

ADDRESSING THE BASIC PRINCIPLES OF WOUND CARE

ELIZABETH NICHOLS
Editor, *Wound Essentials*
Tissue Viability Nurse Specialist,
Your Healthcare CIC, Kingston, Surrey



Recently, a nursing friend of mine returned from a charity trip to a resource-poor country. He knew he would be encountering patients with traumatic wounds and pressure ulcers, so before he went, he asked me for some recommendations on wound management practices that he could employ that would be locally sustainable. In the area he intended to visit, access to healthcare would be very limited and most people would not be able to afford treatment or pay for dressings. Modern products that we use, and take for granted, in the West would not be available over the long term for these people. I admit it was difficult at first to see beyond the resources and equipment we have available in the UK, and I felt frustrated by the huge divide between the rich and poor in our world.

It drove me back to basics, to the principles of wound care, and my friend was able to create some basic

wound care packs with salt (to make a saline solution), iodine, gauze, and honey, all of which were locally available to buy. By providing basic education on diet, cleansing and prevention of infection, the people he met who will likely never see a healthcare provider again are now empowered to self-care for their wounds, will hopefully stay free of serious infection, and they also reclaimed some degree of dignity.

In this edition of *Wound Essentials*, basic wound care principles are addressed in a number of articles. The point is made by several authors that correct identification of tissue type and cause of injury at assessment stage is essential to ensure that the correct treatment and management plans are developed. The problem of wound infection is discussed in two articles — on biofilms and silver. The initial assessment and treatment of burns is discussed by a burns specialist nurse, who provides helpful instruction for nurses in primary care on how to care for these types of wounds.

In the UK, we are overwhelmed at times with the vast range of dressing products available, including advanced therapies. In addition, the resources spent on pressure-relieving equipment and profiling beds is enormous. These are, of course, essential in our healthcare environment in the UK, but we all have a duty to use the resources available to us wisely and proportionately. There is not a limitless pool of funding, but the demands

on pressure ulcer prevention is ever growing. While advanced mattresses and beds may be vital for many patients, we need to allocate resources after individual patient assessment. There seems to be a growing trend to order high-specification equipment for anyone who develops minor skin damage, possibly an understandable reaction to the fear of being held responsible if a pressure ulcer develops or worsens.

Also in this edition of *Wound Essentials* is a thought-provoking article on diagnosing the mechanism of injury. Through education and changes to the reporting processes in the author's organisation, the number of skin damage incidents described as pressure ulcers has significantly reduced. This inevitably means that pressure-relieving equipment is issued to those to whom it will be of most benefit.

Of course, empowering patients through education to take responsibility for their skin care is a principle that can, and should, be employed worldwide. **WE**

If you would like to contribute to a future issue of *Wound Essentials*, please contact the editor Adam Bushby via email:

adam.bushby@woundsgroup.com