

Creating a wound care formulary for RMNs

Many mental health trusts have limited access to wound care specialists and rely on RMNs who have not been trained in this area to make wound care decisions. This article discusses the specific wound care problems experienced by patients with mental health problems and the need for better wound care in mental health. It describes the development and implementation of a wound care formulary in a large specialist mental health trust. This approach embraces modern wound healing concepts and creates a user-friendly approach to wound care decision making as well as facilitating localised teaching.

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KEY WORDS

Mental health
Wound healing
Formulary
Nurse education
Accountability

Advances in wound care have led to an ever-increasing range of products that can make it difficult for health care professionals who have not had specialist training in tissue viability to choose the correct product for their patients (Bux and Malhi, 1996; Russell, 2002; Stephen-Haynes and Gibson, 2003).

The profile of tissue viability needs to be raised in other specialist fields — particularly mental health — in order to continue to improve patient outcomes within the conflicting priorities of the NHS. Wound care formularies allow tissue viability nurses to rationalise prescribing and can help less experienced staff make better dressing choices (Vowden, 2005). The introduction of a formulary, as an adjunct to a tissue viability programme of education for mental health staff, aims

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to develop awareness of wound care, encourage evidence-based practice, empower mental health nurses to make decisions for wound care, as well as promoting accountability.

This article describes the introduction of a wound care formulary in Leicestershire Partnership NHS Trust (LPT), a large specialist mental health trust. It also considers the particular wound care concerns associated with people with mental health needs and the reasons why mental health nurses need training in wound care provision.

Wound care in mental health

Patients with mental health problems are largely ambulant and the main focus of

care is on a variety of neuroses, psychoses and organic states (Table 1) that impair an individual's level of functioning in the community. Mental health is not traditionally viewed as an area in need of a dedicated tissue viability service, but many mental health units have service level agreements with acute trusts or primary care trusts.

The consequences of inappropriate wound management include delayed healing and increased bed days (Bux and Malhi, 1996; Keen and James, 2004). Holistic assessment encourages staff to look at the whole person rather than their illness in isolation. A lack of formal training in wound care in the mental health field has prevented this from happening. While there is comprehensive individualised care for mental and social aspects, there is a limited application of evidence-based wound care.

Many RMNs are motivated to provide whole systems of care but are aware of their limitations in this area due to a gap in education provision. It may be that the pressures on curriculum content and mental health core focus has led to the omission of tissue viability.

Table 2 shows the different types of wound treated at LPT and Table 3 shows the variety of patient areas, clearly demonstrating clinical need across the trust.

Table 1.
Main areas of mental health care

Neuroses	Depression Anxiety Obsessive compulsive disorder Hysteria
Psychoses	Schizophrenia Psychotic depression Manic depression Mania
Organic states	Dementia Huntington's disease

N.B. Personality disorder is a separate classification

Table 2.

Types of wound found among mental health patients at Leicestershire Partnership NHS Trust

- Pressure ulcers
- Leg ulcers
- Minor burns
- Skin tears
- Self-harm wounds
- Pre-tibial lacerations
- Diabetic foot ulcers
- Ulcerated injection sites
- Trauma injuries

A literature search (using BNI and Cinahl) has revealed a paucity of articles relating to tissue viability and mental health although it has been acknowledged that this client group brings extra challenges (Watret, 2004). Symptoms of wounds such as pain, odour, social isolation, mobility difficulties, disturbed sleep, stress and loss of dignity, all have an impact on the patient's quality of life (Franks, 2001; Baxter, 2002, Ballard Wilson, 2005). LPT has recognised the impact these may have on mental well-being and have appointed a full-time tissue viability nurse to establish a dedicated service that recognises the specific needs of mental health staff and patients. The implementation of a wound care formulary is one of the first steps to achieving this aim.

Wound healing

Having considered the limited knowledge surrounding wound healing in mental health it is also important to note some of the factors that influence healing that are particularly relevant to this area.

Iatrogenic damage

This has a variety of causes in mental health from an inappropriate dressing choice or technique to repeated removal of dressings by those who are manic, psychotic, or who have cognitive impairment.

Inadequate nutrition

Many people admitted for mental health problems have an impaired nutritional

state. This is often due to self neglect (dementia, depression), an inability to stop for meals (mania), a belief that the food is poisoned (paranoid psychosis) or as part of an illness itself (anorexia, bulimia). More worryingly is Cartwright's (2002) finding that nutritional status deteriorates in hospital, particularly in older people. The protein loss from heavily exuding wounds may also further impair a patient's nutritional status.

Concordance

Morison and Moffatt (1997) identify patient understanding and perception as two of the factors that affect concordance. This is supported by Watret (2004) who states that 'concordance is more likely to be achieved if the patient is included in the care plan'. One of the primary objectives of mental health services is the active involvement of patients in all aspects of their care. Mental health nurses are justifiably proud of the promotion of shared care planning. However, when a patient is in an acute phase of illness and cannot process information due to their psychosis or lack of cognitive function, treatment must be given within the 'best interests' as defined by the Department of Health (2005), although by not understanding their care the patient can inadvertently delay wound healing (Dealey, 1999).

Other

Other concerns about wound healing

that are specific to this client group include:

- ▶▶ The efficiency of a patient's immune system is reduced by anxiety thus compromising their ability to deal with any pathological disturbances (Kindlen and Morison, 1997). Anxiety is a frequent feature of psychological disorders, such as dementia and depression, so this has particular resonance in the mental health field
- ▶▶ Lack of access to prompt leg ulcer assessment and compression may lead to delayed healing for patients with venous leg ulcers
- ▶▶ Unstable diabetes due to self neglect, poor insight and delusional beliefs
- ▶▶ Heightened anxiety may also lead to an increased risk of wound infection (Dealey, 1999; Norman, 2003b)
- ▶▶ Self harm: cigarette burns and razor blade cuts are common methods of self harm, and patients can be highly imaginative, gouging holes with paper clips and deliberately scalding themselves. For many people who self harm the closure of a wound is traumatic and they will constantly re-open it. Treatment aims for this group are often to minimise the risk of infection as opposed to achieving healing
- ▶▶ Paranoid psychosis has multiple manifestations, for example, patients may hear voices or believe

Table 3.

Service areas at Leicestershire Partnership NHS Trust

Service	Remit	Illnesses
Older people	Organic assessment Functional assessment Challenging behaviour	Dementia Neuroses and psychoses
Adult	Functional assessment	Dementia Neuroses and psychoses Personality disorder Drug and alcohol misuse
	Intensive care unit Mother and baby beds	Neuroses and psychoses
Child and adolescent	Functional assessment	Neuroses and psychoses
		Anorexia and bulimia
Treatment and recovery	Challenging behaviour	Neuroses and psychoses Huntington's disease

Table 4.

Problems encountered when selecting wound dressings

- » Bewildering variety of dressings
- » Many products that look alike have different physical and chemical properties
- » Different manufacturers recommend different types of products for the same problem
- » There is a blurring of responsibility between healthcare professionals in relation to prescribing
- » Health economics in relation to wound care are complex
- » New products and types of product appear on the market every month

Morison and Moffatt (1997)

staff want to kill them. Other presentations include the belief that the dressing is harmful, the wound needs toothpaste/cream/soap on it or the wound cannot be covered as 'God' needs to see it to heal it.

Pre-formulary practice

With the multitude of intrinsic and extrinsic factors affecting wound healing in mental health, the need to provide an accessible framework in dressing selection for nurses has never been more evident (Table 4). LPT, like many other mental health trusts, has had no standardised approach to wound care and dressings. This has often led to wound management being undertaken by those staff who have an interest rather than any specific training. Choice of wound care product has been based on what happens to be in the dressings cupboard rather than an

objective wound assessment and clinical rationale. This was confirmed following an audit by the author. Another factor is custom and practice where products are chosen because they have always been used (Dealey, 1999; Flanagan, 2005). The inherent problem with this is that one dressing does not suit all types of wound and selection of the wrong product is a waste of time and resources (Bryan, 2004).

Developing the LPT formulary

One of the difficulties encountered in LPT, was that tissue viability nurses had their own extensive and complex caseloads and it was difficult for them to see any but the most serious cases in the mental health units. The community tissue viability service delivered accessible training but could not provide ongoing support or tailored training for RMNs. The need for a formulary within mental health was driven by a desire to promote evidence-based practice and help staff differentiate between what may or may not be suitable for a particular wound (Morgan, 1994; Bentley, 2005).

In 1999, while the author was seconded to the community tissue viability service, a dressings formulary was introduced to the mental health service (Figure 1). This formulary was based on the one used in the community and distributed to all in-patient areas in Leicestershire and Rutland. Although the format was uncomplicated, many mental health nurses did not find it easy to use as it assumed a basic knowledge of wounds that would have been gained

from specific training. After 2001 the mental health service no longer had dedicated tissue viability time. The full-time appointment of an RMN as tissue viability nurse for LPT in 2005 has enabled the whole area of wound management and dressings to be reconsidered and previous practice reflected on. Introducing a formulary tailored specifically for mental health nurses by a clinician who understands mental health needs has provided an opportunity to improve clinical practice, minimise clinician variation and enhance quality of care (Thomas, 1999 In: Keen and James, 2004).

Having acknowledged the multitude of wound care products available to staff and considered the limited training in this area, two strands became immediately important: to enable access to a user-friendly decision-making tool for dressings, and to implement a training programme for basic wound care.

Consultation with new and experienced link nurses identified what components were needed to aid RMNS, who had varying degrees of wound care knowledge, to choose a dressing (Table 5). One of the most important factors for these staff was the use of pictures to aid visual comparison of wounds. Other priorities included ensuring the formulary could be used as an educational tool and that it would visually link in with the wound healing continuum (Gray et al, 2005). This forms part of a teaching programme for staff that accompanied the introduction of the formulary.

AQUACEL

Square	10cm x 10cm	£
Ribbon	2cm x 45cm	£

USE

- » Indicated as a primary dressing for the management of exuding wounds (light to heavy)
- » May be used on clinically infected wounds
- » Apply directly to wound overlapping the surrounding skin by at least 1cm
- » Should be changed when saturated with exudate or by seven days

Table 5.

Components needed to aid dressing selection as identified by link nurses

- Pictures
- Types of wound the dressing will treat
- How to use the dressing
- Contraindications
- Sizes available
- Cost
- When to change

Figure 1. An example from the old wound care dressing formulary.

Having identified the key areas to be included, stakeholders were consulted and a draft format produced. This was distributed for comment from the head of nursing for specific specialties, matrons, the trust's pharmacist, community TVNs, the acute hospitals TVN and link nurses. The feedback from mental health staff was all positive with particular note being made of its simplicity, quality of information and use of pictures. This was interesting to note and was opposite to the concern raised by the community TVN that it was too detailed and therefore not very user friendly. One suggestion was to include a glossary to explain unfamiliar terms, such as critical colonisation, granulation and partial thickness, to mental health nurses. This was duly added and increased the document's user-friendliness. Suggestions from the community TVN and the acute hospitals TVN about dressings that had received positive evaluations were gratefully received as were ideas to improve the format.

Product data sheets, published trials, evaluations and case studies were all assessed while producing the formulary. Products were included that were easy to use, cost-effective, had been evaluated by tissue viability colleagues and products that staff were familiar with. Cost was not the overriding factor and the effectiveness of the dressing and the indirect costs of using a less effective product were also considered (Franks, 2001; Norman, 2003a; Vowden, 2005). The lack of access to large patient numbers in a short space of time makes it difficult to evaluate products within mental health. To accommodate this the formulary has been developed to allow the addition and removal of dressings when longer-term evaluations are completed (Morgan, 1994).

The formulary consists of an A4 booklet with a page dedicated to each available dressing (Figure 2). A list of uses, contraindications, dressing characteristics, precautions, sizes, cost and examples of an 'appropriate' wound for treatment by a particular

dressing are all designed to assist the nurse's choice of dressing (Bale, 1997). The booklet is used in tandem with an A3 poster that covers the colour spectrum of wounds (Gray et al, 2005), treatment aims, exudate level and wound depth (Figure 3). Staff identify the colour of the wound bed, choosing the one that will impede healing as the most significant, the level of exudate and the depth of the wound. They then cross reference this on the poster and are provided with a choice of page numbers (maximum of four) for a primary and/or secondary dressing group. Using the booklet they can read further information about the dressing before deciding whether it is suitable for the presenting wound. The provision of a dressing 'group' as opposed to the name of a dressing encourages staff to read about it first to ensure its suitability, thus reducing the risk of inappropriate use.

There may be a body of opinion that considers this approach to be an example of 'spoon feeding' but it meets the needs of mental health staff who are waiting to be trained in this area by helping them to identify the objectives for the wound; providing information on the dressing and its properties and giving them an indication of what to expect in order to aid the selection of a suitable product (Dealey, 1999).

Implementation of the formulary included a launch at the link nurse induction days, ward displays, link nurse dissemination, a team newsletter, presentation at senior nurse meetings and nurse practice groups plus tissue viability study days for qualified nurses.

Nurse education

Training link nurses to use the formulary has been essential to its success. Flanagan (2005) identifies the need for educators to develop a strategy that acknowledges the level of expertise of those being trained in order to maximise effectiveness. With this in mind and an awareness that mentorship and support are essential for positive learning (Murray et al, 2005), a teaching pack was produced

for use at the link nurses' induction to the formulary.

Accurate assessment is the key to wound care (Bentley, 2005; Vowden, 2005) and to support this nurses also need to have a basic understanding of the physiology of wounds. The first two sessions of the link nurse induction days and qualified nurses' study day therefore covered these important topics ensuring that the content reflected the learning needs of the link nurses as well as their patients (Murray et al, 2005). Training on the formulary itself consisted of:

- ▶▶ An outline on the purpose of a dressing
- ▶▶ The characteristics of an 'ideal' dressing
- ▶▶ Presentations by two company representatives about products that appear on the formulary
- ▶▶ Information on the other dressings in the formulary, including samples for link nurses to see and feel
- ▶▶ An interactive session on how to use the formulary
- ▶▶ Training for large groups with the author facilitating dressing choice by working through an illustrated example
- ▶▶ Small group work involving the link nurses going to six 'stations' where there was a photograph of a wound. They had to identify what it was, what stage of healing it was at, what their treatment aim was, what dressing they would choose to put on it and why. This approach encouraged them to solve problems within a 'safe' environment while reinforcing their learning (Murray et al, 2005).

To further support the link nurses and to provide some mentorship the author is available to discuss specific cases, offer a sounding board for when they are unsure if they have made a valid dressing selection, and take them on visits using the opportunity to reinforce learning. The link nurses also have a list of useful websites and they are particularly encouraged to use the self assessment section on the European Pressure Ulcer Advisory Panel site (2006).

DRESSING

ANTIMICROBIAL (IODINE)

Effective against MRSA

NOT TO BE USED IN PREGNANT OR LACTATING WOMEN
Not to be used on large wounds as excessive absorption may occur
Contraindicated for patients with thyroid disorders (may cause hyperthyroidism)

May interfere with thyroid function tests

Use with caution in diabetics taking sulphonylureas (tolbutamide, gliclazide, glibenclamide)

Povidone iodine dilutes quickly in contact with wound exudate and proteins
 Cadexomer iodine comprises spherical microbeads that increase in size when exposed to wound exudate thus releasing iodine more slowly

Check sensitivity to iodine

Can cause adverse local effects ie: contact dermatitis

Contraindicated for large surface areas in patients with impaired renal function

INADINE

Pharmacy

Low adherent povidone iodine impregnated viscose dressing

SIZE:

5x5cm

9.5x9.5cm

PRICE:

£

£

INDICATIONS FOR USE:

- ▶▶ primary dressing only
- ▶▶ requires a secondary dressing
- ▶▶ used for low exudate wounds at risk of infection, infected or critically colonised
- ▶▶ **caution needed as can adhere to wound bed once iodine absorbed**
- ▶▶ **do not use on wounds with any depth**
- ▶▶ to increase wear time and reduce risk of adhesion dressing can either be folded into 4 or 4 single layers can be applied
- ▶▶ change according to iodine absorption rate (dressing turns white where in contact with wound)
- ▶▶ can be cut

EXAMPLES FOR USE:

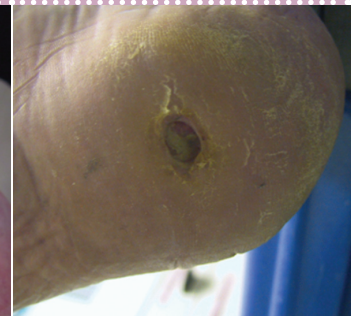
Shallow critically colonised wounds

Wounds at high risk of infection eg; hygiene deficits

Shallow infected wounds



Critically colonized shallow wound



Non-diabetic foot ulcer at risk of infection due to poor hygiene

Figure 2. An example from the new wound care formulary.

BLACK = Primary dressing WHITE = Secondary dressing

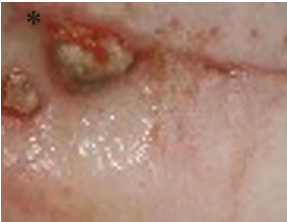


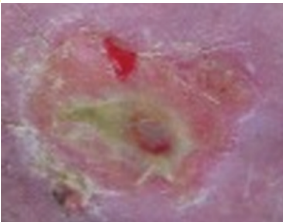
COLOUR		INFECTED	BLACK	BLACK /YELLOW	YELLOW
EXAMPLE					
TREATMENT AIM		Reduce bacterial load	Debride	Debride	Debride
HIGH EXUDATE	Shallow	p10 Iodine p23 Silver p13 Foam		p6 Hydrofibre p13 Foam	p6 Hydrofibre p13 Foam
	Cavity	P11 Silver P23 Silver p13 Foam	p22 Enzymatic p6 Hydrofibre p13 Foam	p22 Enzymatic p6 Hydrofibre p13 Foam	p22 Enzymatic p6 Hydrofibre p13 Foam
MODERATE EXUDATE	Shallow	p10 Iodine p23 Silver p11 Silver p13 Foam		p7 Hydrogel p6 Hydrofibre p4 Hydrocolloid p13 Foam	p7 Hydrogel p6 Hydrofibre p4 Hydrocolloid p13 Foam
	Cavity	p11 Silver p23 Silver p13 Foam	p7 Hydrogel p6 Hydrofibre p13 Foam	p7 Hydrogel p6 Hydrofibre p13 Foam	p7 Hydrogel p6 Hydrofibre p13 Foam
LOW EXUDATE	Shallow	p9 Iodine p12 Silver p14 Foam		p4 Hydrocolloid p5 Hydrocolloid	p4 Hydrocolloid p5 Hydrocolloid p14 Foam
	Cavity		p7 Hydrogel p14 Foam p16 Film	p7 Hydrogel p14 Foam p16 Film	p7 Hydrogel p14 Foam p16 Film
NO EXUDATE			p4 Hydrocolloid p7 Hydrogel p14 Foam		

Figure 3. The A3 poster that is used in conjunction with the wound care formulary (*Pictures courtesy of ConvaTec).

Accountability

Provision of a trustwide wound care formulary facilitates the concept that no matter which area you work in or which nurse is treating you, the treatment will be the same (Woolf et al, 2004). With the loss of Crown immunity and adoption of vicarious liability this becomes important to nurses should they find themselves in a court of law.

The increase in clinical negligence claims (Kopp, 2000; Tingle, 2002) reinforces accountability for the decisions that healthcare professionals

make and the need to document clinical rationale. RMNs are not routinely taught wound care yet are expected to provide it. The use of the formulary will assist practitioners in being accountable for the dressings and treatments that they choose. By enabling alterations to the formulary any changes in manufacturers information can be incorporated keeping it relevant and up-to-date.



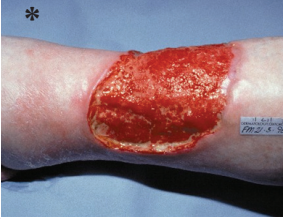


The NMC code of conduct (2002) states that nurses are 'required to facilitate students to develop their clinical competence'. While this has not

been a possibility before, link nurses can now use the formulary and the knowledge gained on study days to consider dressings and their use in mental health care.

The impact of the formulary

Advantages

- ▶▶ By linking the formulary poster to a model of wound management, training on dressing use has been reinforced
- ▶▶ Access to modern wound care products for mental health care patients has been improved
- ▶▶ The hospital pharmacy department

BLACK / YELLOW / RED	RED/YELLOW	RED	RED / PINK	PINK
				
Debride + Protect	Debride + Protect	Protect	Protect	Protect
p6 Hydrofibre p13 Foam	p6 Hydrofibre p13 Foam	p6 Hydrofibre p17 Low adherent p13 Foam	p17 Low adherent p13 Foam	
p6 Hydrofibre p13 Foam	p6 Hydrofibre p13 Foam	p6 Hydrofibre p13 Foam		
p7 Hydrogel p6 Hydrofibre p4 Hydrocolloid p13 Foam	p7 Hydrogel p6 Hydrofibre p4 Hydrocolloid p13 Foam	p6 Hydrofibre p4 Hydrocolloid p17 Low adherent p13 Foam	p17 Low adherent p13 Foam	
p7 Hydrogel p6 Hydrofibre p13 Foam	p7 Hydrogel p6 Hydrofibre p13 Foam	p7 Hydrogel p6 Hydrofibre p13 Foam		
p4 Hydrocolloid p5 Hydrocolloid	p4 Hydrocolloid p5 Hydrocolloid p14 Foam	p4 Hydrocolloid p5 Hydrocolloid p17 Low adherent p14 Foam	p17 Low adherent p14 Foam	
p7 Hydrogel p14 Foam p16 Film	p7 Hydrogel p14 Foam p16 Film	p7 Hydrogel p14 Foam p16 Film		
				p16 Film

has benefited from rationalised prescribing as only formulary products are now stocked

- ▶▶ Nurses will become more confident in choosing an appropriate dressing, thus improving morale when providing wound care
- ▶▶ Dressing selection will be evidence based
- ▶▶ Patients will have improved health outcomes
- ▶▶ There will be greater consistency in care provision.

Disadvantages

- ▶▶ Not all wound care aspects are

reflected in the poster, for example diabetic feet

- ▶▶ It is difficult to release staff for training with current shortages and budget constraints
- ▶▶ A 'pocket' version is not available due to the amount of information that needs to be included
- ▶▶ Seamless provision of care is not consistent due to primary and secondary care having developed their own formularies (although many items are duplicated).

Conclusion

Norman (2003a) cites wound care

as one of the 'costliest treatment modalities for the NHS in the 21st century' and Haalboom (2000) says that pressure ulcers rate as 'one of the top four most expensive diseases in the UK'. The drive towards an efficient and cost-effective NHS makes it imperative for mental health trusts to examine prescribing practices for wound care and introduce an evidence base that staff can refer to. The publication of *Standards for Better Health* (Department of Health, 2004) and the National Institute for Health and Clinical Excellence's *Prevention and Treatment of Pressure Ulcers*

guideline (2005) both support the implementation of a formulary within trusts.

The appointment of an RMN as a TVN is an important progressive step for mental health in Leicestershire. It recognises that patients with mental health problems may also need wound care and has enabled service provision to be developed from a mental health perspective forged by an understanding of the needs of mental health staff and patients.

With further education planned for link nurses, qualified and unqualified staff, it is hoped that the trust will come closer to achieving Vowden's (2005) ideal that 'dressings should never be used in isolation, but should function as part of the overall clinical management plan that addresses issues raised in the holistic assessment of the patient'.

The formulary will be reviewed next year by a multidisciplinary group following a survey of users. Initial feedback has been very positive. **WUK**

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Key Points

- ▶▶ Mental health nurses are expected to provide evidence-based wound care yet there are vast differences nationally in formal training for these staff.
- ▶▶ The development of a wound care formulary responsive to the needs of mental health nurses facilitates evidence-based wound care.
- ▶▶ Mental health patients can have multiple complex needs including a variety of acute and chronic wounds.
- ▶▶ Mental state can interfere with the provision of wound care, emphasising the need for holistic assessment.
- ▶▶ Mental health trusts need a designated tissue viability nurse, who understands psychiatric disorders, to provide specialist advice, education and support.