

Welcome to 2021: a new year and a new hope



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Well, welcome to a New Year — or is it just a continuation of last year? Time seems to bend and twist and trick us at the minute. Before COVID-19 seems like a life time ago, yet months seem to pass in the blink of an eye. It seems just days since we were bemoaning a lock down Christmas but suddenly it is February and there are signs of new life everywhere as I go for my daily walk.

As the pandemic continues to challenge all elements of daily practice, with specialist teams being yet again being redeployed, it has been hard to maintain the focus on skin, both maintaining healthy skin and recognising what the skin is telling us about a person's general health. I was really pleased to see that the team from King's College in London, who are behind the Zoe app (<https://covid.joinzoe.com/>), publish an excellent paper about the frequency of skin manifestations caused by the COVID-19 pandemic and what's more used a panel of expert Dermatologists to classify them into five main categories, (*Box 1*) perhaps most helpfully they have created a library of over 200 images (all peer reviewed) to help clinical colleagues identify where a 'common rash' may actually be a symptom of COVID-19. This can be accessed for free at <https://covidskinsigns.com/> This is a great piece of research using the power of the internet to collect population based data, they have over 300,000 people submitting information on their health status in relation to COVID-19 and were the first to identify important symptoms such as alteration in taste. This gives great weight to their finding that 8.8% of SARS-CoV-2 positive users reported a skin rash and that they suggest skin rashes are more predictive of infection than fever.

We also need to be aware that as more patients are diagnosed with Long COVID we need to review their PU risk status as the common symptoms that occur (*Box 2*), including fatigue, weight loss, loss of appetite, breathlessness can considerably increase the risk of PU occurring

Box 1. The five main categories of COVID-19 related skin manifestations

- Papular rash
- Urticarial rash
- Acral rash
- Vasculitis body
- Livedo reticularis

Box 2: Common symptoms of Long COVID (<https://www.nhs.uk/conditions/coronavirus-covid-19/long-term-effects-of-coronavirus-long-covid/>)

- Extreme tiredness (fatigue)
- Shortness of breath
- Chest pain or tightness
- Problems with memory and concentration ('brain fog')
- Difficulty sleeping (insomnia)
- Heart palpitations
- Dizziness
- Pins and needles
- Joint pain
- Depression and anxiety
- Tinnitus, earaches
- Feeling sick, diarrhoea, stomach aches, loss of appetite
- A high temperature, cough, headaches, sore throat, changes to sense of smell or taste
- Rashes

and many of these patients may not be in the 'typical' PU population so may not be aware of their own risk and more importantly may not be known to community nursing services, so it is important that we raise this risk via not just our professional but personal social media channels to reach those that do not know what they don't know! There is a free to download presentation about the impact of long COVID available on the National Wound Care Strategy page (<https://www.ahsnnetwork.com/wp-content/uploads/2021/01/Newly-vulnerable-signed-off.pdf>)

It seems that the problem of device related PUs is an ongoing struggle for our critical and

intensive care staff as patients continue to require proning for long periods of time, it is worth visiting the Stop the Pressure You Tube channel where there are 10 videos showing how to correctly fit a device to reduce the risk of PU occurring, with this about spiralling a silicone strip around an endotracheal tube being the most watched <https://www.youtube.com/watch?v=PL6ww9w5DFo>.

I am increasingly hearing conversations where organisations are questioning if harm has increased over the last year because of the pressure staff have been under, redeployment of staff, reduced footfall for community patients and many other very understandable reasons. What is frustrating is that it seems impossible to find hard data to support or refute these assertions, so if anyone does have data that suggest we have

had an increase in number or severity of PUs, an increase in infections and cellulitis in patients with leg ulcers or an increase in amputations for patients with DFU — please can you let me know — and do publish your data!

I have recently started working with a local vaccination team and I'm amazed at both the team spirit and how staff from other disciplines have been so keen to help, from a team of 4 I was with we were 2 nurses (me and a Lymphoedema Specialist) , a dietician and a podiatrist — made for some very interesting conversations

And finally, just a reminder to look after yourself and your colleagues, many people are struggling to book their annual leave, they are also working additional shifts and working in roles / areas that they are not familiar with which can be exhausting — so please do take care! **WUK**





Do you Love Great Skin?

Do you know how important risk assessment is and what increases the risk of skin damage?

#Stopthepressure
#aSSKINg
#LoveGreatSkin