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Diabetic foot ulceration: How do I choose a dressing?

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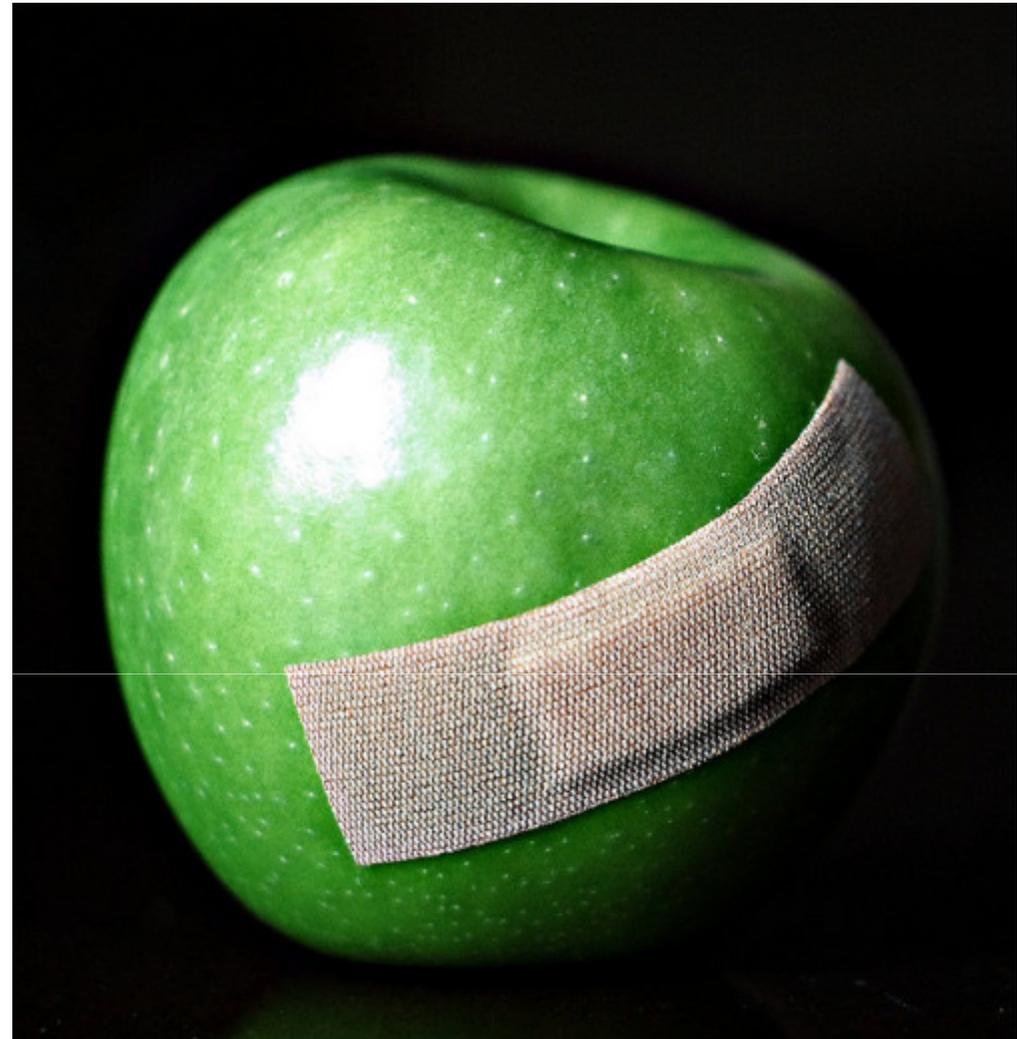


Diabetic foot ulcers

How do I choose a Dressing?

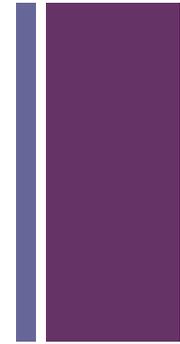
Veronica Newton
Senior Lecturer
in Podiatry

Wound Conference
14th June 2012



+ Session outline

- DFU: what's our destination?
- Identifying the problem – DFU: dressing selection
- Challenges in DFU care
- Aligning the policy and guidelines
- Aim: Offer a wound decision model to map decision making when choosing dressings for DFU's.



+ Destination: London How do I get there?

- Car
- Train
- Plane



+ DFU – Destination: wound healing how do I get there?

- Patient
- Arterial Disease
- Infection
- Neuropathy
- Lifestyle
- Compliance
- Footwear
- Tissue viability





The problem:
Patient attends
with a foot
wound....



What do you do?





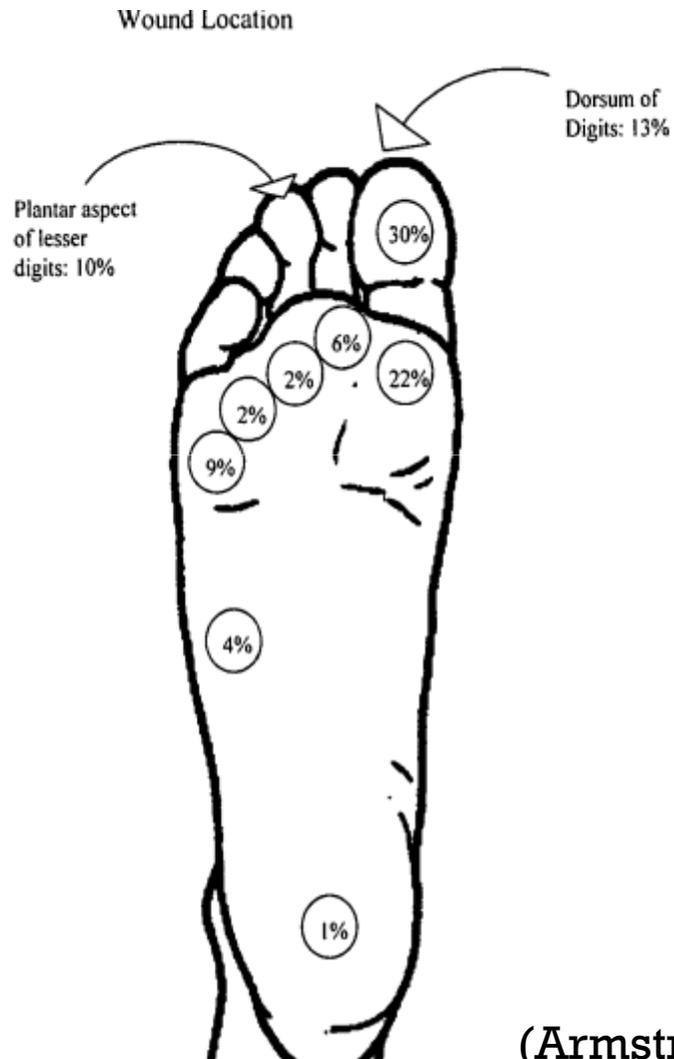
DFU: dressing?



- Gauze and saline?



+ Dressings for Diabetic Foot Ulcers



(Armstrong 1998)

+ DFU: What dressing will you prescribe?

- Antimicrobial
- Tulle
- Foam
- Alginate
- Hydrocolloid
- Hydrogel
- Film
- Collagen derived
- Polyacrylate



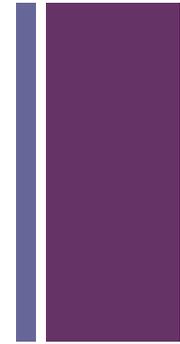
+ Practitioner toolkit for dressing selection

- care pathway
- experience
- Cost
- Availability
- Service Provider
- formulary
- Research (Farndon 2009)
- Policy & guidelines
- outcomes



+ Back to basics: why are dressings prescribed?

- Reduce pain
- Improve mobility
- Assist healing
- Improve quality of life
- Reduce infection
- Not all wounds respond the same if given same dressing prescription....



+ What are the Issues for dressing DFU'S

■ Areas of agreement

Promote healing

Protection

Reduce infection

Optimal healing environment

Reduce pain

Comfortable

Easy to apply

■ Areas for improvement

■ Dressing prescription

■ Rationale for dressing

■ Frequency of review

■ Patient Advice

■ Outcomes

= **huge variation in services**

+ Choosing Quality in DFU care:

■ **dressing**

- Reduced Pain
- Quality of life
- Improve mobility
- Eliminate infection
- Assist healing

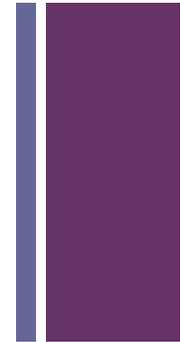
= **patient centred outcomes**

(Equity and Excellence
Liberating the NHS DH 2010)

■ **Clinical governance**

- “A framework through which NHS organisations are **accountable** for continually improving the **quality** of their services and safeguarding **high standards** of care, by creating an environment in which **excellence** in clinical care will flourish “

(Sally 1998)



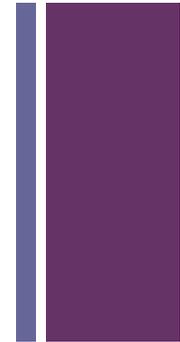
+ Developing a Woundcare Decision Making Model

- Structured model to record and document evidence which supports the stages of decision making for dressing provision.
- Maintain practitioner autonomy whilst providing a clear map for decision making
- capture multiple factors impacting on success of wound care management



+ Why do we need WDM model?

- Benchmarking
- Audit
- Standardise
- Evaluation
- Service improvements
- meets Professional body requirements.



Get help from Diabetes guidelines



- DH (2004) NICE CG10 Type 2 diabetes: prevention and management of foot problems.
- International working group on the diabetic foot (IWGDF) 2007 www.iwgdf.org
- SIGN 116
- Diabetes UK (2009): 'Putting feet first: commissioning specialist services for the management and prevention of diabetic foot disease in hospitals
- National collaborating centre (2011) Review of Clinical Guideline (CG10): Type 2 diabetes: prevention and management of foot problems
- DH (2011) NICE CG119 Diabetic foot - inpatient management of people with diabetic foot ulcers and infection

Get help from Wounds literature

- European wound management association – EWMA

Position documents

[http://ewma.org/fileadmin/user_upload/EWMA/pdf/Position Documents/2008/English EWMA Hard2Heal 2008.pdf](http://ewma.org/fileadmin/user_upload/EWMA/pdf/Position_Documents/2008/English_EWMA_Hard2Heal_2008.pdf)

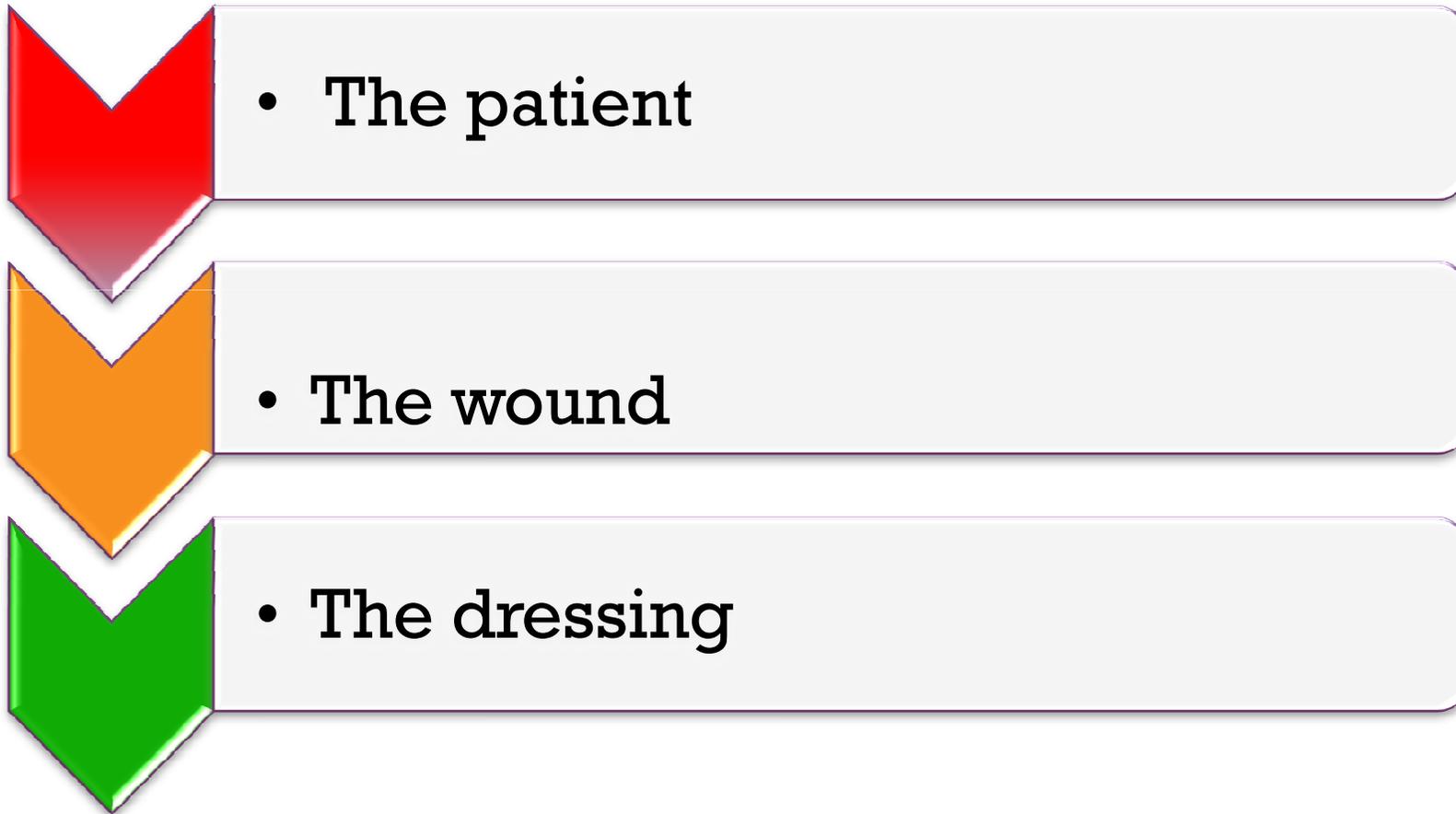
- European Pressure Ulcer Advisory Panel – pressure ulcer grades and classification system (grade 1-4)
- Wagner classification system (grades 1-5)
- Texas classification system (Armstrong 1998)

+ DFU: Assembling the key components



- Evidence in wound care
- Practitioner skill
- Clinical guidelines
- Health policy
- Cost, time, outcomes
- Centred around the patient

+ Wound care decision making



+ DFU: dressing decision making

■ P , W , D

- Patient, overall goal, disease state, compliance, activity, pain.
- Wound, assessments, local, systemic factors impacting on healing, referral.
- Dressing, identify aims short and long term and practical application, frequency of use, footwear.



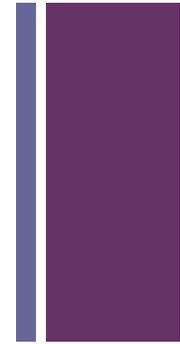
+ WDM and DFU: How will it help?



- Use Standardised WDM format
- Has application for Novice or Experienced practitioner
- Records critical decision making skills
- Offers archived evidence
- Point of reflection for constant dynamic improvement.



Where does WDM fit in NHS?



EBP relies on availability of research and the ability of practitioners to use it appropriately.



Developing strong evidence for the ideal dressing is a serious problem in DFU management

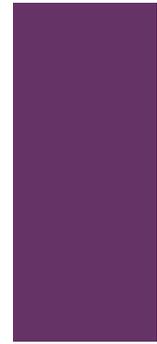


NHS policy
Services need to produce patient outcomes data.

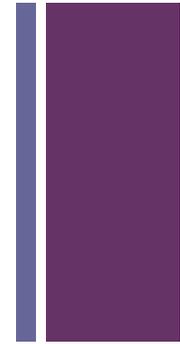


+ Take home message:
Aspire for Quality in decision making
for dressing selection.

- Ask your team the following question:
- Do we have a standardised, transparent, profiled, auditable approach to dressing selection?



+ Destination: woundcare
happiness....



+ Reference List

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