

# A research roundup of recent papers relevant to wound care

This section brings together information found online and published in other journals about wound healing research. The aim is to provide an overview of the papers selected.

## ATYPICAL WOUNDS. BEST CLINICAL PRACTICES AND CHALLENGES

Ioherranen K, Jordan O'Brien J, Barker J et al (2019) (2019) Available at: <https://bit.ly/2XveDRU> (accessed 25.06.2019)

This document seeks to help clinicians in the recognition and treatment of atypical wounds. It presents diagnostic criteria, tools and hints and tips, alongside the best current treatment options. It appraises current evidence from retrospective, observational and randomised prospective studies. The authors suggest that atypical wounds account for approximately 20 % of all wounds and expect with the aging population that the number will rise. An atypical wound should be suspected if the wound has an abnormal presentation or location, the pain is out of proportion for the wound size and does not heal within 12 weeks after appropriate treatment. The document is meant to be a catalyst to improve the management of these wounds and aid clinical decision making. It is a must-needed resource for all wound care clinicians.

## FINNISH NURSES PERCEPTION OF CLIENT CENTRED WOUND CARE

Seppänen S (2019) Available at: <http://bit.ly/2Yaubr6f> (accessed 25.06.2019)

The aim of this study was to describe the perceptions of client-centred wound care of Finnish Nurses. Surveys were distributed and collected from 28 nurses, the author incorporated both structured and open-ended questions. Data was analysed using inductive content analysis. The results suggest three categories: client, professional and organisation. In the paper, the patient is defined an 'actor in wound care', the professional 'an advocate' who should facilitate the client participation in care by informing and supporting. They suggest that the philosophy of the organisation is central to the operationalisation and should support patient-centred care. The author stresses that patients need to be involved in decision-making for holistic patient-centred care

to work, and that organisations need to support the initial time required to build the necessary relationships that enable this.

## GETTING HOSPITAL PATIENTS UP AND MOVING SHORTENS STAY AND IMPROVES FITNESS

National Institute for Health Research (2019) Available at: <http://bit.ly/2II6ZeD> (accessed 25.06.2019)

This review summarises 13 trials from the UK, Europe and Australia. The studies involved 2,703 hospital patients admitted with medical conditions with an average age of 75. Much time in this cohort is spent in bed, thus to reduced physical conditioning, which, if prolonged, can lead to delayed discharge and inability to independently cope at home. The authors found significant improvement in patients that were encouraged to mobilise, with the length of stay on average 2 days shorter than in the control group. They conclude that early interventions to encourage mobility do not increase the risk of falls, but are a relatively low-cost, effective solution to reduce hospital stay and improve patient wellbeing.

## RE-EXAMINING THE LITERATURE ON TERMINAL ULCERS, SCALE, SKIN FAILURE, AND UNAVOIDABLE PRESSURE INJURIES

Ayello E, Levine J, Langemo D et al (2019) *Adv Skin Wound Care* 32(3): 109–21

This review looks at the literature in relation to skin injuries found at the end of life. The authors discuss all the terms used and call for a unifying concept of 'skin failure' and suggest that this may happen in acute illness, chronic illness or as part of the dying process. They suggest that the aetiology differs from a pressure ulcer but that both can happen in tandem. They conclude that more research into both the pathophysiology and diagnostic criteria is needed to reduce confusion amongst clinicians to ensure appropriate care whilst acknowledging that Skin changes at life's end are a real clinical phenomenon ever more commonly seen in daily practice due to the aging population and complex comorbidities associated with this patient group.

