May/June 2016

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Tissue Issue

New Zealand Wound Care Society

New Zealand Wound Care Society Newsletter Issue 25 - May/June 2016

Welcome

This month the focus is on **Wounds in the Older Adult**.
From **July** 'Tissue Issue' will be going monthly! This is so that we can keep you, the readers, better informed on what is going on within the Society and focus in on topics that affect us all in our working lives.
All content will be at the discretion of the editing team.

A note from the President

Dear Colleagues

Greetings to you all.

- The Pressure Injury Advisory Group
    - The upcoming national pressure injury study day featuring Prof Keith

Inside this issue

Articles for Tissue Issue to be submitted to:
Jeannette Henderson
administrator@nzwcs.org.nz
2 weeks prior to issue.

Harding as Key note speakers has been fully booked in all centres. Well over 600 people will participate. Wow. The PIAG members have been busy putting the last ink on their presentations as I write this.
    - Pam has been accepted and attended a first meeting with the MOH expert panel. The aim of this panel is to find consensus on best practice in all care setting to prevent Pressure injuries
    - The DAA seminar in 3 major centres were also well attended and feedback received was very positive.
- The Leg Ulcer group
    - A number of members are busy reviewing articles for the updated international venous leg ulcer guidelines
- Conference 2017
    - The conference committee has met a couple of times. Watch this space as the announcement of where, when and theme of the conference is imminent.
- PHARMAC Wound Care Group
    - The group has met again in March spending all day reviewing foam dressings.
- Education group - Fantastic News! The education group has met for

What is the New Zealand Wound Care Society?

The NZWCS is a voluntary organisation made up of health care professionals from a variety of disciplines who share a common interest in wound management. As an organisation it gives its members an opportunity to share experience, expertise and knowledge providing a forum to network with other members throughout the country.

Currently there are thirteen branches New Zealand-wide. Each has an area coordinator and a national committee member. The area coordinator is responsible for coordinating meetings and seminars for the local branch members, while the national committee member represents each branch at a national level. In some areas these duties are undertaken by the same volunteer.

For more information membership forms visit: www.nzwcs.org.nz

National Committee and Area Coordinators

President - Emil Schmidt
Vice-President - Prue Lennox
Treasurer - Rebecca Aburn
Area 1 & 2 - Northland & Auckland
Prue Lennox, Alan Shackleton & Liz Milner
Area 3 - Waikato
Maria Schollum & Team
Area 4 & 5 - Tauranga & Lakes
Vacant Position
Area 6 - Manawatu/Wanganui
Desley Johnson
Area 7 - Taranaki
Chris Gruys & Suzanne Smith
Area 8 - Wellington & Lower NI
Kate Gray & Paula McKinnel
Area 9 - Nelson & Marlborough

the first time. Can't wait for their first report

Best wishes,

Emil

Susie Wendelborn, Noreen Sargent & Melanie Terry
Area 10 - Canterbury
Pam Mitchell & Cathy Hammond
Area 11 - Otago
Rebecca Aburn & Anne Sutherland
Area 12 - Southland
Mandy Pagan & Phylis Harvey
Area 13 - Hawkes Bay & East Cape
Wendy Mildon
Web Management - Wayne Naylor
Administrator -
Jeannette Henderson
administrator@nzwcs.org.nz

Bullet Points of the Minutes of the last National Exec meeting held 11 April 2016

President's Report

- Looking forward to the Prof. Keith Harding tour of NZ where NZWCS is heavily involved at each location. We are expecting over 600 attendees across the country.

Leg Ulcer Advisory Group (LUAG)

- Small Working Groups are still working on critiquing the literature for the update of the Venous Leg Ulcer Guidelines

Pressure Injury Advisory Group (PIAG)

- Next week is the Professor Keith Harding's 'Pressure Injury Prevention' tour
- NZWCS need to take lead on STOP PI Day to keep up the momentum

Education Advisory Group (EAG)

- The group has now been formed – Maria Schollum, Kate Gray, Penny McAulay, Rebecca Aburn & Mandy Pagan

- Group to formalise TOR and their Strategic Plan to put before National Committee for approval

Treasurers Report

- Current Account = $11,949.04 as at 11th April 2016.
- Main expenses this month – Administration, Insurance and new computer
- Investment Account = $128,592 as at 29th February 2016

Conference 2017

- The 8th National Conference will be held in Rotorua on 18-20 May 2017
- Working on Keynote speakers and programme

Tissue Issue

- The next Tissue Issue focus on 'Wounds in the Elderly – articles are required by the end of April.

AGM

- AGM date set – **Thursday 26th May 2016 via Teleconference at 7pm**. Voting for Treasurer, Vice-President, National Committee & Area Coordinators for Areas – 1, 3, 5, 7, 9,, 11 & 13 will take place before hand.
- Nominations before 29th April please.

AGM
Thursday 26th May at 7pm via Teleconference

Please go to the NZWCS website to access all the documents for the AGM.
Voting for the Vice-President and Honorary Treasurer will take place during the AGM while voting for National Committee members and Area Coordinators will take place, in the areas concerned, before the start of the AGM. Please submit your votes to your current National Committee member/Area Coordinator or the Administrator.

On the website you will also find a list of venues, throughout the country, where we will be holding local AGM meetings and calling into the teleconference.

Nominees for the positions of Vice-President and Honorary Treasurer are:

- **Vice-President** - Prue Lennox
- **Honorary Treasurer** - Rebecca Aburn

If you are unable to attend the AGM, please send your votes and apologies to either your National Committee member/Area Coordinator or the Administrator.

'WHAT'S ON' - Calendar of events across NZWCS

MAY

- Monday 16th - Conference 2017 Organising Committee meeting 7pm
- Monday 16th - Expert Panel meeting in Wellington
- Monday 23rd - Pressure Injury Advisory Group meeting 7pm
- **Thursday 26th - AGM via teleconference at 7pm - ALL MEMBERS**

JUNE

- Monday 13th - National Committee meeting 7pm
- Thursday 16th - Education Advisory Group meeting 7.30pm

AUGUST

- Saturday 20th - Manawatu Study Day in Palmerston North
- TBA - Taranaki Study Day

OCTOBER

- Saturday 15th - Southland Study 1/2 Day - 9am-12.30pm

HealthCERT Bulletin from the Ministry of Health

Please open this link for the latest HealthCERT bulletin APRIL 2016.

http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/healthcert-bulletin

Previous Tissue Issue's

If you need to access anything from a previous edition of Tissue Issue please go to the NZWCS website. Click on 'Publications' on the top bar to find 'Tissue Issue' in the drop down menu. Click on 'Tissue Issue' this will take you to a page where all previous Tissue Issue's are stored.

Wound Practice & Research Journal Access

Access to the 'Wound Practice & Research Journal', produced by Wounds Central, the website for Wounds Australia (formerly the Australian Wound Management Association) is now only available as an e-journal.
To access this journal you need to login to the NZWCS website and follow these steps:

- Once you have gained access to the www.nzwcs.org.nz website using your 'Username' & 'Password', click on 'Journal Access' on the right hand side under 'Members Area'.
- Click on the words 'Wound Practice and Research'
- On the information page click on the words 'Wounds Central - Wound Practice and Research'
- This will take you to the Journal page where you can select to read the current or past issues of 'Wound Practice and Research'.
- Once you have chosen the issue you wish to read, scroll down for a list of articles and download those article that you are particularly interested in

If you have forgotten your username and/or password, please get in touch with Jeannette, our administrator for assistance.

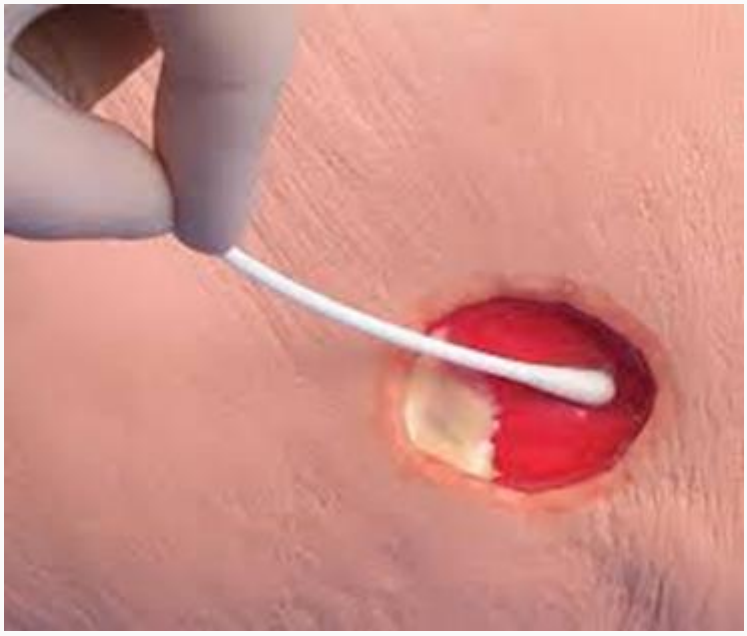
FOCUS TOPIC - WOUNDS IN THE OLDER ADULT

How to take a swab

Older adults are at an increased risk of developing wounds related to aging, chronic disease and disability; often these wounds are slow or fail to heal. Care for the older adult is complex and requires a high level of knowledge and skill. The importance of applying evidence-based wound practice is imperative in this high-risk population. This in turn can reduce the risk of wound infection, pain, sleep disruption, reduced mobility, loss of independence, anxiety, depression and other associated personal and healthcare costs.

Wound Infection:
Wound infection is mostly diagnosed clinically; laboratory testing provides further information to guide management. Conduct a wound swab if there are clinical signs of infection such as increased in wound size, delayed healing, cellulitis, malodour, or increased pain. Take into consideration people who have diabetes or are immunosuppressed since they may only show subtle signs of infection.
The Levin Wound Swab Technique should be used when performing a wound swab:

- This may cause discomfort so prepare the patient
- Thoroughly rinse the wound with normal saline (non-bacteriostatic), remove pus, exudate; if within your scope of practice remove hard eschar or necrotic tissue.
- Wait 1-2 minutes before taking the swab to allow wound exudates to rise to the surface.
- If the wound bed is dry, moisten the swab in sterile saline. If fresh pus or wound fluid is present collect this.
- Rotate the swab tip in a 1cm square area of clean granulation tissue for a period of 5 seconds, using gentle pressure to release tissue exudate.
- Label the swab and complete the laboratory form including the wound site, current or recent antibiotics and any history of multi-drug resistant organisms.



The use of Iodine in Wound Management

The efficacy and safety of iodine is often questioned in clinical practice. Iodine is an effective broad-spectrum antimicrobial and with the introduction iodophors this ensures the iodine has a controlled release of low iodine concentrations and is not cytotoxic in humans. Unlike antibiotics iodine resistance is considered unlikely since iodine works on the cell wall. Examples of iodine used in wound care include dressings such as Inadine and iodosorb and solutions such as Betadine. Like other antiseptics iodine can be used to prevent wound infection or recurrence of infection in patients at increased risk of infection, to treat localised infection and to treat spreading infection when healing is delayed. Always check for patient allergies and contraindications when using any antiseptic.

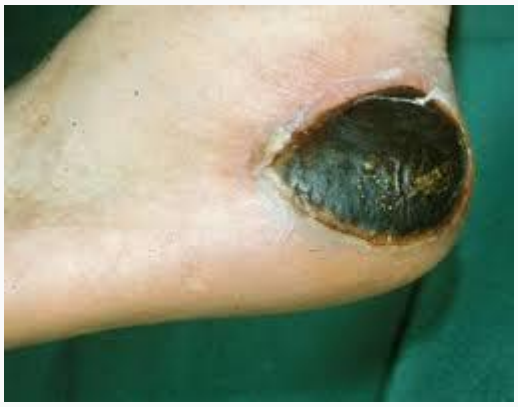
For more information read the below article:

Sibbald RG, Leaoer DJ, Queen D. Iodine Made Easy. Wounds International 2011; 2(2): Available from http://www.woundsinternational.com

Case Study

John (synonym) an 87 year old gentlemen was admitted to hospital with general deterioration and unstageable pressure injuries (100% covered in necrosis) to both heels (not actual photo; wounds presented larger than this). John has dementia and does not talk or mobilise and has Type 2 Diabetes. In accordance with Guidelines for the management of pressure injury, an unstageable pressure injury if stable eschar (dry, adherent, intact without erythema or fluctuance) on the heels serves as the body's natural biological cover and should not be removed. John was discharged to a rest home with wound care follow-up. The wound regime aim was to prevent infection, pain, offload any

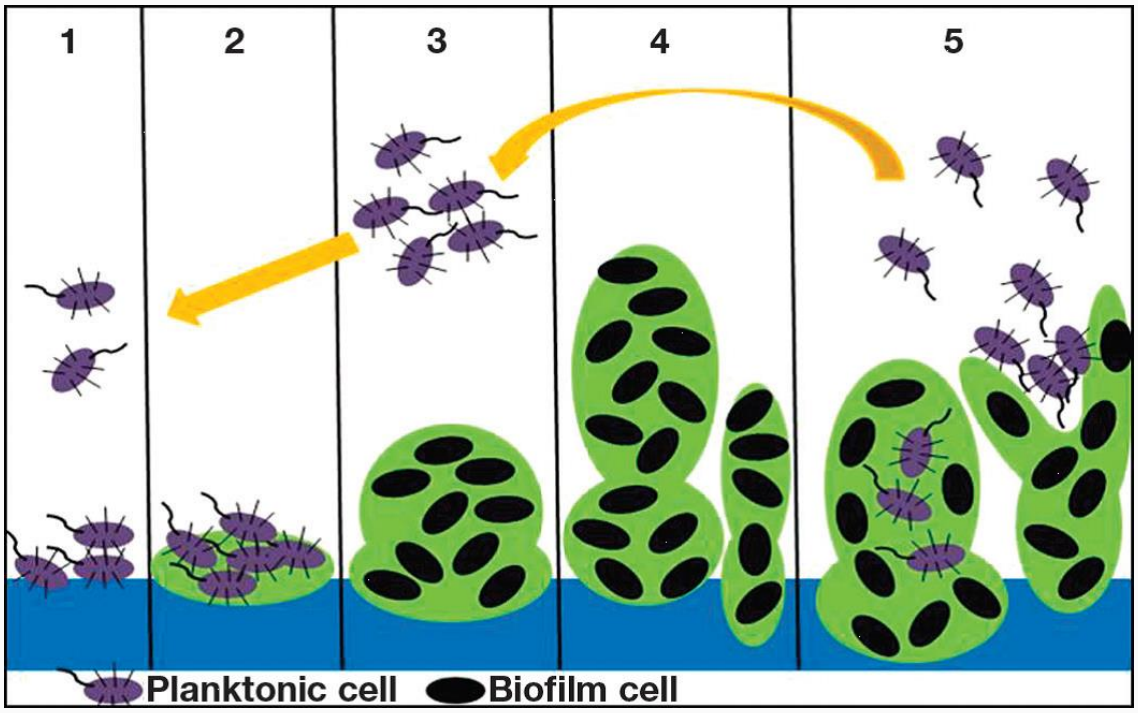
pressure and allow the necrosis to lift naturally. Iodine impregnated into a low-adherent dressing with a soft pad held in place with soffban and light crepe was used daily to every second day. As the necrosed edges lifted naturally these were trimmed and revealed healed skin underneath. This process occurred from September 2015 until March 2016. John's heels are now fully healed. This case study demonstrates the importance of reducing pain and distress and allowing the natural removal of dry necrosed tissue, iodine was used to keep the area dry and infection free.
Mandy Pagan CNS – Wound Southern DHB



What Are Biofilms?

A wound is considered chronic when healing fails to occur normally and the anatomic and functonal intregity of the skin is not restored in approxiamately one month. This can be due to a number of underlying causes such as medical conditions or infection. Once the skin is penetrated, the natural protective defence mechanisms can be impaired and the environment becomes conducive to bacteria from the environment, the surrounding skin or from mucous membranes.
Biofilms are bacterial colonies that occur on chronically colonised or infected wounds and delay healing. At a basic level, bacteria are encased in a thick, slimy barrier of sugars and proteins and it is this barrier that protects the bacteria from threats suchs as antibiotics. They are highly inflammatory, and shed bacteria onto the surface of the wound which excites an immunological response, leading to tissue damage and ongoing chronic inflammation.
The risk factors for wounds developing biofilm include; immuno-compromised, decreased perfusion, presence of foreign bodies, hyperglycaemia, necrotic tissue, oedema, malnutrition, increased moisture levels and repeated trauma. Excessive moisture for example, provides rich nutrients needed to feed the continuation and proliferation of biofilms, and the underlying cause of the excess should be corrected or managed.
Biofilms cannot be detected using a normal wound swab and are only seen by microscopy or specialised culture techniques. Swabbing using the Levine technique will only detect

planktonic bacteria which are free floating bacteria that are not attached to the wound surface. It is these bacteria that are suceptible to systemic and topical antibiotics.



The five steps of biofilm formation from - Clinton,A.,& Carter J.(2015) Chroinc Wound Biofilms: Pathogensis and Potential Therapies. Lab Medicine 45(4), 277-284.

An international consensus asserted that cleaning a chronic wound should occur at each dressing change, removing all dressing product and wound debris. Sharp debridement is considered the most significant method in the prevention and control of biofilm. Studies have shown that after debridement, biofilm is more susceptible to antimicrobial treatment for 24-48 hours and suggest regular debridement to remove the biofilm in conjunction with topical antimicrobials.

There is a plethora of antimicrobial dressings available to clinicians to use in practice. The main groups are silver, honey and povidine-iodine and all have broad spectrum antibacterial properties. More recently PHMB is available in many forms with antiseptic properties. Choose a dressing that will provide antimicrobial action and matches the properties of wound ie if exudate is an issue select an alginate or hydrofibre with antimicrobial properties.

The management of the bacteria-host-wound continuum should aim to keep the balance in favour of the host by minimising opportunities for bacteria to overwhelm patient defences and cause infection.

References and additional reading:

- Clinton,A.,& Carter J.(2015) Chronic Wound Biofilms: Pathogensis and Potential Therapies. *Lab Medicine 45*(4), 277-284.
- Keast,D.,Swanson,T.,Carville, K.,Fletcher, J.,Schultz G., & Black, J.(2014) Ten Top Tips… Understanding and managing wound biofilm. *Wounds International 5*(2), 20-24.
- Phillips, P.L., Wolcott, R.D., & Schultz, G.S. (2010) Biofilms made easy. *Wounds International 1*(3), 1-6.

Other Resources

Lower leg haematomas: Potential for complications in older people
(Pagan, M. & Hunter, J.)
This article was first published in **Wound Practice and Research** (2011)
Volume 19 Number 1, pg21-28

Wound programmes in residential aged care: a systematic review
(Pagan M, Trip H, Burrell B & Gillon D)
This article was first published in Wound Practice and Research (2015)
Volume 23 Issue 2 pg52-60

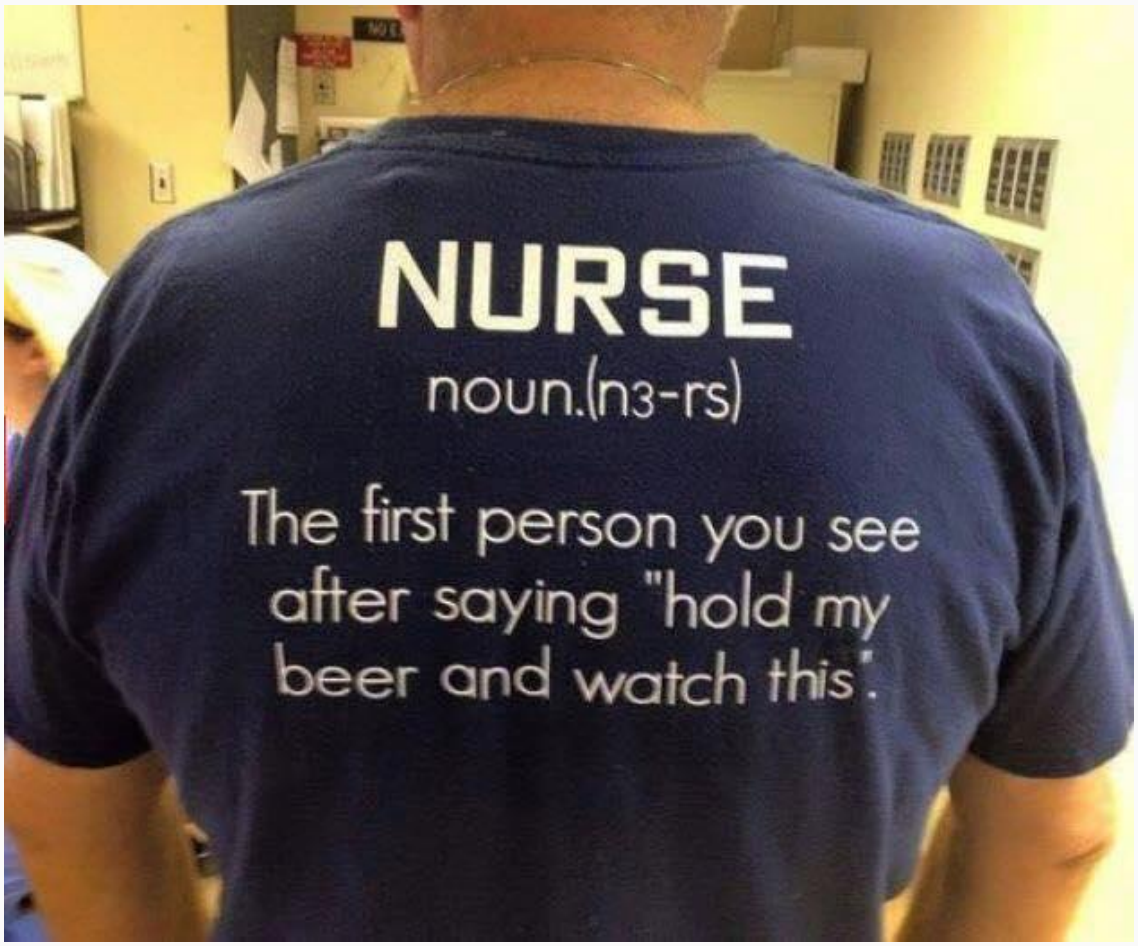
FUTURE TOPICS FOR TISSUE ISSUE 2016

These are in date order but not set in stone.

- **July 2016 - Infection Continuum/Antimicrobial Stewardship**
- **August 2016 - Antimicrobials - Dressings / Honey**
- **September 2016 - Adjunctive Therapies**
- **October 2016 - lead into Pressure Injury Day**
- **November - Pressure Injury Focus**

AND FINALLY!

Found on 'The Nurse Path' on Face Book



To Contact the New Zealand Wound Care Society
please email administrator@nzwcs.org.nz

- Email all contributions to future newsletters 2 weeks before issue release