

Manage and prevent wound infections during Covid-19

Managing infections has always been a key aspect of wound management. Covid-19 has disrupted wound care routines, with nurses having to treat patients at an arm's length. Louisa Way, head of patient safety at Royal Bournemouth and Christchurch NHS Foundation Trust, explains the importance of staff having effective products at their disposal. **B Braun Medical's** surfactant-containing solution and gel Prontosan, and ionic silver-alginate Askina Calgitrol, cover the whole spectrum of the infection continuum.

What were the main challenges for wound care during the initial Covid-19 lockdown?

Louisa Way: We had to move staff around to cover established services. For patients, normal wound care routines were disrupted. We found recently that there were a number of patients that were unable to access services in a timely manner; they presented with wounds that were far more established, or in a more severe state, than normal.

We also know that a small number of patients were admitted to us in the acute sector due to wound infections because their normal wound care routines had been disrupted. As a result they presented in crisis, requiring emergency admissions. Self-imposed isolation was also an issue for some of our more anxious and concerned patients because they viewed healthcare professionals as 'hopping from one home to another'. There were also reports of patients trying to self-treat and self-manage without accessing clinical support.

Can you tell us a little bit more about the situation for your patients regarding the state of their wounds?

Nine times out of ten, wounds are a symptom of an underlying condition or comorbidity; I think that's important when you're looking at assessing patients holistically. Where we're asked to manage patients at arm's length, and not face to face, we can't lose sight of the fact that they may also be asked to self-manage other underlying conditions, like diabetes.

Under the current circumstances, we've got to be able to give the patient advice to support them in their self-care, but also help them make the link between their underlying health status and how their wounds are presenting. We need to find the right balance and simplify the wound

care routines as much as possible. Then we can provide support, advise what signs and symptoms to look out for and give the patient permission to escalate if necessary.

Besides managing the underlying conditions related to the wound, what is your primary treatment objective?

Simplifying the wound assessment and asking the patients if they would like to self-manage is really important. We know we're going to have a lighter touch with some of our patients, so then it's about asking, 'How do we take a more prophylactic approach in looking at what we can do to offset the risk of an infection?' This means looking at appropriate wound bed preparation; making sure we are reducing the bacterial burden in a wound, to lessen the consequence or risk of a full-blown infection, and the need for changing the wound care plan at very short notice. If a chronic wound becomes infected, you're looking at changing your protocols to antimicrobial topical dressings. Appropriate antibiotic guardianship continues to be important ensuring that we are not prescribing systemic antibiotics on a 'just in case' basis.

How did product selection differ between non-infected and infected wounds?

The product selection comes as the next step after the wound assessment. Knowing what you're trying to achieve, aligning the patient's and clinician's treatment goals, and establishing a collaborative holistic approach. Next, looking at the wound bed; preparation is essential and a key step in reducing the bacterial burden, helping to prevent the risk of any deterioration.

We may not be able to challenge wounds to heal in a normal time frame

because our interaction with the patient may be more remote, therefore setting realistic patient expectations is essential. What we really want to prioritise is making sure that there's no deterioration in the patient's wound.

Make sure you know what wound care products you've got available when stepping up, what you can then move on to should the wound change. It's really important once you step up to review the patient regularly, see if there's any improvement, and evaluate the use of topical antimicrobials within two weeks. That may require taking blood tests or swabs, and then stepping down to easy-to-use products like wound irrigation solutions, helping to reduce the bacterial burden. We want to stabilise and then limit the risk of any further deterioration, which may require surgical intervention or systemic treatment.

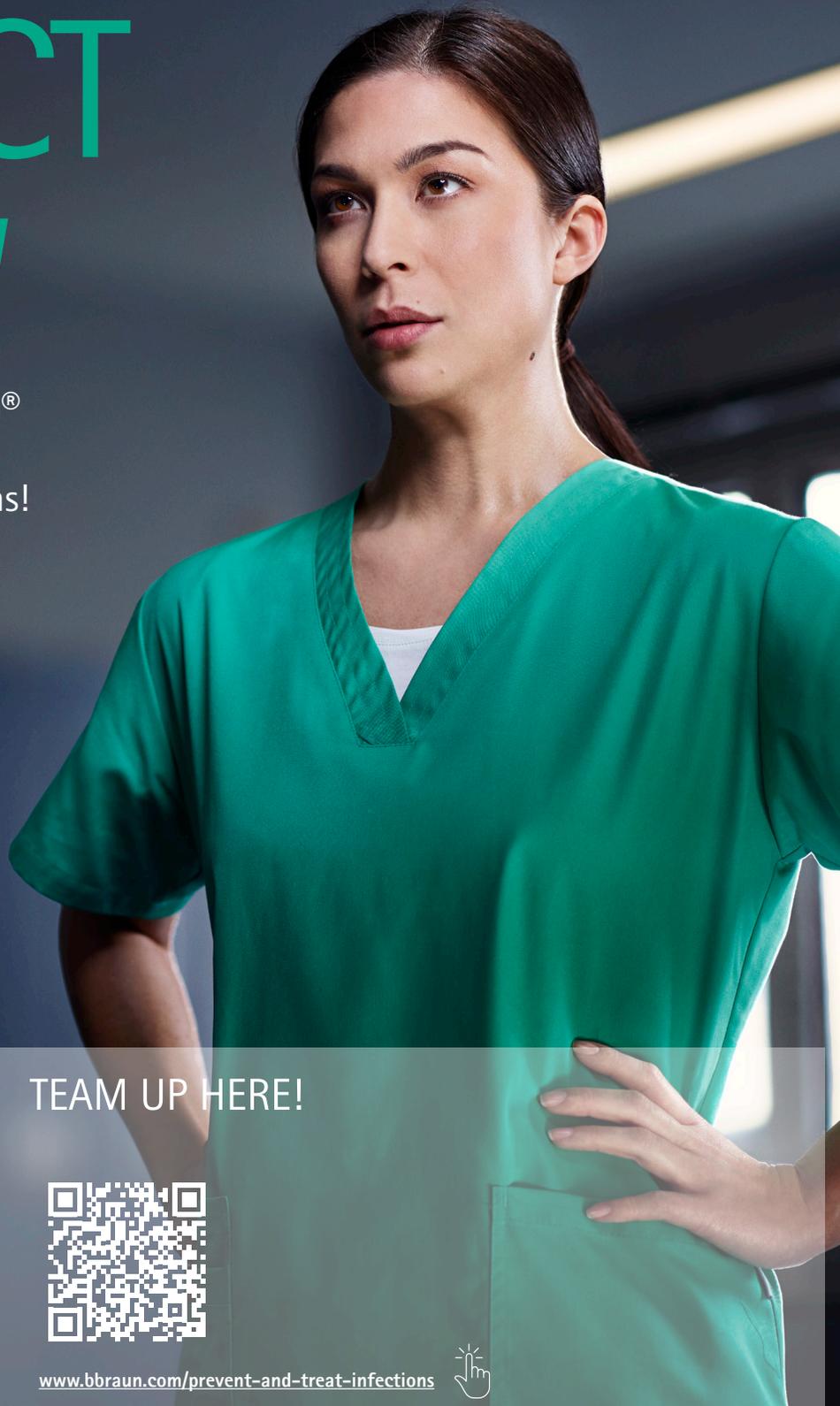
So, what would be your advice to other nurses?

I think the main message is that you're not alone. It can feel very isolating as a clinician when patients and colleagues look to you and expect you to have all the answers. And it's okay not to have the solution. The real value of a clinician in wound care is that you constantly review what works, what doesn't work, what hasn't worked as you expected; or what is actually something that you really want to continue. Knowing that one wound care product will not take you from the beginning to the end, that you may say, actually, 'our treatment aim at the moment is to prevent infection, rather than to push you to heal in these time frames'. So really knowing what resources and valuable assets you've got around you in terms of your products and your patients. ●

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