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WEST AUSTRALIAN WOUND CARE ASSOCIATION Newsletter
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WEST AUSTRALIAN WOUND CARE ASSOCIATION

Newsletter

Edition No. 50

October 2003

COMING EVENTS

11-14 November 2003

The 1st International Congress on Innovations in Nursing
Burswood Convention Centre
Perth Western Australia
www.promaco.com.au/conference2003/icin

Tuesday 18 November, 2003

WAWCA Clinical Update – details enclosed
“Wound Bed Preparation”
Mary Lockett Lecture Theatre,
P Block, via Monash Avenue, Sir Charles Gairdner Hospital

17-20 March, 2004

AWMA 2004
Celebrating 10 years - reflection and evolution
5th National Conference
Wrest Point Convention Centre, Hobart, Tasmania
www.cdesign.com.au/awma2004

8-13 July 2004

2nd World Union of Wound Healing Societies' Meeting
Paris, France
www.mfgroupe.com

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EDITORIAL

Pam Morey, Sir Charles Gairdner Hospital

Winter is over and there has been much activity since the last Newsletter. The Beverley Study Day was held on 20 June and was well attended. Our annual AGM was conducted in July and new committee members elected. The "Back to the Future – how far have we come?" combined State Wound Care and Infection Control Conference was held on 15-16 September 2003 at the Burswood Convention Centre which was a great success and well attended. In addition, our regular Newsletter Editor, Anita Hedzik gave birth to a baby girl Emma Lily, and past committee member Nicole Walsh also gave birth to a baby girl, McKenzie Laine. Congratulations are extended to both new mothers.

Seminars and conferences are important ways of disseminating information and developing contacts. Included in this edition is information from the "Innovative technological approaches to pressure management" seating workshop conducted by Colleen O'Brien-Malone during the state conference. Anita has also presented some highlights of the Beverley Study Day which was kindly co-ordinated by our country colleague Di Moriarty. There are a number of other exciting events approaching, which are featured on the front of the Newsletter, and worthy of noting in your diary now!

An edited version of the 2003 AGM Presidents report is included as an overview of the committees work representing WAWCA during the last year. A warm welcome is extended to all new and returning committee members who are listed below.

Our next edition is already being planned and all contributions/questions are welcome. In the meantime, enjoy the many challenges of wound care wherever you are.



Anita organising the newsletter from the Hospital!

A WINTER'S DAY IN BEVERLEY

A Report from the Beverley Wound Management Study Day: June 20th 2003 Anita Hedzik • Clinical Nurse • Princess Margaret Hospital

On Friday June 20th 2003 the town of York, Western Australia had an overnight minimum of -4 degrees. Beverley is not far from York and thus shared a similar temperature. Despite the warmest of welcomes and crisp, clear sunshine, my jacket stayed securely wrapped around me for the entire day. I would have to say that it was even warmer outside the Beverley St John Ambulance Centre than inside.

However, the success of the Study day and the warmth with which we were welcomed made the cold temperature more than bearable.

To say the Beverley Wound Management Study Day was a success is almost an understatement. We, Donna Angel, Laurie Foley (Chief Podiatrist, Fremantle Hospital) and I (WAWCA representatives/presenters) were expecting an audience of approximately 20 to 25; there were 48! Congratulations must go to Di Moriarty, Staff Development Nurse, Beverley Health Service for this exceptional attendance. Participants had travelled from as far as Esperance, having left home in the early hours of the morning.

Presenters, participants and trade representatives alike were treated to country catering at its best. The scones were a definite for and the hot soup and gourmet sandwiches at lunch time were a big hit.

And yes, wound management was the order of the day. Donna Angel (CNC Vascular and Wounds RPH) presented the opening session on wound healing, assessment and general principles of wound management. Donna also

presented an excellent overview of venous and arterial ulcers. Laurie Foley's presentation on The diabetic foot; pressure offloading was very well received as were his tips/examples of simple ways to offload the foot using readily available products. I presented management of the minor burn wound and an overview of dressing products and choices. We closed the day with an interactive session on bandaging hints/tips and techniques which was enjoyed by all.

The response rate for evaluations was almost 100%. In general the day was reported to have been excellent with most of the sessions regarded as especially useful. Some of the general comments were as follows:

- "Found the whole presentation very informative and relevant to work situation. Covered areas of wound care that occurs on a regular basis in most country hospitals"
- "Have enjoyed the course, was very informative and good value, thank you"
- "Having the trades people on site was informative to let us know what is available"
- "Thank you for travelling so far, very good – professional development in the country can be neglected"
- "This workshop was highly valuable – can I suggest other nursing skills workshops being conducted here as this one obviously has wide appeal"

As always there was great support from the trades, to whom all participants and WAWCA representatives are very grateful. As commented above, the trade representation is highly valued.

In general the day ran very smoothly; however, voice projection could have been better with the use of a microphone system. For future study days WAWCA intends to hire a microphone/speaker system to overcome this problem.

Again, the Beverley Wound Management Study Day was a great success. As with all such days, there is much behind the scenes work and organisation. Special thanks go to Di Moriarty (Beverley) and Jan Wright (WAWCA Committee) for all their hard work in organising a very successful day.

ANNUAL GENERAL MEETING 2003

Pam Morey • President • WAWCA

The West Australian Wound Care Association has continued to march into the new millennium. As in past years, there have been a number of changes and achievements.

At the 2002 Annual General Meeting (AGM), we welcomed onto the committee Michael Stacey, Yvonne Van Dongen, Joy Fong and Donna Angel. We also thanked members who stepped off the committee including Maggie Phillipson and Louise Lloyd. Unfortunately, our committee continues to change due to both personal and professional commitments of members. It is always great, however, to have some fresh faces and ideas and allow some of our other hard working committee members to have a rest.

Once again we joined forces with the Infection Control Association of WA and held our second joint Conference: *Two Teams: One Goal – Scoring Better Outcomes*, at the Burswood Convention Centre on 4-5 November 2002. There were some fantastic presentations by both local and interstate guests. Of particular note, were the sensitively prepared presentations of the management of victims from the Bali terrorist attack. Again the event was well supported by the trade and the Tuesday Melbourne Cup programme featured some memorable moments.

Thanks must go to the WAWCA committee members who were involved in the considerable organisation of this event. The combined committee included – Anita Hornum, Maggie Phillipson, Leigh Davies, and Pam Morey and, in terms of workshops and presentations, Keryln Carville, Pam Morey,

Anita Hornum, Laurie Foley, Sue Hoskin, Alison Stockley, Jan Wright and Donna Angel all assisted.

During last year's conference, WAWCA celebrated its ten year anniversary. WAWCA was first formed as the West Australian Wound Care Interested Nurses Group in May 1990, and officially incorporated as the WAWCA in 1992. Founding members were invited and presented with certificates of recognition, and our first Life Memberships were awarded to Keryln Carville and Jenny Prentice.

Jenny and Keryln must be congratulated on their contributions to the field of wound care, both in Western Australia and with the Australian Wound Management Association. Both have pursued their academic studies at PhD level and are recognised internationally in the fields of wound care and stomal therapy. In addition, Jenny Prentice was the winner of the 2003 Nurses Board Nursing Excellence Award for Nursing Research and congratulations are extended from the WAWCA.

A country study day was held in Beverley on a cold winter's day in June, with 48 participants from a wide radius attending. The day was structured around topics suggested by the local organisers. Three committee members, Anita Hornum, Laurie Foley and Donna Angel, made the trip and had the opportunity meet country colleagues. Once again, our country members demonstrated great organisational skills and hospitality and ensured a successful day. Thanks go to Diana Moriarty at Beverley for coordinating the event so well.

The WAWCA operates with voluntary commitment from its committee members. As President, I would like to outline some of the roles and thank the individuals for their hard work.

Sue Hoskin is our Vice President and has ably supported the committee (and President in particular). Sue is continuing in this role and actively shares her knowledge and experience in the field of leg ulcer management.

Keryln Carville has been our State Representative for almost four years and will be stepping down. Thankyou to Keryln for your dedicated service in this role where you have maintained the important state-national link and also been involved in a number of AWMA projects. A new state representative will be elected at the first committee meeting following this AGM.

Our Newsletter Editor, *Anita Hedzik*, has faithfully compiled the Newsletter for her fourth year and will be offering this challenge to someone new. WAWCA would like to thank Anita for her dedication to this, and also thank Smith and Nephew for sponsoring the newsletter over this past year.

Laurie Foley has worn many hats this year as our Treasurer and Allied Health representative, as well as being the AWMA Allied health representative. Many thanks go to Laurie for keeping the books in order and patiently pursuing facilities for members to pay by credit card.

Other members of the committee include *Alison Stockley*, our Secretary, who had some assistance from *Yvonne Van Dongen* early in the piece. Alison is departing for Victoria in the near

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future and, with her confirmed interest in wound care, I'm sure Alison will be maintaining her wound care networks. We wish Alison well in her travels.

One of our quiet achievers, *Margaret Armstrong* is also stepping off the committee this year after four years. Margaret has provided a number of essential functions on the committee and the WAWCA is grateful for all her contributions. *Nicole Walsh* is also having a break to perform in a new role (mother) and we wish Nicole well.

Donna Angel has been kept very busy in her first year with the WAWCA committee, and her extensive clinical knowledge has been admirably shared at a number of our functions. Thanks also to *Joy Fong*, *Michael Stacey* and *Yvonne Van Dongen* whose honourable intentions have been restricted by other commitments.

As part of the WAWCA commitment to education and networking, Clinical Updates have continued four times per year and have been ably coordinated by Jan Wright. All of these events require considerable planning and behind the scenes commitment and Jan has done this admirably over the last four years. Jan's obvious dedication to education is recognised with thanks.

Robyn Simcock, our paid membership secretary, has not only managed our membership database and invoicing, she has also had an enormous role as conference convenor, with both the 2002 and 2003 joint conferences. Robyn has been

invaluable in her service and it is certainly money well spent. Currently, our membership stands at 286 members.

Many of the events on the WAWCA calendar are successful because of the wonderful support from the Trade. The contributions made are duly appreciated.

The Winifred Felle Education and Research Fund remains financially viable and grants were awarded to Lisa Brewerton and Julie Montague, who both presented at last year's State Conference, and to Louise Muir to pursue wound care studies. The WAWCA committee have been reviewing changes to the criteria for application to WFERF and will seek approval of these by the membership at a later date.

It continues to be a privilege for me to be involved in such a great Association with the sharing of knowledge and the generous spirit that abounds. Members are thanked for supporting our events and are encouraged to contribute in the future.

In concluding, it is worth noting that there is always something new happening in the field of wound management. Next year, the AWMA's 5th National Conference will be held in Hobart, 17-20 March and the World Union of Wound Healing Societies 2nd Conference will be held in Paris in July 2004. These are just two forthcoming opportunities for interested wound care clinicians to expand their knowledge and network at a national and international level.

GUIDELINES FOR POSTURE AND POSITIONING IN SEATING

Colleen O'Brien-Malone •

Senior Occupational Therapist, Sir Charles Gairdner Hospital

The points of highest pressure when sitting on a chair are on the ischial tuberosities, coccyx and sacrum. Because of this, good posture is essential when sitting. The following are general suggestions to reduce pressure when the individual is seated.

Whenever possible, the individual should **change their position** every 15 minutes for 15 seconds.

This can be done by:

- Encouraging the individual to push up from the armrest using both arms to lift their buttocks off the cushion. Alternatively, the individual could move from side to side, lifting one buttock off the chair at a time.
- Encouraging the individual to have a rest in a lying position, out of their chair during the day. This will give their bottom a break from the consistent pressure.

Ensure a **good posture in sitting**. Sometimes as a result of deformity or illness, the best position can not be achieved:

- Support the individual's feet so that their knees are level with their hips. Hips and knees should both be at 90°.
- It is important for the individual to sit symmetrically in a chair. They should not lean sideways in the chair for any length of time. Apart from the postural and possible shoulder injuries, this increases pressure on the ischial tuberosity and elbow on that side.
- The individual should sit with their bottom well back in the chair (touching the back of the chair) and avoid sitting in a slumped position. If still sliding forward in the chair, refer to an OT who can suggest some seating options.

Check the **seat surface**:

- Never use a ring cushion or donut cushion to relieve pressure. If the individual has peri/anal, vaginal or scrotal problems, a specific cushion can be made that avoids the use of a ring cushion and therefore the occlusion of blood vessels.

- If the individual is on the commode chair for longer than 20 minutes, encourage them to lean forward every 15 minutes to relieve the pressure from their bottom. Ask them to lean forward while seated or to each side to offload pressure if an ulcer or sore area exists.
- An additional concern is pressure on elbows, particularly when leaning against or on armrests for any length of time.
- If most of the individual's time is spent sitting in a wheelchair, but the patient does not have a pressure area, refer to an OT to provide a seat cushion for comfort and pressure relief.
- If the cushion provided has a cutout area, please ensure that the cushion fits well back into the seat, with the cutout facing upwards. Its purpose is to off-load the pressure from the ischial tuberosities and coccyx.
- A lumbar cushion might also be provided to relieve sacral pressure.
- For some individuals, additional cushions are provided to modify or prevent deformity, or maintain upper limb function.
- Cushions come with an appropriate cover. Plastic, sheepskins, sheets, pillowslips, or other cushion covers are not to be placed on top of the cushion cover as they do not assist in reducing pressure.
- Do not put cushion covers in hospital laundry – they invariably will not return. Covers can be washed in standard washing machines in a temperature up to 60° (higher temperatures will damage the waterproof covers). Waterproof covers can be towel-dried and ready to re-use in minutes.
- Soiled foam cushions covered in towelling (non-waterproof) should be replaced. The towelling covers can be washed in a standard washing machine. Perhaps a waterproof cover should be considered.

Acticoat™

Author: Lindly Atzeni

Institution: Granite Belt Medical services

The Patient

A 74 year-old man initially presented with right calf claudication in October 2000. A Femoral-popliteal by-pass was performed in November 2000. Three months later the patient presented with an ischaemic right foot. An above knee amputation (AKA) was performed and an infected by-pass graft was removed. The natural femoral artery was oversewn, however, due to infection the wound remained open and was allowed to heal by secondary intention.



Acticoat commenced 15.05.02

Nursing Aims

The aims of treatment were to:

- Remove the infection
- Decrease the pain
- Prepare the wound bed for healing

Case Description

This patient was treated for a large infected above knee amputation suture line wound. The wound was half filled with slough. The patient was commenced on oral antibiotics and the wound was dressed with a hydrogel and gauze packing four times a day. At each dressing change there was considerable pain noted by the patient. The wound was debrided twice in five days.



5 days later 20.05.02

Acticoat™

Acticoat



Author: Lindley Atzeni
Institution: Granite Belt Medical Services

Nursing Intervention

A conference with the community nurses, the patient's local doctor and the practice nurse resulted in further wound debridement and the commencement of **Acticoat**. Two sinuses were noted in the lower and mid sections of the wound. The condition of the wound bed remained unchanged. The **Acticoat** dressing was pre-moistened with sterile water before application and re-moistened twice a day with sterile water over combine dressings before being bandaged.

Five days later at the first dressing change, the wound was filled with primarily healthy granulation tissue with small areas of slough. The wound was deeper due to the debridements and the removal of sloughy tissue. There was no evidence of sinuses indicating that the areas had filled with granulation tissue. The patient stated his pain had lessened and he was requiring fewer pain relieving medications. **Acticoat** continued to be applied to the wound every three days until complete healing after 11 weeks of treatment.

Outcome

Before commencing **Acticoat**, the patient faced the possibility of further amputation as the infection had failed to improve with conservative treatment and systemic antibiotics. Following the application of **Acticoat** the wound improved considerably with a clearance of the infection, a clean wound bed and healing of the wound.



3 1/2 weeks later 13.06.02



Healed after 11 weeks treatment with **Acticoat** 25.07.02

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