

Using best practice to eliminate pressure ulcers

The large numbers of patients affected by, and high cost associated with, pressure ulcers means that they have become a key quality issue for the NHS. This has led to a zero tolerance approach to avoidable pressure ulcers, which has major implications for practitioners.

It is recommended that staff and carers involved in looking after individuals at risk of, or with an existing pressure ulcer, should use established guidance on the prevention and treatment of pressure ulcers to ensure that best practice is provided. In addition, they should follow local protocols.

However, when accessing the latest research, it can often be difficult for practitioners to know what changes, if any, should be made to their practice. Frequently,

academic papers call for further research to be conducted, or arrive at conclusions that can leave practitioners unclear as to how their practice should be developed.

In view of these challenges, there is a need for concise guidance on how to deliver optimal care. One method of supporting clinicians is the provision of best practice statements. In developing the Wounds UK Best Practice Statements (BPS), the relevant research and guidance has been reviewed and expert opinion sought to provide practical advice to support clinical decision making in a clear, accessible format.

Eliminating Pressure Ulcers is the latest Wounds UK BPS, which aims to provide clinicians with clinical guidance in four key areas, namely:

- ▶ Screening and risk assessment
- ▶ Pressure ulcer prevention strategies
- ▶ Preventing pressure ulcers in surgical patients
- ▶ Preventing pressure ulcers in neonates and paediatric patients.

In addition, it aims to provide up-to-date information on recording incidence and the challenges faced by clinicians in measuring pressure ulcers. ■

***Eliminating Pressure Ulcers* is published June 2013 and is free to download from Wounds UK at www.wounds-uk.com**

New evidence for the effectiveness of intermittent pneumatic compression among stroke patients

In the May 2013 issue of the *Lancet* the CLOTS (Clots in Legs Or sTockings after Stroke) Trials Collaboration have reported the results of a multicentre randomised controlled trial that investigated the effectiveness of intermittent pneumatic compression (IPC) in reduction of risk of deep vein thrombosis (DVT) in patients who have had a stroke.

While IPC is known to reduce the risk of deep vein thrombosis in surgical patients, until now no reliable evidence existed for its effectiveness in patients who have had a stroke.

Over almost 4 years, 2876 patients who were immobile after stroke were enrolled in 94 centres in the UK. DVT occurred in 122 of the 1438 patients allocated IPC and in 174 of the 1438 allocated no IPC; an absolute reduction in risk of 3.6% (95% CI 1.4–5.8) was found.

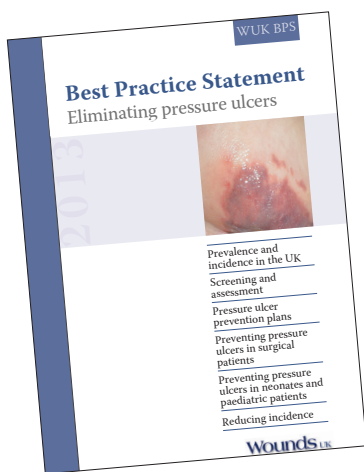
The authors concluded that IPC is an effective method of reducing the risk of DVT in variety of patients who are immobile following a stroke. ■

New guidance on exudate management

Managing wound exudate effectively is essential – for patients and clinicians – to avoid possible protein deficiency, periwound maceration and delayed wound healing.

A new best practice statement from Wounds UK – *Effective Exudate Management* – focuses on effective assessment and management of exudate, including the importance of appropriate dressing selection. ■

***Effective Exudate Management* is published June 2013 and is free to download from Wounds UK at www.wounds-uk.com**



The top 12 pressure ulcer uncertainties needing research

The James Lind Alliance Partnership invited patients, carers, and healthcare professionals to identify their top 12 pressure ulcer prevention and treatment research questions from a shortlist of the 30 most highly rated questions submitted by 500 stakeholders.

The top two questions identified were: (i) How effective is repositioning in the prevention of pressure ulcers?; and (ii) How effective at preventing pressure ulcers is involving patients, family and lay carers in patient care?

There is no reliable or complete evidence to answer these questions at present, and the partnership is now working to stimulate high quality research to answer these questions. ■