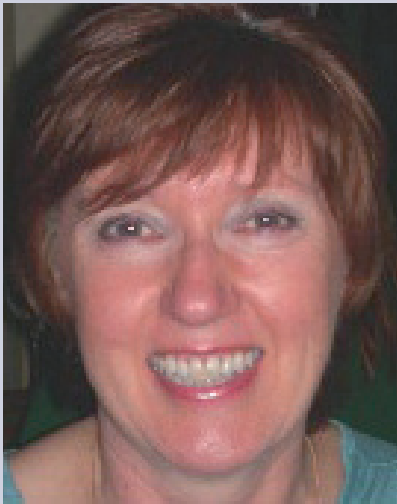


# INTRODUCING A “BACK TO BASICS” APPROACH

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**W**elcome to the latest edition of *Wound Essentials*.

We are all aware that to inform our practice, we need to be kept up to date with the latest wound management information. However, perhaps more importantly, each of us needs to have a bedrock of knowledge on which to build; for example, learning the basic principles of pressure ulcer prevention.

With this in mind – and in response to requests by many generalist clinicians for articles focusing on basic knowledge – we have introduced the “Back to Basics” series. In these articles, we hope you will find definitive information to underpin some simple, but valuable, practices, such as correct bandaging techniques and elevating limbs to reduce oedema.

Skin care is possibly one of the most basic practices. Barrier creams remain popular and the use of an appropriate

barrier cream is vital as the older person’s skin requires protection. Some barrier creams are not fit for purpose and so it is important that we use products that are appropriate for the individual’s skin.

In the chronic wounds section, we continue the compression bandaging series with multilayer bandaging – probably the system most of us used first, but that now incorporate the widely available two-layer bandage kits. The ability to recognise those conditions that require compression therapy is paramount and the article outlining those will undoubtedly aid decision-making.

Of course, in addition to advancing our own knowledge, clinicians have a responsibility to keep patients informed of developments regarding their treatment. Therefore, we have included articles regarding self-care in people with venous leg ulcers and the at-risk diabetic foot in this issue, and how they can play a key role in achieving wound healing. Once their ulcer is healed, the patient needs to be aware that to prevent a recurrence, they need to care for their skin and continue wearing their compression hosiery.

Pressure ulcers continue to be a high-profile issue for clinicians, with all care settings having a responsibility to report category III and IV ulcer to governing bodies. However, there remains some confusion regarding the grading of pressure ulcers, which is not always straightforward. The article on

categorisation demystifies some of the issues around grading.

In the acute wounds section, we include the excellent work conducted by Professor Jackie Stephen-Haynes and her team in producing the Skin Tear Audit Research (STAR) system, useful in all healthcare settings for the appropriate treatment of skin tears.

We also continue our wound dressing series with a focus on hydrogels and hydrogel sheets. It is always important to know when to use products appropriately; the selection of the appropriate product for a wound is a task regularly undertaken by the tissue viability nurse and this series aims to aid this process.

The larvae therapy (once used only in the hospital setting, but now widely used in primary care) article focuses on the ease of use of maggots as a debridement technique. It is usually welcomed by the patient – who is keen to have their wound improved – but less so by some nurses. Nonetheless, a professional demeanour should be adopted at all times! **WE**

**If you would like to contribute to a future issue of *Wound Essentials*, please contact: Adam Bushby, Sub-Editor, at adam.bushby@woundsgroup.com**