

MANAGEMENT OF FRAGILE ELDERLY SKIN USING ACTIVHEAL AQUAFIBER® AND ACTIVHEAL® NON-ADHESIVE FOAM

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Introduction

The ActivHeal® range of wound care products have been available on the University Hospitals of Morecambe Bay NHS Trust Wound Care Formulary for over 3 years. The dressing range facilitates Winters (1962) moist wound healing concept by providing wounds with a moist environment which creates optimum conditions for wound healing to take place.

Appropriate dressing selection is vital for optimum healing and quality of life. The Department of Health's (DH) Quality, Innovation, Productivity and Prevention agenda promotes the importance of delivering high quality care in a resource controlled healthcare environment that maintains productivity and ensures the prevention of harm to patients (DH, 2008, 2009, 2010, 2012).

Integral to maintaining quality care is the promotion of patient wellbeing through appropriate wound dressing selection for providing an optimum wound healing environment. No one dressing will heal a wound; however the correct dressing used as part of holistic care of the patient can have a significant impact of healing on chronic and problem wounds (Casey, 2000). Inaccurate or inappropriate assessment can also lead to delayed wound healing, thus it is important that clinicians understand and assess wounds appropriately. Accurate wound assessment allows appropriate wound dressing selection. When choosing a dressing, it is crucial that judgments are based on the results of each assessments and that the choice of dressing best matches the clinical appearance, patient preference and the site of the wound (WUWHS, 2007).

Method

Mrs J, a 98 year old lady with very poor mobility, low BMI and poor nutritional status, sustained an injury by falling at home into a fireplace causing a skin tear to the dorsal surface of her left hand. Sadly Mrs J lay undiscovered at home for 12 hours. By the time she was discovered and admitted to hospital, she was hypothermic and had also developed pneumonia.

Following a comprehensive wound assessment, Mrs J's wound was identified as a Category 3 skin tear (Payne and Martin, 1993). The skin tear had full thickness skin loss and the epidermal flap had been completely removed. Observation of the wound showed 40% of the wound bed was sloughy, with areas of the wound producing copious amounts of exudate. Surgical debridement was considered by medics, however due to the patient's complex medical condition and age, surgery was not considered a suitable option. Therefore autolytic debridement and exudate management were considered an appropriate form of management for the patients wound.

The term autolytic debridement describes the body's natural process for breaking down necrotic tissue (Collins *et al*, 2002). In wound care, autolysis is encouraged through the use of moist wound dressings. Autolytic dressings are indicated for different types of wounds with necrotic tissue or fibrin coatings to rehydrate, soften and liquify hard eschar and slough (Gray *et al*, 2011).

ActivHeal Aquafiber® and ActivHeal® Non-Adhesive Foam were selected to be used on the wound to create an optimal moist environment to support wound healing and aid autolysis.

Results

The patient progress was monitored through the use of photographs and wound assessment to demonstrate how the wounds had progressed using ActivHeal Aquafiber® and ActivHeal® Non-Adhesive Foam to create a moist environment which allowed autolytic debridement to take place.

The wound was dressed using the above products from the wound care formulary over a four week period with dressing changes every 3 days. The wound was assessed at every dressing change and documentation was completed following Trust guidelines.

Initial presentation



Photo 1

23.3.13 - The wound measures 80mm in length and 18mm wide with a sloughy wound bed. ActivHeal® Hydrogel was applied to sloughy areas and other areas dressed with ActivHeal Aquafiber®. A secondary dressing of ActivHeal® Foam Non-Adhesive was applied and secured with a bandage.



Photo 2

28.3.13 - Continuing with dressing regime. Wound bed remains sloughy, however signs of granulation are present.



Photo 3

15.4.13 - Evidence of autolytic debridement with slough lifting from wound bed. Large areas of granulation tissue present in the wound bed. Continued with same dressing regime with ActivHeal® Hydrogel applied to knuckle area of the hand only.



Photo 4

26.4.13 - Slough completely gone and epithelial tissue forming well. At this point the patient was transferred to a continuing care ward where the dressing regime was continued.

Discussion

The University Hospitals of Morecambe Bay NHS Trust adopted the 'Traffic Light' system of wound care formulary which provide clinicians with a clinically effective and cost effective choice of products. The formulary was produced under the green, amber and red categories which would direct nurses to the appropriate product based upon a holistic assessment of the patient and the wound.

Aging skin undergoes many changes. It becomes attenuated, contributed to a reduction in dermal collagen and elastin, furthermore there is reduced blood supply resulting in skin becoming more fragile and easily damaged with injuries being slow to heal, which can be timely and costly for health care providers. ActivHeal® has shown to be an effective treatment choice in the management of this patient. ActivHeal Aquafiber® and ActivHeal® Non-Adhesive Foam promoted autolytic debridement, supported granulation, managed exudate effectively and provided a moist wound healing environment which supported healing and had improved wound outcomes.

Wound dressings can help create the optimum environment, protect the wound and improve patient comfort. ActivHeal® was developed by Advanced Medical Solutions Ltd., to offer the NHS a more affordable, clinically effective wound care dressing range which offers clinicians a simple cost effective wound care range while ensuring the best clinical offering for the patient.

Best Practice Statement (Wounds UK, 2008) recommends that alongside the dressing's formulary, it is necessary to have an ongoing education programme to ensure that all wound dressings and their application, removal and appropriate use are optimised to the benefit of both the patient and health care professional. The Nursing and Midwifery Council (NMC) states that care delivered must be based on the best available evidence or best practice, with every registered practitioner processing the knowledge and skills for safe and effective practice when working without direct supervision (NMC, 2008).

The University Hospitals of Morecambe Bay NHS Trust Tissue Viability Service has worked very closely with Advanced Medical Solutions Ltd., who provide the ActivHeal® range of products over the past three years to provide continuous educational support to the Trust. This is provided in the form of a designated Clinical Support Nurse who provides generic based education delivered as Study Days, E-learning, pocket education guides and access to a University approved educational modules for self directed learning. All decisions made by practitioners must be based on the best available evidence or best practice. It was noted by Tissue Viability that following the delivery of the generic education package the clinicians knowledge levels have greatly improved in regards to knowledge of wound management, which has resulted in improved dressing selection and treatment outcomes for the patient, and ultimately improved patient experience and quality of care.

Conclusion

Debridement has become an acceptable part of wound bed preparation, with the ultimate aim of achieving a clean, healthy, granulating wound bed based upon the principles of wound bed preparation (Benbow 2011, a, b). Non viable tissue and slough produces an abnormal wound environment that may interfere with wound healing (Vowden and Vowden, 2011). There are many methods of debridement available, however autolytic debridement is the most commonly used method in the UK and is used first before trying other more invasive or costly techniques.

The Department of Health (DH) introduced the CQUIN Framework in 2009 where a proportion of healthcare service provider's income is conditional on demonstrating improvements in the quality of the service it provides. By working progressively with Advanced Medical Solutions Ltd., to implement education for the clinicians within the trust, levels of knowledge of wound care management have improved. The skills and knowledge of wound management and clinicians involved in caring for individuals with wounds should be a continuous process. As the challenges in healthcare delivery continue to increase, alternative methods of education delivery need to be considered (Shorney, 2013). Advanced Medical Solutions Ltd., have responded to this with the provision of a Generic University Approved Education package supported by a dedicated team of Clinical Support Nurses who will work closely with Trusts to identify their specific requirements and deliver continuous education and support to clinicians to meet those needs. Effective wound management is one area where it is possible to reduce the financial burden of care, as dressing selection can offer an opportunity to reduce expenditure without reducing quality of care (Hawkins, 2010).

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