

FACEBOOK LIVE

A FRESH TAKE ON SELF-CARE OF EXUDING WOUNDS: 2020 AND BEYOND

PRESENTED BY ALISON SCHOFIELD



TUESDAY 2ND JUNE
7:30PM

Learning objectives

- 1. How to support effective implementation of self-management**
- 2. The role of technology in wound assessment**
- 3. Sharing what worked well to motivate patients**
- 4. Utilising case studies to demonstrate patient experience with self-management and the challenges of exudate management**
- 5. Exploring different ways to avoid unnecessary dressing change**
- 6. Resources available to share with your patients**

2015 NHS England clinician survey

- To explore current attitudes and beliefs of 1759 clinicians
- The survey also looks at clinicians' self-reported behaviours and practices
- Provides insight into their perceived barriers and support needs



Key findings from the survey

- Clinician support for patient self-management is not significantly affected by age, gender and region
- However, the clinician's role does seem to have an impact, with nurses being more willing to support self-management than doctors

Key findings from the survey

- Clinicians who support patient self-management are more likely to engage in partnership building behaviours with people
- Clinicians said that they were most likely to alter their approach according to a person's level of skills, knowledge and confidence

In summary

- This report gives a snapshot of current clinician attitudes and behaviours towards patient self-management
- It is important to address elements across three key areas in the healthcare system to enable the delivery of person-centred care. These include:
 - Better support for clinician education
 - Targeted support for system change
 - Support for individuals to engage in their health and care

Alison's social media survey

Clinicians:

- Were engaging in the self-management model
- Would like more tools and education to support this into practice
- Want pathways to use for self-management
- Want to explore barriers and how to overcome them
- Need better digital resources

What is the current situation?

- 50–60% of patients are undertaking some element of self-management

Supporting self-management and overcoming barriers

- Physical
- Practical/situation
- Psychological
- Social
- Symptom management — exudate and infection control

How do you select a patient who can be supported by self-management?

- Have understanding and capacity, or a family member, carer to support
- Be motivated to engage in care
- Discuss and develop an individualised pathway of care that is workable with patients
- Dexterity to manage aspects of care — cleansing, dressing application, compression, or a person to support/assist
- Have some means of contact, such as telephone, text, email or video link

How do you select a patient who can be supported by self-management?



How do you undertake assessment?

- Discuss expected aims and goals for the patient — it may be symptom control (not always wound healing)
- Work around barriers and address these before focusing on the wound itself
- Explain the wound healing process to the patient, e.g. if a leg ulcer, the barriers to healing
- Educate patient on the best way to support the wound to heal and how products work

How do you undertake assessment?

- Demonstrate how to apply dressings and compression devices
- Utilise literature and videos available
- Motivate and support practice of self-managing
- Give information for red flags, and contact for 24-hour support
- Plan follow-up phone calls, intermittent visits and provide a diary for self-documenting progress, any issues experienced, wound measurements and photographs if able

Role of technology

- Virtual support
- Tele-health
- Video links
- Photograph sharing
- Telephone conversations

One of the challenges — highly exuding wounds

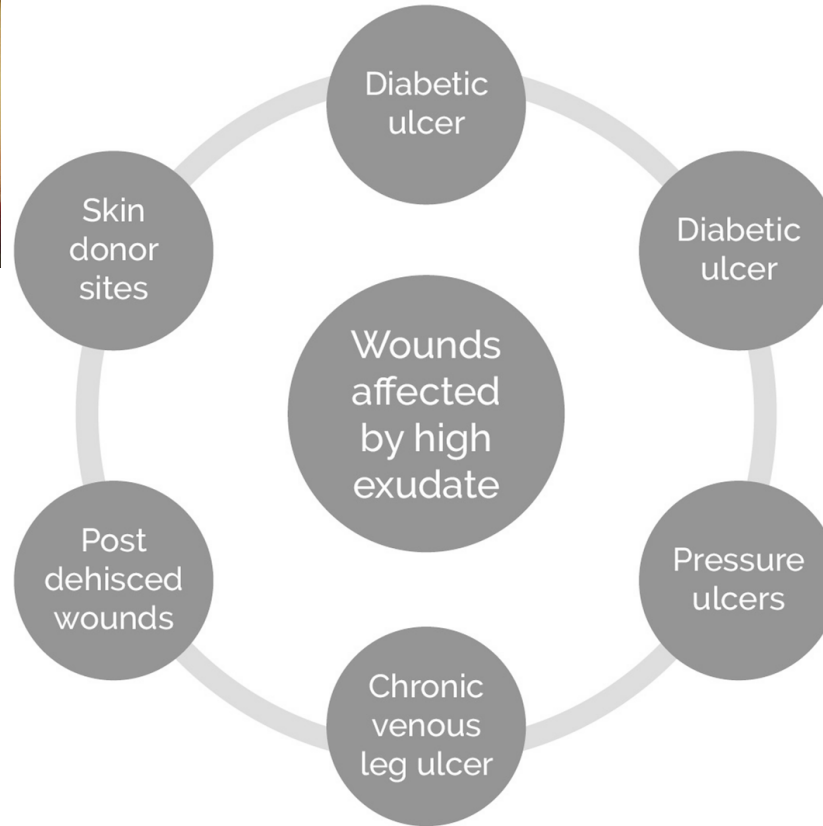
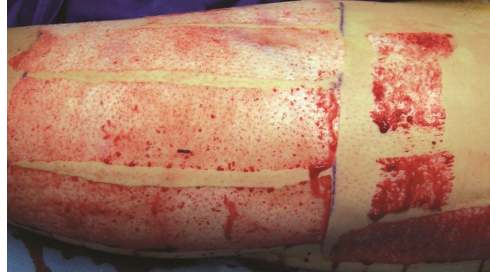
One of the challenges in managing patients with highly exuding wounds who are self-managing is ensuring that the right patient has the right dressing.



What is exudate?

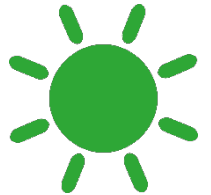
- Exudate can be defined as fluid leaking from a wound
- A response to tissue injury that initiates inflammation, the early stage of the healing process





Why is exudate a challenge?

- It can delay healing, leading to increased management costs
- Leakage and malodour of exudate can distress patients
- Quality of life issue



Case study one

- 74-year-old gentleman who lives with his daughter and attends clinic for venous leg ulcer management
- Despite his exuding ulcer, he does not want to attend clinic every week
- A compression wrap system was discussed and prescribed with absorbent dressings
- Patient's daughter was taught how to manage, so that he can see nurses every four weeks, or call if there are any issues
- Patient apprehensive, but managing well

Case study two

- 61-year-old lady was admitted with necrotising fasciitis to buttock. She underwent extensive surgical debridement
- She was not suitable for negative pressure wound therapy (NWPT) and wished to return to her own home
- Wound producing a high volume of exudate. However, district nurses can visit daily and the patient's partner was willing to help and taught how to apply absorbent dressings, so she could be discharged home

Case study two

- There was concern around the volume of exudate being produced and infection control
- Multidisciplinary team to address all options and support

Case study three

- 65-year-old gentleman with arterial leg ulcers. Underwent surgery for revascularisation and went into compression bandages
- The patient had a new lease of life and bought a caravan. He wanted to spend time there, but nursing visits and dressing changes interfered
- A hosiery kit system and absorbent dressings were prescribed. This improved his quality of life and he now just calls nurses when back home for reviews

Why is exudate a challenge?

- Traditional nurse/patient relationships in wound care
— it is the nurse's role belief
- Fear of leakage onto clothing, furniture, bedding
- The 'yuk' factor of seeing wound and exudate
- Fear of infection

Why is exudate a challenge?

- Dexterity of applying multiple products
- Increases feelings of self-loathing, shame with odour, social isolation and depression
- Reduces motivation, leading to deterioration in the wound

How can dressings help with supported self-management?

Dressing selection

- Ease of application and removal
- Absorbency is effective
- Longer wear time of primary dressing
- Can be used under compression garments
- Skin protected

Tracking/monitoring exudate progress

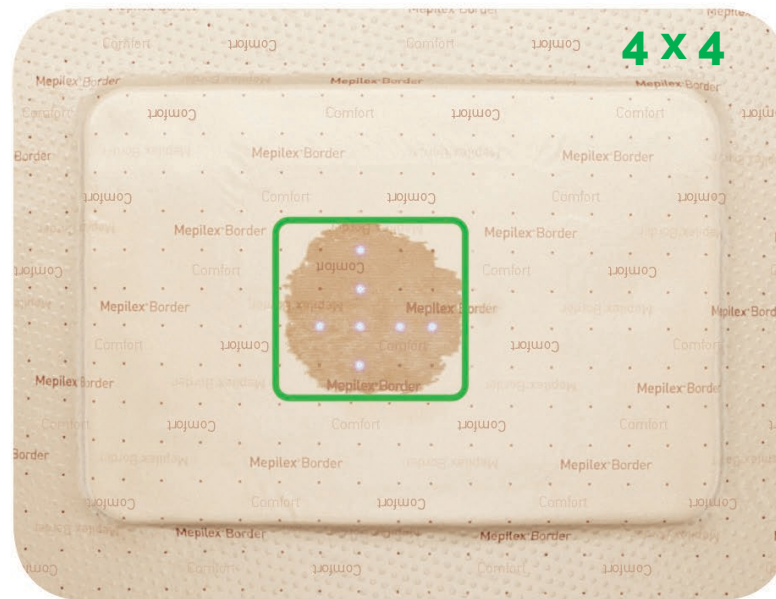


Tracking/monitoring exudate progress



Leave in place

Tracking/monitoring exudate progress



Leave in place

Tracking/monitoring exudate progress



Leave in place

Tracking/monitoring exudate progress



Leave in place

Tracking/monitoring exudate progress



**Consider
changing**

Tracking/monitoring exudate progress



**Consider
changing**

How can gelling fibre technology help with self-management?

- Absorbency
- Does not fall apart on removal
- No fear of residue dressing being left in the wound
- Longer wear time

Exufiber® with Hydrolock® Technology

- Exufiber® with Hydrolock® Technology for a dressing made from PVA fibers



Patient understanding of dressing application

- Explain the product — aims and goals of treatment
- Discuss what to have to hand to be prepared — gloves, water, gauze
- Talk about wound cleansing
- Demonstrate correct application

Patient understanding of dressing application


- Explain signs of exudate on outer dressing and when it needs changing
- Show how to safely remove dressings — protecting skin and disposing dressing
- Ensure patient has confidence
- Use educational literature and videos

Learning from experience

- Reassure patient that it is ok to be involved in their own wound care
- Keep the patient at the centre of care and part of the team
- Provide motivational support and praise
- Listen to any issues and work through them
- A diary can identify issues we never thought of as clinicians
- Keep contact — use levels of supported self-management

Self-management resources available to you

National Wound care strategy guides to self-management

National Wound Care
Strategy Programme
Looked After Every Patient, Every Time01 April 2020

Looking After Your Wound

Helping to look after your own wound (or helping someone look after their wound) is likely to improve your quality of life and protect you from infection through reducing contact with others. Helping to look after your wound also helps others, by reducing pressure on the NHS.


We do not know if any particular type of dressing helps a wound heal faster. The most important thing is that the dressing used for your wound is comfortable and absorbent enough to prevent leaks.

Dressings can stay in place up to 7 days unless the dressing becomes loose, or leaks, or becomes uncomfortable (or you have been advised otherwise). Try to avoid getting the dressing wet.

This short video shows a [dressing change](#)


Prepare to change the dressing

1. Clean the table or work surface you are going to put the new dressings on with sanitising wipes or a solution of warm water and detergent (washing up liquid).
2. Wash your hands thoroughly with soap and water for 20 seconds, especially between fingers and palms of hands.



Dry hands with a clean towel/kitchen roll.

* You can find the video at <https://www.youtube.com/watch?v=sNS67ZJQVDA>

National Wound Care
Strategy Programme
Looked After Every Patient, Every Time03 April 2020

Shared Care for Wounds

This document is intended for health care professionals and patients/ carers working together.

Supporting people with wounds to look after their own wound is likely to improve their self-confidence and quality of life. It is also a way to reduce pressure on the NHS and reduce the risk of infection.

Assessing whether shared care is appropriate

For the healthcare professional and patient/carer together

The following should be based on a discussion between the health care professional and patient (and carer, as appropriate) and only signed if all agree with the statements.

In the view of the health care professional, is shared care suitable?	Yes / No
Is the person with the wound able to make a decision about shared care? If not, do they have someone who is willing and able to act in their best interests to make this decision?	Yes / No
Is the person with the wound physically able to undertake the necessary care or have someone willing and able to carry out care on their behalf?	Yes / No
Does the person with the wound/ carer agree to undertake shared care until next agreed review date? (insert review date)	Yes / No

Patient/
Carer: (Name)
..... (Signature)

Health Care
Professional (Name)
..... (Signature)

Date:

How to look after your wound


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Mölnlycke®

Conclusion

- Self-management can be achieved
- It must be supported
- Patient should be fully involved from the outset in self-management discussions and care planning
- Give good information and advice about resources
- Ensure that the patient feels secure about who to contact and what to do if issues occur
- Ensure that red flags are fully understood
- Remember, the patient is at the centre and part of the team

Resources available to you

- Please contact your local clinical support nurse at Mölnlycke:
www.molnlycke.co.uk
- Self-management materials:
www.molnlycke.co.uk/patientselfcare

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