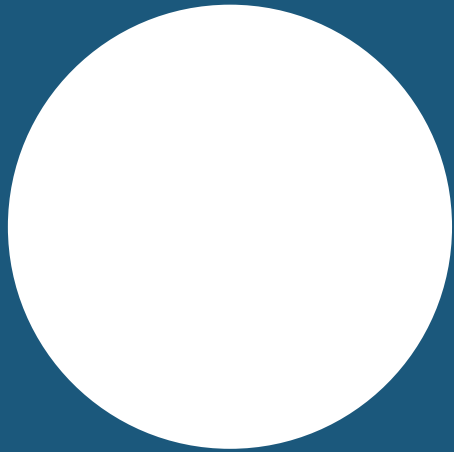
Primary –Surgical closure

Secondary:

Secondary intention wound healing occurs when a wound cannot be closed. Relies on the body's healing mechanisms. Takes longer given wound size, contamination, infection, medications, nutrition, etc.



Types of Wounds



- **Acute** < 1 month duration
- **Chronic** > 1 month duration
- **Healing:** viable tissue that is well perfused with evidence of growth. Red granulation tissue with decrease in wound size over time.
- **Non-healing:** wound bed with lack of signs of healing and history of no growth or progression



Wound Assessment: Tissues

- The first step to caring for wounds is to learning to assess them
- Standardize the process of measuring and assessing a wound
- Photographs are helpful for assessing progress, referrals, and continuity of care

Wound Assessment: Tissues

Epithelial	Epithelial tissue often appears lighter than surrounding tissue (light pink in color). Epithelialization occurs when the epidermis regenerates over a wound surface.	Red/Pink	
Granulation	Granulation tissue is shiny red and granular in appearance when it is healthy. “Cobblestone” appearance.	Red/Pink	
Slough	Necrotic or dead tissue. Can be hard, soft, boggy, stringy	Yellow, tan, grey	
Eschar	Non-viable, dead tissue. Hard, soft, or fluctuant. Frequently referred to as leathery	Black or brown	

Wound Assessment: Tissues

Muscle	Striated, pink to dark red Firm, highly vascular	
Subcutaneous	Creamy, yellow Wet, soft when healthy Black/brown and can be dry when unhealthy	
Bone	Hard, shiny, smooth, white when healthy When unhealthy can be brittle, rough, and discolored If bone is palpable or visible, there is an increased risk of osteomyelitis	
Tendon	When healthy, appears strong, fibrous, white or yellow Unhealthy tendon can look like slough	

Wound Assessment:

- Size/Location: Length X Width X Depth
- Necrotic Tissue: Type and amount
 - -Slough, Eschar
 - -Loosely or firmly adhered, thick or mucinous?
 - -50% of wound covered? Can you visualize the wound base?
- Granulation Tissue: Type and Amount
 - - Beefy red, granulation, dull white to pink, friable, dusky?



Wound Assessment:

- **Edges**

Attached vs unattached. Deep wound cavity, undermining, tunneling?

- **Peri wound Skin**

Intact, excoriated, dry, xerosis, macerated, erythematous, hemosiderin staining?

- **Drainage**

Scant, moderate, heavy, serous, purulent, odor?



Wound Treatment: Debridement

- If there is a wound bed you cannot see...
- Then debridement is required of thee...
- Unless it's gangrene, arterial, or concern for reduced circulation
- Necrotic tissue impairs healing!

Wound Treatment: Debridement

Mechanical or sharp debridement:

- Curette or scalpel
- Requires specialist referral/OR time
- Conservative sharp debridement can be performed with training but may be painful and not suitable for office visits

Autolytic:!!!!

- In a moist wound bed, the body will break down the necrotic tissue and clear it

Chemical:

- Enzymatic, breaks down necrosis (Santyl-Collagenase)
- USA (200USD per 30gm tube).Medicaid coverage-possible with prior auth (IL)

Biologic:

- Maggot therapy



Wound Treatment: Cleansing

- Wounds can be cleansed with sterile saline
- Treated/boiled tap water is an option for those without access
- Unscented castile soap if wound has debris/dirt
- Can clean with Povidone iodine 10% during irrigation to neutralize biofilm
 - (contraindicated if hx of thyroid condition)
- Dakins (sodium hypochlorite) can be cytotoxic to healing tissues (useful for high bioburden) ²⁷



Wound Treatment: Dressings

- There is little evidence to suggest one dressing brand over another
- Specialty dressings such as Enluxtra, Mepilex, Hydrofera can be cost prohibitive
- Dressings should manage exudate, maintain a moist wound environment, and not adhere to a granulating wound bed
- Products priced for clients with limited financial resources are necessary
- The aim is to encourage follow up and promote wound healing

Wound Treatment: (Absorbent Dressings)

- Made from seaweed
- Highly absorptive
- Forms non-adhering gel when saturated
- Great for packing wounds
- 1.00-8.00 per unit
- One of the more expensive products



Wound Treatment: (Absorbent Dressings)

- Abdominal pads are an inexpensive and effective absorbent secondary dressing
- .10-.20 cents per item
- Caution placing directly over wound bed
Use a wound contact layer first/packing!



Wound Treatment: (Absorbent Dressings)

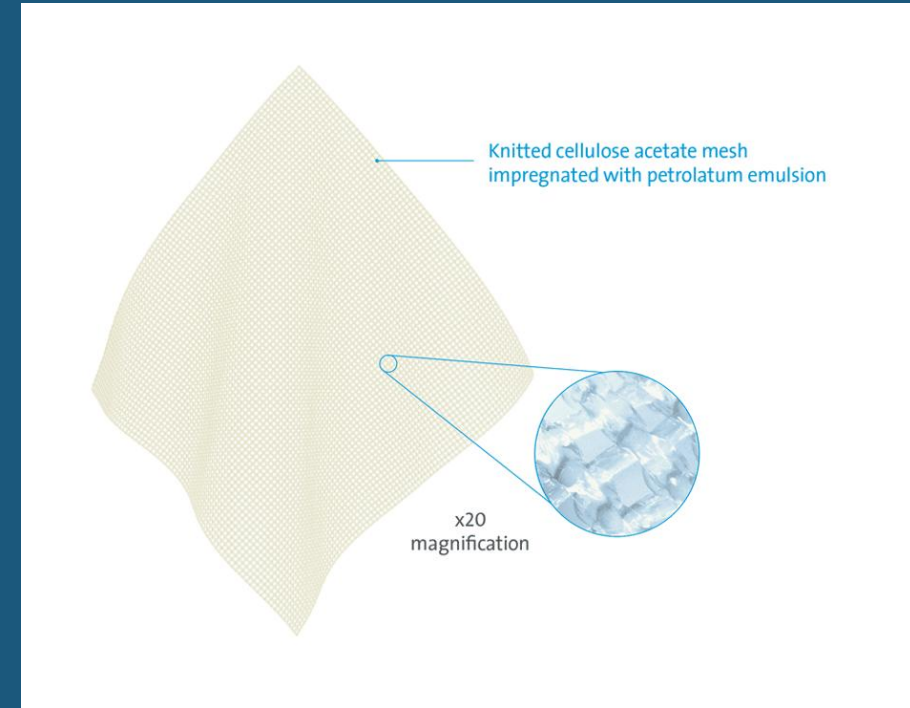
- Gauze- cheapest dressing ever
Multiple uses
 - Packing
 - Cleansing
 - Absorbent secondary dressing
- 200ct 4 ply = \$5

!



Wound Treatment: Wound Contact Layer

- Acetate mesh impregnated with petrolatum (Screens)
- Forms non-adherent layer over wound bed
- Drainage can pass through onto a secondary dressing
- Minimizes trauma to wound bed
- Many brands and sizes
- 3 X 3 inch \$0.35
- 3 X 8 inch \$0.50



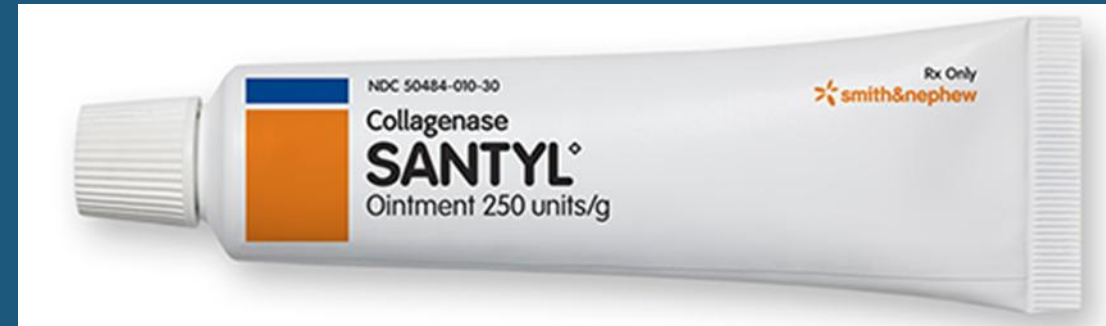
Wound Treatment: Hydrogel (Topical Tx)

- Many brands e.g. Medline, Dynarex
- Donates moisture to dry and desiccated wounds/loosens DRY necrotic tissue
- Assists with autolytic debridement
- Medical grade honey an option (\$\$\$)
- 2.00 per 1.5 oz tube



Wound Treatment: Collagenase (Topical Tx)

- Enzymatic debrider. very effective and relatively painless to use
- Breaks down collagen in necrotic tissue
- \$300USD for 30gm tube
- \$50manufacture coupon- not for Medicaid patients



+ Save up to \$250*

A few simple facts to get you started with the Copay Assistance Program

Who is eligible to save?*

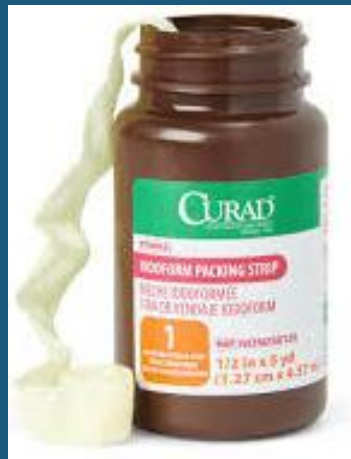
If you've been prescribed Collagenase SANTYL[®] Ointment and pay more than \$50 out of pocket for your prescription, whether you're insured or not, you may be eligible to save. Participants in government healthcare programs or where copay assistance is taxed, restricted, or otherwise prohibited by law are not eligible.

Just how much will I save?*



Wound Packing

- Cavity wounds that are deep/form pockets/tunnels must be packed to occupy dead space and allow the wound close uniformly
- Can use gauze, alginate rope, Iodoform etc



Wound Treatment Example

Cleanse/Irrigate/Debride



Topical Treatment



Absorb/Protect

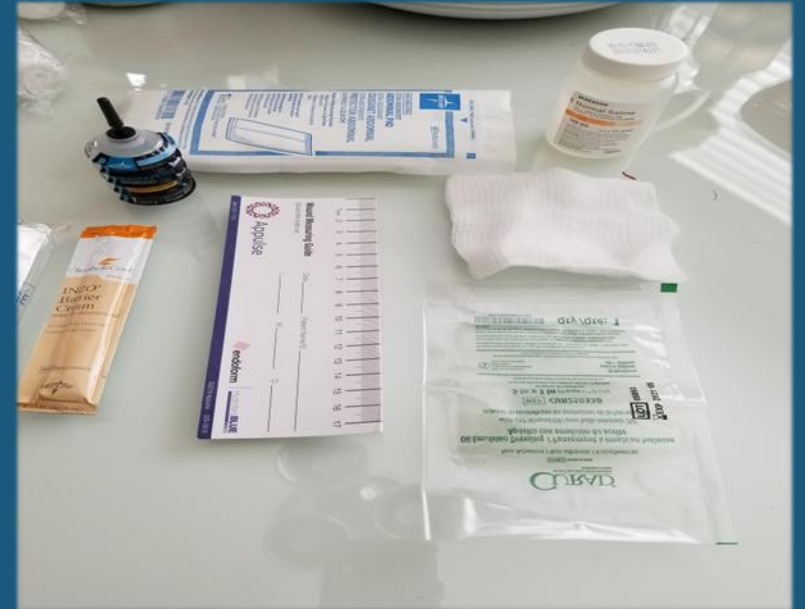


Secure Dressing



Wound Treatment Example

- Gather your supplies and your wound
- Prevalent dry necrotic tissue/eschar in wound
- Wound bed is very dry
- What would you do?



Wound Treatment Example

- Irrigate and clean wound with saline
- For a dry and low exuding wound (and wounds with necrotic tissue), hydrogel applied to the wound will assist with debridement and providing a moist healing environment
- Alternatively medical honey, or collagenase can be applied to necrotic tissue after irrigation



Wound Treatment Example

- Apply a thick layer of barrier cream to the skin surrounding the wound
- A nonadherent contact layer can then be applied to the wound bed
- Contact layers will prevent damage to healthy tissues during dressing changes and prevent the adherence of dressing materials to the wound bed
- Vaseline gauze/xeroform should be avoided as they are occlusive dressings



Wound Treatment Example

- An absorbent dressing can then be applied to the wound bed to capture drainage- secure with stretch gauze
- Secure entire dressing with elastic bandage
- Avoid tape around wound edges-use stretch gauze or elastic bandages to secure dressing
- Aim to change dressing daily or when saturated



Sample Formulary

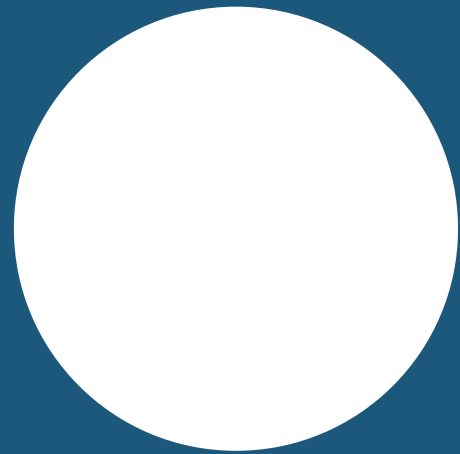
Dressing Type	Uses
Gauze	Sterile cotton 4x4: cleansing, irrigating, packing Kerlix: Packing, primary dressing, secondary dressing
Absorbent Dressings	Abdominal pad: absorbent dressing
Non-Adherent Pad	Cover superficial wounds
Contact Layers	Oil emulsion non-adherent dressings protect wound bed, can change infrequently if needed (change outer layer)
Saline Solution	Cleansing, irrigating, treatment solution for packing
Povidone Iodine	Necrotic areas, toes, fingers
Zinc Oxide barrier cream	Barrier for intact skin around heavily draining wounds
Petroleum Jelly	Barrier agent for superficial wounds
Medical Honey	Autolytic debriding agent, antimicrobial
Foam Dressings	Absorbent, can stay in place up to 7 days
Plastic tape	Waterproof & barrier against the elements
Elastic bandages or sleeves	Aid in compression and dressing securement

Golden Rules

- Assess and chart your wound care effectively
- If there is necrotic tissue, **debride it**
- If there is biofilm, **control it**
- If the wound is dry, **hydrate it**
- If there is copious exudate, **absorb it**
- Protect peri-wound skin
- Never put something on a wound that will adhere to the tissue
- Mitigate causative factors



Final Tips & Takeaways



- Unhoused and PWUD/PWID experience high rates of wounds with limited and fragmented care
- Utilizing affordable and evidence-based interventions is essential to promote wound healing in this population
- Referral to a higher level of care is warranted if there are concerns for:
 - Wounds are beyond your scope of practice
 - Concerns for life threatening infection
 - Concerns for loss of limb

Building Bridges

“ I stayed away from the ER and hospitals as much as possible. I know I need help for this but they just treat you poorly. Like, I know I am an addict and when people treat you bad, you really begin to believe that’s what you are. It reinforces those negative things you think about yourself for being in this situation. You guys have been really good to me and given me hope that I can heal this and get better. It’s a much different experience with the team here”

-Wound Client

Advocacy in Action

Funding for wound care supplies in opioid affected communities of Illinois (2025)

- The Illinois Opioid Remediation Advisory Board (IORAB) is responsible for managing funds dedicated to opioid crisis relief efforts. By channeling some of these funds into grants for wound care supplies, we can significantly improve the quality of life for those affected by acute and chronic wounds related to opioid use. These supplies are essential tools that can prevent infections, reduce hospital visits, and ultimately save lives. Our aim is to "flood the zone" with gauze - much like what has been done with naloxone to prevent overdoses.

Advocacy in Action

- The Illinois Opioid Remediation Advisory Board (IORAB) approved funding for community wound care as part of harm reduction initiatives in January 2026
- 300K per year for 3 years
- Pending NOFO
- **Wound care is intrinsic and inseparable to Harm Reduction Services**

Thank you for your Collaboration Nicole!

Nicole Walkowiak, MSN, RN, CRRN, CWOCN, CNL

Nicole Walkowiak is a registered nurse (2009) with board certification in Wound, Ostomy, and Continence Nursing (2013). She is currently pursuing her Doctor of Nursing Practice in Adult-Gerontology Acute Care at Rush University, with anticipated graduation in DEC 2026.

Chitown Wound Crew = COIP, Chicago Recovery Alliance, Chicago Street Medicine





**Community Outreach
Intervention Projects**

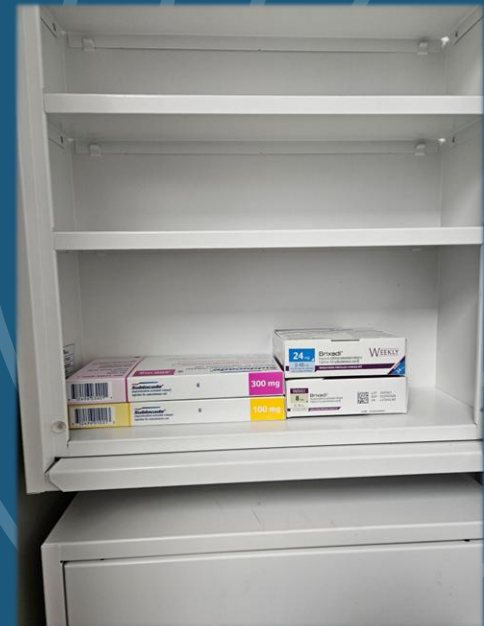


Medical-Addiction-Wound Care
Mondays & Fridays 10am-4pm

5225 W. Madison Chicago, IL 60644
773-379-1137

OD, AUD, (Stims) , Benzo's

Extended-Release Buprenorphine
Sublocade
Brixadi
Contingency Management





Cool New Stuff Coming

Direct to Inject BUP-XR

Buy and Bill program!



Go forth and heal those wounds!



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