

Take care of yourselves this winter



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It's Harrogate time again — even if it at a distance we hope that you still make the most of the networking opportunities! We are hoping to see many of you using the forums to have small group meetings and just catch up with each other, why not visit our writers workshop — maybe even organise your Tiara Tuesday online and 'meet' for cocktails?

This year more than ever it seems important that we do have that opportunity to network and support each other; it feels we are barely in the adopt, adapt, abandon stage but are already moving (moved) into wave 2 where we anticipate not just a resurgence in COVID-19 numbers but also the usual winter double trouble of Flu and Norovirus. It is going to be a more than challenging few months. Hopefully this time we are better prepared, the Nightingales are built and as I write are on standby, this time we have had a little more time to plan and prepare — and hopefully we still won't fully deploy them.

But this period of great uncertainty has given us many challenges, we are concerned about our pressure ulcer (PU) numbers, we suspect — but don't know, that the numbers and severity have increased, we are concerned about complications related to lower limb wounds, has there been an increase in infections because we have encouraged more patients to self-care (or has there actually been a reduction?) Is the amputation rate creeping up as patients are reluctant to seek help and elective surgeries are delayed? What about all the new and unusual manifestations we are seeing acro ischaemia was not in my vocabulary this time last year but now it is a thing to look out for, our exposure to and therefore knowledge of vasopressor related damage has increased significantly related to the number of patients being cared for in our critical care units, as has our ability to manage patients nursed prone — although we still don't have a good solution to providing head support.

This issue has an clinical reflection on how health professionals did during the first wave, this in itself is an important part of mental health and wellbeing, we mustn't be afraid to discuss what went well and what didn't, how we felt whether

that was despairing, frustrated, angry, guilty or whatever, everyone had very specific circumstances and organisations all responded differently. This will be amplified this time round as we are already seeing there are distinct geographical patterns, with some areas already being overwhelmed and others sitting in limbo in a state of preparedness for something yet to happen. We need to be kind to each other (not just TVN to TVN we are usually pretty good at supporting fellow TVNs) the impact on our wider teams is great, we are seeing particular impact on community colleagues, who were already chronically understaffed (remember the Kings Fund report that community nursing was 'on it's knees') and are now facing a tsunami of sicker patients, extra restrictions and much reorganisation.

As Long Covid starts to become part of the lexicon we need to consider what impact that will have, the list of symptoms terrifies me in how it maps to increased PU risk, fatigue and shortness of breath equates to significant reductions in mobility, loss of smell, loss of taste and loss of appetite can only mean poor nutrition and diarrhoea will surely result in further nutritional depletion as well as increasing the risk of moisture damage. Many are also reporting neurological changes with altered sensation also increasing PU risk.

We also have an increasing population of those that are newly vulnerable, staff developing 'macne', mask related acne and other forms of skin damage, shop workers those in hospitality and others who wear masks for long periods are reporting poor skin health, sore ears, sore noses we need to plan for how to support them. We have previously not typically at risk groups now vulnerable, the younger, healthier (i.e. who doesn't have multiple co morbidities or polypharmacy) with actual COVID-19, long COVID-19 or just enforced immobility because they are self isolating in a small space and we still have people who are anxious about accessing health care support in case it increases their risk — how do we reach out and support this huge group of people?

Our ability to learn about these things is limited as we all grapple with the new version of education; Teams, Zoom and any other platform that helps to

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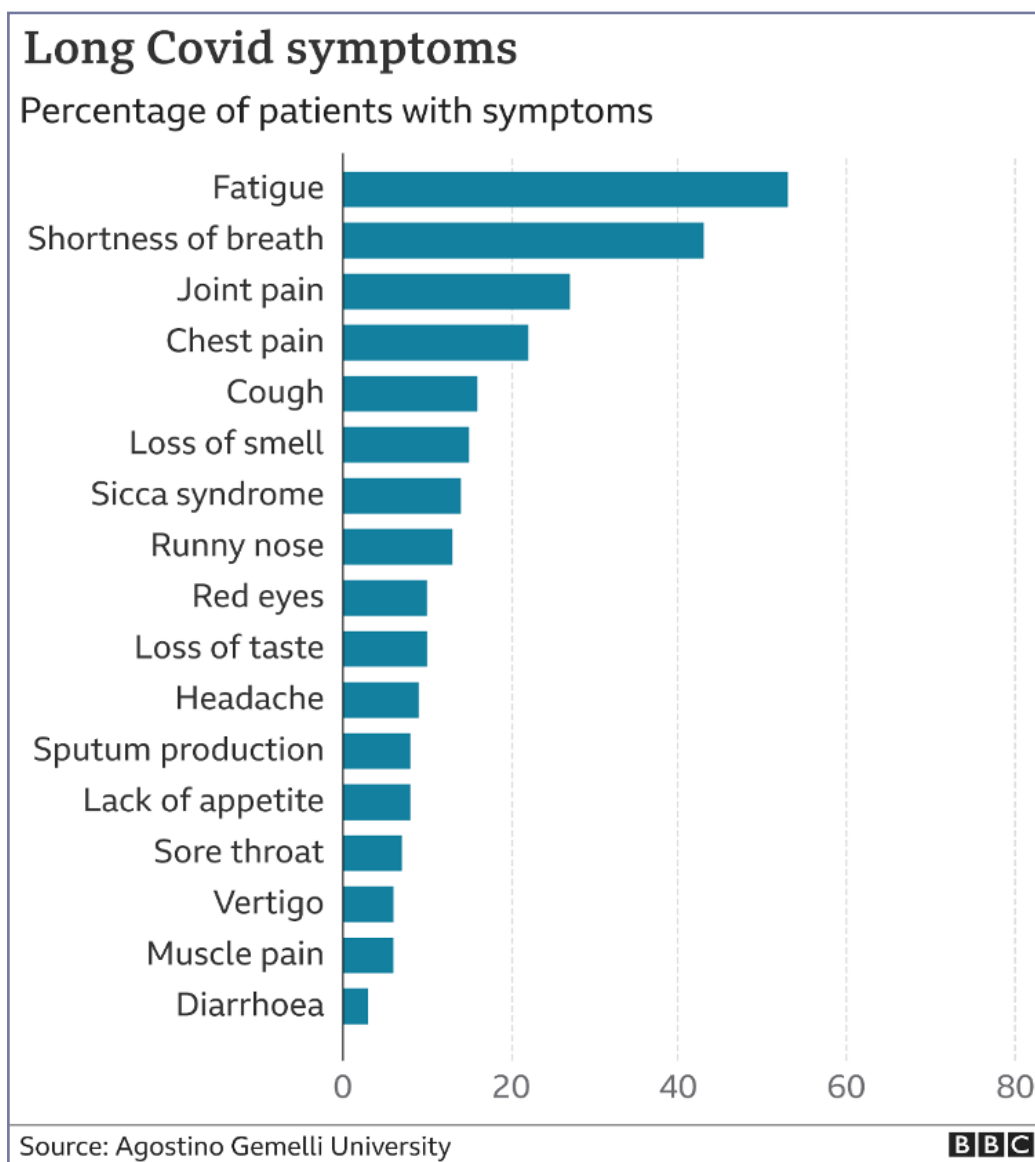


Figure 1. Reported long COVID-19 symptoms (<https://www.longcovid.org/about>)

reach out to others has become the norm and in many ways it is amazing and we were crying out for access to this kind of technology, but it shouldn't be the be all and end all, we need other forms of learning, we need the opportunity to touch and feel, to engage with others and explore new knowledge. Social distancing makes this all very hard but as always we are seeing some amazingly creative ideas — and if you have one please do share with us, if you are not a confident writer we are happy to provide help and support.

Most importantly this winter take care of yourself, we are in this for the long haul, blissful holidays in

the sun to recharge our batteries are not likely to happen so we need to make sure we take time out for ourselves. Despite that fabulous British weather make sure you take time out to get outside — go for a walk, sit on a bench just take 5 mins.

Keeping our fingers crossed for everyone that this time it isn't quite so bad — and remember there is always someone at the end of a phone who is prepared to listen and will understand if you have had 'just one of those days' — we all have them don't bottle it up, accept the friendship and support that is out there in abundance.

Take care everyone.

WUK