

The whole package



New wound management guidelines encourage a more holistic assessment of patients, write **Karen Nash Greally** and **Kerry Wardick**

THE core issue of this article questions the following: Do we, the nursing profession, understand the holistic assessment of a patient with a leg ulcer, and do we therefore have the knowledge and understanding of what to do with the relevant findings?

The national best practice and evidence-based guidelines for wound management were launched last October 2009 at the Wound Management Association of Ireland (WMAOI) national conference in Athlone. The contents are designed to support the standardisation of care and encourage best clinical practice within wound management. The guidelines constitute a general guide to be followed, subject to the practitioner's judgment in each clinical case. This in turn indicates that each practitioner work under their code of practice in an effort to make professional decisions to carry out his/her responsibilities and to promote high standards of professional conduct.

Accordingly, each nurse is accountable for his or her own practice. Therefore, the main issue in relation to leg ulceration is understanding why compression therapy is being prescribed. Do we understand the mechanism of this treatment and its correct application? Hence, nurses' knowledge and understanding in full holistic leg ulcer assessment is essential for effective

and safe practice. The national guidelines indicate that patient factors, and wound factors along with limb and peri wound assessment should be documented at baseline and on an ongoing thereafter.

In relation to the first-line treatment of venous leg ulceration, the national guidelines state that "The most important aspect of treatment for uncomplicated venous ulcers is the application of high compression. The compression therapy should be applied by a practitioner trained in its application (Level 1)." Level 1 represents a strong strength of evidence.

Furthermore, why are so many of us not familiar with the ankle brachial pressure index measurement, how it is carried out, what it can determine, and how it can be used in conjunction with the full leg ulcer assessment? Full understanding of these findings is essential in order to aid the diagnostics of ulcer aetiology.

According to the national guidelines, "All patients presenting with leg ulceration should be screened for evidence of arterial disease by measurement of ankle brachial pressure index (ABPI). This should be conducted by a person trained in such measurement. (Level 1)"

The guidelines also state that the use of compression stockings reduces the recurrence rates of venous ulcers and is

also cost effective. Samson and Showalter concur with the guidelines, stating that continued stocking use after ulcer healing will prevent most recurrences and will provide a significant cost saving to the nation's health care budget.¹

How do we know we are providing best practice and working within our code of conduct? The Commission of Nursing 1998 indicates the need to develop and strengthen the availability of professional development for all nurses. What needs to be done is to improve our professional judgment by reflection. This enables us to examine and explore the issue or event, resulting in developing new understanding and theory.

In summary, there are new and innovating practices accruing regularly in medicine. Therefore, continuous education and reflection is the cornerstone for the nursing profession to continue to work within the code of practice, ensuring accountability, competency and responsibility to the client and ourselves.

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Reference:

1. Samson R & Showalter D. Stockings and the Prevention of Recurrent Venous Ulcers. *Journal of vascular surgery* 2008; 48: 634 - 637