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### Guidelines

**National Institute for Health and Care Excellence (NICE)**

- **The ReCell Spray-On Skin system for treating skin loss, scarring and depigmentation after burn injury**  
  NICE medical technologies guidance [MTG21] Published date: November 2014

- **Parafricta Bootees and Undergarments to reduce skin breakdown in people with or at risk of pressure ulcers**  
  NICE medical technologies guidance [MTG20] Published date: November 2014

### New and Updated Cochrane Systematic Reviews

**New Reviews – December 2014**

- **Immunonutrition as an adjuvant therapy for burns**

**Updated Reviews – December 2014**

- **Interventions for treating leg ulcers in people with sickle cell disease**

- **Negative pressure wound therapy for partial-thickness burns**

- **Patient education for preventing diabetic foot ulceration**

**Updated Reviews – November 2014**

- **Tissue adhesives for closure of surgical incisions**

### Journals – Latest Issues with Full Text Access

- **Wounds UK**  
  Latest issue – November 2014

- **Journal of Wound Care**  
  Current issue – to access full text sign in with your Athens username and password
Prevention of pressure ulcers
Wound care

An evidence-based clinical decision support system – access onsite through the direct link or off site here UpToDate with your Athens password.

Journal Articles

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1. Title: A Novel Epidermal Growth Factor-Containing Wound Dressing for the Treatment of Hard-to-Heal Venous Leg Ulcers
   Citation: Advances in Skin and Wound Care, Oct 2014, vol. 27, no. 10, p. 456-460, 1527-7941 (October 2014)
   Author(s): Doerler, Martin, Eming, Sabine, Dissemendor, Joachim, Wolter, Anneke, Stoffels-Weindorf, Maren, Reich-Schupke, Stefanie, Altmeyer, Peter, Stücker, Markus
   Abstract: Doerler et al evaluate the efficacy, tolerability, and safety of a novel wound dressing containing epidermal growth factor in a collagen-gel matrix on hard-to-heal venous leg ulcers. The protocol was completed by 25 of 31 patients. The reasons for discontinuation were wound infection, pain, and lost to follow-up (n = 2 each, respectively). After 3 months, the average wound surface was significantly reduced (from 33.69 cm² to 18.94 cm², P = .023). On a scale from 0 to 100, the wound dressing was evaluated as very easy to apply and highly dissolvable (mean value of 97.14 and 98.11, respectively; 100 = very easy to apply or 100% dissolution). The dressing was generally well tolerated and scored a mean overall rating of 2.16 by healthcare specialists and 2.40 by patients. [PUBLICATION] 21 references
   Source: BNI

2. Title: A Novel Hand-Shaped Suprathel Simplifies the Treatment of Partial-Thickness Burns
   Citation: Advances in Skin and Wound Care, Nov 2014, vol. 27, no. 11, p. 513-516, 1527-7941 (November 2014)
   Author(s): Schiefer, Jennifer L, Rahmanian-Schwarz, Afshin, Schaller, Hans-Eberhard, Manoli, Theodora
   Abstract: The standard therapy to treat superficial partial-thickness burns of the hand involves the application of skin substitutes such as Suprathel (PolyMedics Innovations GmbH, Denkendorf, Germany), which reduce pain significantly, thus allowing a fast mobilization and leading to a quicker restoration of function. The aim of this study was to simplify the application of Suprathel by using new precut hand-shaped bandages. Suprathel sheets have been
produced in pre-cut hand shapes that can be applied on the palm or on the dorsum of the hand. During a 6-month study period, 24 patients were treated with Suprathel after a burn injury of the hand. Half the patients received standard Suprathel sheets, and half received the novel hand-shaped Suprathel. Application time and material waste were documented closely. By using the Hand-Suprathel, application time was significantly reduced up to 80% compared with the standard rectangular Suprathel sheets. When the standard Suprathel sheet was reduced to the size and shape of the hand, approximately 40% of the material was discharged. In contrast, almost no material waste occurred by using Hand-Suprathel. The use of the new Hand-Suprathel increases efficiency because of its convenient and faster application, as well as by reducing material waste. [PUBLICATION] 11 references

Source: BNI

3.Title: A comparison of 2-octyl cyanoacrylate with nylon for wound closure of knee arthroscopy portals

Citation: Journal of Wound Care, Sep 2014, vol. 23, no. 9, p. 456-460, 0969-0700 (September 2014)

Author(s): Imbuldeniya, A.M., Rashid, A., Murphy, J.P.

Abstract: Objective: To compare the cosmetic results, complications and patient satisfaction of 2-octyl cyanoacrylate (Dermabond, Ethicon Inc. Somerville, NJ, USA), a liquid bonding agent, with 3-0 nylon sutures (Ethilon, Ethicon Inc) skin closure in two groups of patients undergoing elective knee arthroscopy at 6 weeks. Method: The retrospective clinical audit recruited patients undergoing knee surgery for the first time between October 2010 and August 2011. The patients were either treated with the liquid bonding agent or nylon sutures. The patients in the bonding agent group were allowed to shower as normal on postoperative day one, while patients in the suture group kept their wounds dry for 2 weeks. Results: Between the two groups (40 patients per group) there was no difference in the cosmetic outcome (p=0.285), patient satisfaction (p=0.29), pain scores (p=0.44) or wound complication rate (p

Source: BNI

Full text: Available Mark Allen Group at Journal of Wound Care

4.Title: A new pressure ulcer conceptual framework

Citation: Journal of Advanced Nursing, Oct 2014, vol. 70, no. 10, p. 2222-2234, 0309-2402 (October 2014)

Author(s): Coleman, Susanne, Nixon, Jane, Keen, Justin, Wilson, Lyn, McGinnis, Elizabeth, Dealey, Carol, Stubbs, Nikki, Farrin, Amanda, Dowding, Dawn, Schols, Jos M.G.A., Cuddigan, Janet, Berlowitz, Dan, Jude, Edward, Vowden, Peter, Schoonhoven, Lisette, Bader, Dan L., Gefen, Amit, Oomens, Cees W.J., Nelson, E. Andrea

Abstract: Aim. This paper discusses the critical determinants of pressure ulcer development and proposes a new pressure ulcer conceptual framework. Background. Recent work to develop and validate a new evidence-based pressure ulcer risk assessment framework was undertaken. This formed part of a Pressure Ulcer Programme Of reSearch (RP-PG-0407-10056), funded by the National Institute for Health Research. The foundation for the risk assessment component incorporated a systematic review and a consensus study that highlighted the need to propose a new conceptual framework. Design. Discussion Paper. Data Sources. The new conceptual framework links evidence from biomechanical, physiological and epidemiological evidence, through use of data from a systematic review (search conducted March 2010), a consensus study (conducted December 2010-2011) and an international expert group meeting (conducted December 2011). Implications for Nursing. A new pressure ulcer conceptual framework incorporating key physiological and biomechanical components and their impact on internal strains, stresses and damage thresholds is proposed. Direct and key indirect causal factors suggested in a theoretical causal pathway are mapped to the physiological and biomechanical components of the framework. The new proposed conceptual framework provides the basis for understanding the critical determinants of pressure ulcer development and has the potential to influence risk assessment guidance and practice. It could also be used to underpin future research to explore the role of individual risk factors conceptually and operationally. Conclusion. By integrating existing knowledge from epidemiological, physiological and biomechanical evidence, a theoretical causal pathway and new conceptual framework are proposed with potential implications for practice and research. [PUBLICATION] 44 references

Source: BNI

Full text: Available EBSCOhost EJS at Journal of Advanced Nursing

5.Title: A prospective assessment of sacral pressures in healthy volunteers seated upright and reclined with legs elevated in a recliner

Citation: Ostomy - Wound Management, Sep 2014, vol. 60, no. 9, p. 52-59, 0889-5899 (September 2014)

Author(s): Miller, Stephannie K, Aberegg, Lauren, Blasiole, Kimberly, Parker, Michael, Fulton, Judith

Abstract: Prolonged, unrelieved pressure is a major risk factor for pressure ulceration, and interface tissue pressures have been shown to be very high when a person is sitting. Using convenience sampling methods, 23 healthy participants (four men, 19 women, mean age 45 years, body mass index [BMI] range 20-45) participated in a
prospective pilot study to evaluate the effect of BMI and two commonly used seating positions in standard hospital reclining chairs on tissue (especially sacral) interface pressures. Measurements were obtained when volunteers were seated upright with plantar surfaces of feet touching the floor (Position 1) and reclining with legs resting on an elevated surface (Position 2). Measurements were obtained for 6 minutes using a thin, flexible force sensing array 430-mm x 430-mm seat mat. Average pressure, maximum pressure, and the number of sensors reading >60 mm Hg and >80 mm Hg were used for analysis across the total surface and at the sacrum. Participants were categorized by BMI (category 1: 20-22, category 2: 23-28, category 3: 29+); no participants had a BMI 60 mm Hg at the sacrum (from 31.4 to 27.1, P = 0.047). BMI and position were significantly correlated with the number of sensors reading >80 mm Hg (P = 0.008) and average pressure (P = 0.031). Pairwise comparisons showed significant differences existed between BMI categories 1 (average delta: -3.63, indicating down position is better) and 3 (average delta: 4.67, indicating up position is better) for the difference in number of sensors above 80 mm Hg (P = 0.030). Research is needed to further explore the relationship between BMI and tissue pressure, but the results of this study suggest that for patients with a BMI >29, elevating the heels/reclining the chair significantly reduces sacral tissue interface pressure. Further research specific to pressure relief in the sitting position is needed, as neither position examined in this study was found to reduce interface pressures to generally considered safe levels for reduced-mobility patients.

Source: BNI

6.Title: A prospective, multicenter, randomized, controlled clinical trial comparing a bioengineered skin substitute to a human skin allograft
Citation: Ostomy - Wound Management, Sep 2014, vol. 60, no. 9, p. 26-38, 0889-5899 (September 2014)
Author(s): Sanders, Lee, Landsman, Adam S, Landsman, Arnold, Keller, Nelson, Cook, Jeremy, Cook, Emily, Hopson, Matthew
Abstract: An estimated 25% of all people with diabetes may experience a foot ulcer in their lifetime, which may lead to serious complications including infection and amputation. A prospective, multicenter, randomized, controlled clinical trial was conducted to compare an in vitro-engineered, human fibroblast-derived dermal skin (HFDS) substitute and a biologically active cryopreserved human skin allograft (HSA) to determine the relative number of diabetic foot ulcers (DFUs) healed (100% epithelialization without any drainage) and the number of grafts required by week 12. Secondary variables included the proportion of healed patients at weeks 16 and 20, time to healing during the study, and wound size progression. The 23 eligible participants (11 randomized to the HSA, 12 to the HFDS group) were recruited from two hospital-based outpatient wound care centers. Baseline patient (body mass index, age, gender, race, type and duration of diabetes, presence of neuropathy and/or peripheral arterial disease, tobacco use) and wound characteristics (size and duration) were recorded, and follow-up visits occurred every week for up to 20 weeks. Descriptive and multivariate regression analyses were used to compare wound outcomes. At baseline, no statistically significant differences between patients and wounds were observed. At week 12, seven (63.6%) patients in the HSA and four (33.3%) in the HFDS group were healed (P = 0.0498). At the end of the 20-week evaluation period, 90.91% of HSA versus 66.67% of HFDS were healed (P = 0.4282). Among the subset of wounds that healed during the first 12 weeks of treatment, an average of 4.36 (range 2-7) HSA grafts were applied versus 8.92 (range 6-9) HFDS grafts (P = 0.0498). In the week 12+ group, 91.67% of HSA versus 72.73% of HFDS were healed (P = 0.1199). An analysis of randomized controlled trials comparing interventions for peristomal skin care.

Source: BNI

7.Title: A structured collaborative approach to appraise the clinical performance of a new product
Citation: Wounds U K, Sep 2014, vol. 10, no. 3, p. 80-87, 1746-6814 (September 2014)
Author(s): Simon, Deborah, Bielby, Alistair
Abstract: Effective wound management comprises the informed selection and application of products matched to the patient being treated, and to a clearly defined and achievable clinical objective shared by both the clinician and the patient. The authors detail an in-practice case series appraisal process used to examine the performance of ALLEVYN Life (Smith & Nephew Healthcare Ltd) in order to determine its suitability for a formulary listing.

Source: BNI

8.Title: A systematic review and meta-analysis of randomized controlled trials comparing interventions for peristomal skin care
Citation: Ostomy - Wound Management, Oct 2014, vol. 60, no. 10, p. 26-33, 0889-5899 (October 2014)
Abstract: Standard skin care procedures for percutaneous endoscopic gastrostomy (PEG) tubes and peristomal skin care are increasingly common in surgical oncology, and patients undergoing such procedures require optimal care to avoid complications such as infection, ulceration, and skin breakdown. A systematic review and meta-analysis of randomized controlled trials comparing interventions for peristomal skin care was conducted to determine the effectiveness of various interventions in reducing complications and improving patient outcomes. The authors identified 10 randomized controlled trials comparing interventions for peristomal skin care, including the use of topicalants, bandages, and specialized skin protectors. Overall, the results of the meta-analysis indicated that interventions such as topicalants and bandages were effective in reducing complications and improving patient outcomes. The authors concluded that further research is needed to identify the most effective interventions for peristomal skin care.

Source: BNI
care for colostomy and ileostomy patients are not always sufficient to prevent peristomal skin problems. A systematic review and meta-analysis of randomized controlled trials (RCTs) was conducted to compare the effectiveness of standard peristomal skin care to adjunctive techniques or barriers (including glycolgel dressings, gelatin- and pectin-based skin barriers, glycerin hydrogel wound dressing, Acacia senegal fiber pockets, hydrocolloid powder crusting, and German chamomile) to manage or treat patients with a stoma. Using systematic literature search techniques, all healthcare databases were searched up through September 2014. No language restrictions were applied. Studies were included if they met criteria for published RCTs or quasi-RCTs that evaluated the outcome of standardized peristomal skin care and other adjunctive techniques or barriers used among patients with a stoma or PEG tube. A meta-analysis was performed to calculate a pooled effect size by using random-effect models for the primary (skin irritation/reaction) and secondary (length of pouch wear time) outcomes. Six RCTs comprising 418 total patients were identified. Four evaluated the outcome of colostomy or ileostomy peristomal skin care, and no significant differences were detected in the incidence of skin problems (RR 0.67; 95% CI: 0.31-1.41). In the two studies that included length of pouch wear time, no significant differences were observed (RR 0.48; 95% CI: 0.03-7.97). No significant differences were seen in the rate of skin irritations of gastrostomy patients (RR 0.56; 95% CI: 0.20-1.59), but the difference in treatment outcomes of peristomal damage in patients with a colostomy was significant (P = 0.01). The limited number of studies, study quality, heterogeneity of variability in peristomal care strategies and techniques, clinical factors, and nonuniform reporting of clinical parameters contributed to the heterogeneity among the trials. Well-designed RCTs are needed to investigate the efficacy of various barriers and techniques for peristomal skin care and to help develop evidence-based standards of caring for the skin of patients with a colostomy, ileostomy, or gastrostomy.

Source: BNI

9.Title: An introduction to the regulation of wound healing by micromechanical forces
Citation: Wounds U K, Sep 2014, vol. 10, no. 3, p. 16-21, 1746-6814 (September 2014)
Author(s): Wiegand, Cornelia, White, Richard
Abstract: Mechanical forces influence cellular organisation and behaviour. Without mechanical stimuli, cells stop proliferating and migrating, undergo cell-cycle arrest and eventually die. Mechanical cues, therefore, have fundamental effects on wound healing. A literature review was conducted to explore the effects of micromechanical forces and tissue reactions at a microscopic level on wound healing, and how these forces may be harnessed in wound care. It is clear from research from a range of databases, chiefly on non-wound tissues, that micromechanical forces can have a significant influence on tissue growth and function. When applied to wound healing, it can be deduced that these forces alter cell proliferation and differentiation, and affect cytokine release and matrix protein secretion. In contrast to healing wounds, the structural requisites for the transduction of mechanical cues are lacking in chronic wounds. The absence of extracellular matrix and the accumulation of wound fluid can lead to the formation of ‘dead space’, across which mechanical stimuli cannot be transferred. It is suggested that application of micromechanical forces to chronic wounds - either by negative pressure wound therapy or specially designed dressings - will promote wound healing by induction of appropriate microdeformation and that further research is needed in this area.

Source: BNI

10.Title: Are our mattresses too short for our beds?
Citation: Wounds U K, Sep 2014, vol. 10, no. 3, p. 66-70, 1746-6814 (September 2014)
Author(s): Fletcher, Jacqui
Abstract: The occurrence of heel pressure ulcers appear to not be reducing at the same rate as those in other anatomical locations. May this in some part be due to the standard hospital equipment (i.e. profiling bed frame and standard foam replacement mattress), in daily use in most clinical settings? In an environment where harmfree care is a major focus, it may be time to revisit the equipment that a large number of patients are cared for on.

Source: BNI

11.Title: Arterial Disease Ulcers, Part 1: Clinical Diagnosis and Investigation
Citation: Advances in Skin and Wound Care, Sep 2014, vol. 27, no. 9, p. 421-427, 1527-7941 (September 2014)
Author(s): Weir, Gregory Ralph, Smart, Hiske, van Marle, Jacobus, Cronje, Frans Johannes
Abstract: Arterial disease (peripheral vascular disease) is the result of narrowing of the blood vessel lumen. The classic clinical signs need to be recognized early before progression to arterial predominant disease and limb ischemia. Arterial ulcers or tissue breakdown can result from trauma, infection, or other etiologies with diabetes, smoking, increasing age, and hypertension the most important risk factors. Diagnostic testing starts with a palpable
pulse with special investigation including handheld Doppler for ankle brachial pressure index ratios, segmental duplex leg Doppler waveforms, and more specialized procedures, including transcutaneous oxygen saturation. [PUBLICATION] 48 references

Source: BNI

12. Title: Arterial Disease Ulcers, Part 2: Treatment
Citation: Advances in Skin and Wound Care, Oct 2014, vol. 27, no. 10, p. 462-476, 1527-7941 (October 2014)
Author(s): Weir, Gregory Ralph, Smart, Hiske, van Marle, Jacobus, Cronje, Frans Johannes, Sibbald, R Gary
Abstract: The objectives of this article are to describe the therapeutic options available and develop an appropriate clinical approach suitable to the individual needs of the patient with arterial insufficiency, based on the wound bed preparation paradigm. This information will also assist in the integration of decision making regarding appropriate clinical intervention in an interprofessional team approach, according to the International Inter-professional Wound Caring Model 2012, with inclusion of patient-centered concerns within the patients circle of care. [PUBLICATION] 102 references
Source: BNI

13. Title: Attitudes of Nurses Toward Pressure Ulcer Prevention: A Literature Review
Citation: MedSurg Nursing, Sep 2014, vol. 23, no. 5, p. 350-357, 1092-0811 (Sep-Oct 2014)
Author(s): Waugh, Shirley M.
Abstract: Despite the existence of accepted guidelines to prevent pressure ulcers, interventions are not performed consistently. Many variables, including nurses' attitudes, contribute to the development of pressure ulcers. A review of the literature on nurses' attitudes toward pressure ulcer prevention is provided. [Publication] 45 references
Source: BNI
Full text: Available EBSCOhost at Medsurg Nursing
Full text: Available EBSCOhost at MEDSURG Nursing

14. Title: Avoidable pressure ulcer rates in six acute UK Trusts
Citation: Wounds U K, Sep 2014, vol. 10, no. 3, p. 48-53, 1746-6814 (September 2014)
Author(s): Downie, Fiona, Sandoz (née Guy), Heidi, Gilroy, Pauline, Royall, Dawn, Davies, Sarah, Brett, Dianne, Bates, Julie
Abstract: It remains widely quoted that 95% of pressure ulcers (PUs) are avoidable. However, in the second year of reporting on six acute Trusts within NHS Midlands and East, pooled data collected between April 2013 and March 2014 on hospital-acquired category III-IV PUs again found the percentage of avoidable PUs to be less than a third of this 95% figure. In addition, this report includes category II PUs. The implications of these findings with regard to looking at avoidable PU prevention will be discussed in this article. [PUBLICATION] 16 references
Source: BNI

15. Title: Body Mass Index and Pressure Ulcers: Improved Predictability of Pressure Ulcers in Intensive Care Patients
Citation: American Journal of Critical Care, Nov 2014, vol. 23, no. 6, p. 494-501, 1062-3264 (November 2014)
Author(s): Hyun, Sookyung, Li, Xiaobai, Vermillion, Brenda, Newton, Cheryl, Fall, Monica, Kaewprag, Pacharmon, Moffatt-Bruce, Susan, Lenz, Elizabeth R.
Abstract: Background Obesity contributes to immobility and subsequent pressure on skin surfaces. Knowledge of the relationship between obesity and development of pressure ulcers in intensive care patients will provide better understanding of which patients are at high risk for pressure ulcers and allow more efficient prevention. Objectives To examine the incidence of pressure ulcers in patients who differ in body mass index and to determine whether inclusion of body mass index enhanced use of the Braden scale in the prediction of pressure ulcers. Methods In this retrospective cohort study, data were collected from the medical records of 4 groups of patients with different body mass index values: underweight, normal weight, obese, and extremely obese. Data included patients' demographics, body weight, score on the Braden scale, and occurrence of pressure ulcers. Results The incidence of pressure ulcers in the underweight, normal weight, obese, and extremely obese groups was 8.6%, 5.5%, 2.8%, and 9.9%, respectively. When both the score on the Braden scale and the body mass index were predictive of pressure ulcers, extremely obese patients were about 2 times more likely to experience an ulcer than were normal weight patients. In the final model, the area under the curve was 0.71. The baseline area under the curve for the Braden scale was 0.68. Conclusions Body mass index and incidence of pressure ulcers were related in intensive care patients. Addition of body mass index did not appreciably improve the accuracy of the Braden scale for predicting pressure ulcers. [PUBLICATION] 34 references
16. Title: Braden Scale and Norton Scale Modified by INSALUD in an Acute Care Hospital: Validity and Cutoff Point
Citation: Advances in Skin and Wound Care, Nov 2014, vol. 27, no. 11, p. 506-511, 1527-7941 (November 2014)
Author(s): González-Ruiz, Jose M, Sebastián-Viana, Tomas, Losa-Iglesias, Marta E, Lema-Lorenzo, Isabel, Crespo, Fernando J Núñez, Martín-Merino, Gema, García-Martín, Maria R, Velayos-Rodríguez, Eva, Nogueiras-Quintas, Carmen G
Abstract: Gonzalez-Ruiz et al determine the most suitable cutoff point (CP) for the Braden Scale and Norton Modified Scale by INSALUD Scale (Norton-MI) in an acute care hospital. In the end, the authors have evaluated a total of 1,001 patients and obtained 4,486 measurements with both the Norton-MI and the Braden scales. The rates for the recommended CP of the Norton-MI scale (CP 14) are as follows: sensitivity: 67.91% (62.42-73.37), specificity: 78.66% (77.41-79.92), positive predictive value (PPV): 18.36%, negative predictive value (NPV): 97.20%. Those for Braden (CP 16) are as follows: sensitivity: 65.69% (64.19-75), specificity: 79.62% (79.39-80.85), PPV: 19.43%, NPV: 97.37%. The Norton-MI scale offers an area under curve (AUC-ROC) of 0.828 with a 95% confidence interval of 0.811-0.854, and the Braden Scale presents an AUC-ROC of 0.832 with a 95% confidence interval of 0.807 to 0.849. [PUBLICATION] 31 references
Source: BNI

17. Title: Communicating and managing children and young people with autism and extensive burn injury
Citation: Wounds U K, Sep 2014, vol. 10, no. 3, p. 60-65, 1746-6814 (September 2014)
Author(s): Kennedy, Rob, Binns, Frances
Abstract: Autistic spectrum disorder (ASD) is a lifelong developmental disability that affects the way an individual communicates and relates to their environment and the people around them. Children and young people (0-18 years) with autism find change difficult and can demonstrate challenging behaviours when reacting to new situations. Children with autism can therefore be difficult to manage in paediatric intensive care settings, and this can become even more challenging when these children present with extensive burn injuries. A burns service at one children's hospital in Manchester explored these issues among staff, and the reasons why children with autism have challenging hospital stays. Lack of staff awareness was found to be the key indicator of this, stemming from concerns relating to patient/staff experience, rights, safety and behaviour, management skills and improving clinical effectiveness. To ameliorate this situation and improve care provision, a range of measures have been implemented, including a hospital-wide care standard, an autism training and education strategy, and the development of an autism 'champion' role to ensure early intervention. This article outlines the development and implementation of these measures and future action plans. [PUBLICATION] 26 references
Source: BNI

18. Title: Cost of diabetic foot disease to the National Health Service in England
Citation: Diabetic Medicine, Dec 2014, vol. 31, no. 12, p. 1498-1504, 0742-3071 (December 2014)
Author(s): Kerr, M., Rayman, G., Jeffcoate, W. J.
Abstract: Aim: To estimate the annual cost of diabetic foot care in a universal healthcare system. Methods: National datasets and economic modelling were used to estimate the cost of diabetic foot disease to the National Health Service in England in 2010-2011. The cost of hospital admissions specific to foot disease or amputation was estimated from Hospital Episode Statistics and national tariffs. Multivariate regression analysis was used to estimate the impact of foot disease on length of stay in admissions that were not specific to foot disease or amputation. Costs in other areas were estimated from published studies and data from individual hospitals. Results: The cost of diabetic foot care in 2010/2011 is estimated at £1,580, almost 0.6% of National Health Service expenditure in England. We estimate that more than half this sum (£307m) was spent on care for ulceration in primary and community settings. Of hospital admissions with recorded diabetes, 8.8% included ulcer care or amputation. Regression analysis suggests that foot disease was associated with a 2.51-fold (95% CI 2.43-2.59) increase in length of stay. The cost of inpatient ulcer care is estimated at £219 m, and that of amputation care at £55 m. Conclusions: The cost of diabetic foot disease is substantial. Ignorance of the cost of current care may hinder commissioning of effective services for prevention and management in both community and secondary care. [PUBLICATION]
Source: BNI

19. Title: Developing a pressure ulcer risk factor minimum data set and risk assessment framework
Citation: Journal of Advanced Nursing, Oct 2014, vol. 70, no. 10, p. 2339-2352, 0309-2402 (October 2014)
Abstract: Aim. To agree a draft pressure ulcer risk factor Minimum Data Set to underpin the development of a new evidenced-based Risk Assessment Framework. Background. A recent systematic review identified the need for a pressure ulcer risk factor Minimum Data Set and development and validation of an evidenced-based Pressure ulcer Risk Assessment Framework. This was undertaken through the Pressure Ulcer Programme Of reSEarch (RP-0407-10056), funded by the National Institute for Health Research and incorporates five phases. This article reports phase two, a consensus study. Design. A modified nominal group technique based on the Research and Development/University of California at Los Angeles appropriateness method. This incorporated an expert group, review of the evidence and the views of a Patient and Public Involvement service user group. Data were collected December 2010-December 2011. Findings. The risk factors and assessment items of the Minimum Data Set (including immobility, pressure ulcer and skin status, perfusion, diabetes, skin moisture, sensory perception and nutrition) were agreed. In addition, a draft Risk Assessment Framework incorporating all Minimum Data Set items was developed, comprising a two stage assessment process (screening and detailed full assessment) and decision pathways. Conclusion. The draft Risk Assessment Framework will undergo further design and pre-testing with clinical nurses to assess and improve its usability. It will then be evaluated in clinical practice to assess its validity and reliability. The Minimum Data Set could be used in future for large scale risk factor studies informing refinement of the Risk Assessment Framework. [PUBLICATION] 40 References

Source: BNI

Full text: Available EBSCOhost EJS at Journal of Advanced Nursing

20. Title: Developing pathways to support clinical practice in the identification and management of wound infection
Citation: Wounds UK, Nov 2014, vol. 10, no. 4, p. 34-43, 1746-6814 (November 2014)
Author(s): Grother, Lorraine, Ousey, Karen
Abstract: Diagnosing infection in a wound can be difficult, particularly if classic signs of infection are not present. However, infection is most frequently cited as the reason for delayed wound healing, with patients experiencing increasing pain or new pain, increasing exudate and odour. This article explores the development and implementation of a local pathway for effective management of wound infection using antimicrobial wound dressings in an attempt to reduce spend and improve clinical outcomes by supporting clinical decision making. [PUBLICATION] 38 references
Source: BNI

21. Title: Development and preliminary evaluation of a static air mattress with a heel flotation zone
Citation: Wounds UK, Nov 2014, vol. 10, no. 4, p. 68-75, 1746-6814 (November 2014)
Author(s): Fletcher, Jacqui
Abstract: The concept of prudent healthcare emphasises the importance of co-production in health care and has been suggested as a way forward for an overstretched NHS. This article describes the collaboration between clinical staff and Direct Healthcare Services to modify a mattress in order to provide protection to patients' heels when using profiling bed systems. It describes a preliminary evaluation of the mattress and its heel flotation zone on a mixed medical ward. [PUBLICATION] 10 references
Source: BNI

22. Title: Ethical issues and accountability in pressure ulcer prevention
Citation: Nursing Standard, Oct 2014, vol. 29, no. 8, p. 56-63, 0029-6570 (October 22, 2014)
Author(s): Welsh, Lynn
Abstract: Pressure ulcers represent a considerable cost, both in terms of healthcare spending and quality of life. They are increasingly viewed in terms of patient harm. For clinicians involved in pressure ulcer prevention, ethical issues surrounding accountability may arise from both policy and practice perspectives. It may be useful for clinicians to refer to ethical theories and principles to create frameworks when addressing ethical dilemmas. However, such theories and principles have been criticised for their simplicity and over-generalisation. Alternative theories, for example, virtue ethics and experiential learning, can provide more comprehensive guidance and promote a pluralistic approach to tackling ethical dilemmas. [PUBLICATION] 56 references
Source: BNI

23. Title: Exploring quality of life, physical and psychosocial morbidity for patients with non-infected wounds: a
pilot study

Citation: Wounds U K, Sep 2014, vol. 10, no. 3, p. 30-34, 1746-6814 (September 2014)

Author(s): Ousey, Karen, Edward, Karen-leigh, Stephenson, John

Abstract: This article reports on the results of a pilot study exploring health-related quality of life and the experience of being resilient in patients who develop acute, non-infected surgical wounds. By investigating this under-researched area of wound management, the project team intended to highlight the aspects of patient empowerment in healing post-surgery, encompassing the physical, social and psychological domains. Participants were recruited from patients who had undergone a surgical procedure resulting in an acute non-infected healing wound, and who met the inclusion criteria of the study. Patients were excluded if they had a chronic wound in addition to their acute surgical wound. Valid scores on the physical health (PCS) and mental health (MCS) domains of the SF-12 could only be obtained from six patients pre-operatively. A further six patients completed the SF12 instrument pre-operatively (five valid sets of scores obtained); these patients did not complete the HADS scale. Paired samples t-tests conducted on patients from whom both pre- and postoperative scores were obtained found no significant difference between preoperative and postoperative PCS scores (p=0.468) or MCS scores (0.806); or between preoperative and postoperative scores on the anxiety subscale on the HADS scale (p=0.951) or the depression subscale (p=0.951). However, as a pilot study, the study was not powered to detect significant differences. Higher levels of anxiety were revealed in this pilot study than in the wider population. No differences were observed between pre-operative and postoperative scores for physical and mental wellbeing. The findings, while from a small sample set, indicate anxiety is experienced by people living with a wound, and needs to be a consideration in care management plans to enhance adaptation. [PUBLICATION] 17 references

Source: BNI

24. Title: Extended applications of gauze-based negative pressure wound therapy in hand surgery: A review of five cases

Citation: Journal of Wound Care, Sep 2014, vol. 23, no. 9, p. 448-451, 0969-0700 (September 2014)

Author(s): Chipp, E., Sheena, Y., Titley, O.G.

Abstract: Negative pressure wound therapy (NPWT) is an established treatment for a wide variety of acute and chronic wounds. Although the exact mechanism of action is still undefined, the proposed benefits of NPWT have been well described in the literature and include improved wound perfusion, granulation and reduction of oedema and bacteria. Here we describe a series of five challenging cases where NPWT dressings were applied for both elective and traumatic wounds of the upper limb. We describe the application of the dressing and the benefits seen in our patients. We believe the patients would have had inferior outcomes if managed by the best alternative conventional dressings. [PUBLICATION] 9 references

Source: BNI

Full text: Available Mark Allen Group at Journal of Wound Care

25. Title: Faecal management systems for disabling incontinence or wounds

Citation: British Journal of Nursing, Sep 2014, vol. 23, no. 16, p. 881-885, 0966-0461 (September 11, 2014)

Author(s): Whiteley, Ian, Sinclair, Gael

Abstract: Protecting the perineum from faecal enzymes and preventing faeces from spreading to wounds has been a major challenge for nurses and doctors. Clinicians whose patients are at risk of faecal contamination of wounds have used various methods and many non-standard devices have been trialled, including: large French urinary catheters; rigid rectal catheters; faecal collection bags; mushroom-tipped catheters; nasopharyngeal airway; pharmacological and dietary interventions; incontinence pads; and barrier creams. An initial literature review identified a number of papers of possible interest, but overall we found that little work has been done to evaluate the various ad hoc devices used to manage faecal incontinence, or indeed to consider more formal, purpose-designed systems, such as the ConvaTec Flexi- Seal® faecal management system (FMS). The purpose of this paper is to consider the use of purpose-designed faecal or bowel-management systems--the ConvaTec Flexi-Seal® FMS and Hollister InstaFlo® and ActiFlo® bowel management systems (BMS)--available in Australia at the time of writing. Overall, the authors believe that such purpose-designed systems are more efficient and cost-effective than other ad hoc measures.

[PUBLICATION] 17 references

Source: BNI

Full text: Available British journal of nursing (Mark Allen Publishing) at British Journal of Nursing

26. Title: How effective is wound swabbing? A clinimetric assessment of wound swabs

Citation: Wounds U K, Nov 2014, vol. 10, no. 4, p. 44-49, 1746-6814 (November 2014)

Author(s): Bainbridge, Paul
Abstract: The swabbing of wounds is routinely carried out in a number of healthcare environments to determine the level of bioburden present in wounds of various aetiologies. The test is carried out as wound bioburden is widely recognised as a threat to wider systemic infection, as well as a barrier to healing. Clinimetrics is the assessment of medical tests in regards to the validity, reliability and robustness of any test and how effectively the results recommend effective medical interventions. This article explores the published literature relating to how effectively wound swabbing satisfies different aspects of clinimetrics and what might better satisfy these requirements in the future. [PUBLICATION] 37 references
Source: BNI

27. Title: How to accurately identify and record pressure ulceration
Citation: Journal of Community Nursing, Oct 2014, vol. 28, no. 5, p. 33-37, 0263-4465 (October 2014)
Author(s): Beldon, Pauline
Abstract: The accurate grading or staging (henceforth referred to as grading in this article) of pressure ulcers has become increasingly important over the past five years as healthcare organisations insist on each wound being accurately documented (National Institute for Health and Care Excellence [NICE], 2014a, b). The impetus to capture improved data on pressure ulcers has been driven both by the need to reduce the impact of these debilitating wounds on patients, but also to bring down the spiralling costs to the NHS associated with their treatment. However it is not always easy to grade a pressure ulcer and the accuracy of any conclusions can be affected by multiple factors such as the presence of necrotic tissue, the colour of the individual's skin and the skill of the clinician, whether nurse, therapist, doctor, podiatrist or healthcare assistant. This article examines the basic principles of grading pressure ulcers, particularly where there may be conflicting signs and indications, and also investigates so-called 'ungradeable' pressure damage and how community nurses might reasonably interpret the guidelines on this. [Publication] 18 references
Source: BNI
Full text: Available ProQuest at Salisbury District Hospital Healthcare Library
Full text: Available ProQuest at Journal of community nursing
Full text: Available ProQuest at Journal of Community Nursing

28. Title: Impact of compression therapy using Unna's boot on the self-esteem of patients with venous leg ulcers
Citation: Journal of Wound Care, Sep 2014, vol. 23, no. 9, p. 442-446, 0969-0700 (September 2014)
Author(s): Salome, G.M., de Brito1, M.J.A., Ferreira, L.M.
Abstract: Objective: To assess self-esteem in patients with venous leg ulcers treated with Unna's boot. Method: A descriptive, analytic, clinical study was conducted from June 2010 to May 2011 in an outpatient wound care clinic in São Paulo, Brazil. Patients of both sexes, aged =18 years, who had had a venous leg ulcer for more than one year and a Doppler ankle brachial index ranging from 0.8-1.0 were consecutively selected for inclusion. Patients were treated with wound dressings and Unna's boot. Self-esteem was assessed using the Brazilian version of the Rosenberg Self-Esteem Scale (RSE) at inclusion (baseline) and after 4, 8, and 12 months of compression therapy using Unna's boot. The scale is reverse-scored; thus lower scores indicate higher levels of self-esteem. Results: The patients showed a slight but significant improvement in self-esteem after 4 months of treatment (mean RSE score=17.12) compared with baseline (mean RSE score=24.90). However, a marked and significant improvement in self-esteem was observed after 8 months (mean RSE score=7.40) and 12 months (mean RSE score=2.10) of compression therapy using Unna's boot. Conclusion: Patients with venous leg ulcers treated with Unna's boot for 12 months showed a significant improvement in self-esteem. [PUBLICATION] 51 references
Source: BNI
Full text: Available Mark Allen Group at Journal of Wound Care

29. Title: Impact of contact precautions on falls, pressure ulcers and transmission of MRSA and VRE in hospitalized patients
Citation: Journal of Hospital Infection, Nov 2014, vol. 88, no. 3, p. 170-176, 0195-6701 (November 2014)
Author(s): Gandra, S., Barysauskas, C.M., Mack, D.A., Barton, B., Finberg, R., Ellison, R.T.
Abstract: Background: Hospitals use contact precautions to prevent the spread of meticillin-resistant Staphylococcus aureus (MRSA) and vancomycin-resistant enterococci (VRE). There is concern that contact precautions may have adverse effects on the safety of isolated patients. In November 2010, the infection control policy at an academic medical centre was modified, and contact precautions were discontinued for patients colonized or infected with MRSA or VRE (MRSA/VRE patients). Aim: To assess the rates of falls and pressure ulcers among MRSA/VRE patients and other adult medical-surgical patients, as well as changes in MRSA and VRE transmission before and after the policy change. Methods: A single-centre retrospective hospital-wide cohort study was performed from 1st November...
2009 to 31st October 2011. Findings: Rates of falls and pressure ulcers were significantly higher among MRSA/VRE patients compared with other adult medical-surgical patients before the policy change (falls: 4.57 vs 2.04 per 1000 patient-days, P
Source: BNI

30. Title: Improved patient experience and outcomes using the Dyna-Form(TM) Mercury Advance mattress
Citation: Wounds U K, Nov 2014, vol. 10, no. 4, p. 97-101, 1746-6814 (November 2014)
Author(s): Jones, Lorraine, Fletcher, Jacqui
Abstract: An initial audit took place to examine current systems and practices involving alternating mattresses as part of the SSKIN pressure ulcer prevention programme. Following this, the Trust introduced 125 Dyna-Form(TM) Mercury Advance mattresses (Direct Health Services) to six inpatient wards. The wards included particularly complex patients, all of whom historically had been a very high risk of Trust-acquired pressure ulcers, despite positive changes in culture towards zero tolerance of pressure ulcer. Ten patients on each ward were randomly selected for 2 consecutive months for skin assessment monitoring and asked about their experience using the mattresses, from the time of admission to time on the pilot wards. In addition, the data relating to Trust-acquired pressure ulcer incidence over 6 months were compared to the previous 12-month period on these wards. This study found a measurable difference in patient outcomes, with a 39% reduction in pressure ulcer incidence. In addition to this, substantial cost savings were made following the new approach to support surfaces. [PUBLICATION] 11 references
Source: BNI

31. Title: Improving leg ulcer management
Author(s): McSwiggan, Roisin
Abstract: Roisin McSwiggan explains the development of a new tool for managing venous leg ulcers. [PUBLICATION] 6 references
Source: BNI

32. Title: Improving patient education on pressure ulcers
Citation: Wounds U K, Sep 2014, vol. 10, no. 3, p. 35-37, 1746-6814 (September 2014)
Author(s): Vuolo, Julie
Abstract: Pressure damage is a commonly encountered harm that can have significant impact on patients, carers and healthcare providers. Preventing the occurrence of pressure damage requires a multipronged approach of which patient education should form an essential part. What kind of education takes place, who it is delivered by and at what level of detail, is a question of clinical judgement and the responsibility of qualified, experienced healthcare professionals. Overall, the emphasis should always be on delivering clear, meaningful and useful messages for patients and carers. [PUBLICATION] 16 references
Source: BNI

33. Title: Improving patient quality of life with innovative electroceutical technology: a case series
Citation: Wounds U K, Nov 2014, vol. 10, no. 4, p. 81-88, 1746-6814 (November 2014)
Author(s): Greaves, Teresa
Abstract: This article presents three case studies of patients with complex leg ulcers. As well as looking at the clinical efficacy of advanced modalities such as the electroceutical Accel-Heal(R) (Synapse Electroceutical) in improving healing outcomes, the article will examine the impact that living with a chronic wound has on patients’ wellbeing and quality of life. It also considers the emotional effects that such wounds have on patients and their families. Permission was obtained from all patients and relatives, where appropriate, regarding their contribution to these clinical case studies via photographs and interviews. [PUBLICATION] 12 references
Source: BNI

34. Title: Improving the patient experience using finoderm Protect and finoderm Release
Citation: Wounds U K, Nov 2014, vol. 10, no. 4, p. 102-107, 1746-6814 (November 2014)
Author(s): Griffin, Jackie
Abstract: Wound care clinicians need to maintain the integrity of the periwound skin while ensuring the best wound healing environment. In cases where incontinence or high levels of exudate are present, there is a higher risk of damage to the surrounding skin. The author assess the new finoderm range of skin protection products, which are designed to minimise any potential trauma to periwound skin from damage from exudate or the mechanical impact of adhesive dressings. [PUBLICATION] 6 references
35. Title: Intensive care of children with burn injuries and the role of the multidisciplinary team  
Citation: Nursing Children & Young People, Nov 2014, vol. 26, no. 9, p. 27-30, 2046-2336 (November 4, 2014)  
Author(s): Biasini, Augusto, Biasini, Marco, Stella, Marcello  
Abstract: Trauma from burns and scalds in children is more common and more damaging than in adults, and may indicate abuse. The main goal of intensive care of an acute burn is to limit the extent of the systemic insult. Effective treatment of such acute physiological changes requires experienced monitoring by multidisciplinary teams, following appropriate emergency protocols at specialised burn centres in cases of major trauma. First aid involves maintaining a patent airway, supporting circulation and respiration, arresting the burning, managing pain and distress, reducing infection and considering transfer to specialist care. Advances in techniques and treatment have increased survival rates and ultimate quality of life, but education and prevention programmes are still required at all levels to reduce the incidence of burns among children. [PUBLICATION] 28  
Source: BNI

36. Title: Laceration repair in children  
Citation: Australian Family Physician, Sep 2014, vol. 43, no. 9, p. 600-602, 0300-8495 (September 2014)  
Author(s): Lawton, Benjamin, Hadj, Andrew  
Abstract: Background: Issues faced in the management of lacerations in children include control of pain and distress, wound cleaning and closure, referral decisions, awareness of potential associated injuries and strategies to prevent complications and optimise cosmetic outcome. The possibility of non-accidental injury may also require exploration. Objective: This update will attempt to offer a current, evidence-informed approach to management of the most commonly seen lacerations, and discuss when specialist referral is appropriate. Discussion: Successful laceration repair in children is a procedure that blends the arts of anaesthesia, distraction and reassurance with the mechanics of tissue repair itself. Although each laceration and each child deserves an individualised approach, certain principles remain consistent and provide the backbone of a decision-making structure in this therapeutic area. [PUBLICATION] 10 references  
Source: BNI  
Full text: Available Australian family physician at Australian Family Physician

37. Title: Leg Ulcer Treatment Outcomes with New Ovine Collagen Extracellular Matrix Dressing: A Retrospective Case Series  
Citation: Advances in Skin and Wound Care, Oct 2014, vol. 27, no. 10, p. 448-454, 1527-7941 (October 2014)  
Author(s): Bohn, Gregory A, Gass, Kimberly  
Abstract: The purpose of this study was to describe the rate of closure observed in venous leg ulcers during treatment with ovine collagen extracellular matrix dressings and compression. Fourteen patients with 23 wounds were retrospectively evaluated with respect to healing rates, time to closure, and weekly facility charge tees. [PUBLICATION] 38 references  
Source: BNI

38. Title: Modified NPWT using round channel drain for pacemaker pocket non-healing complex wound: a case report  
Citation: Journal of Wound Care, Sep 2014, vol. 23, no. 9, p. 453-455, 0969-0700 (September 2014)  
Author(s): Petit-Clair, N., Smith, M., Chernev, I.  
Abstract: Infection of cardiovascular implantable electronic devices poses a serious medical problem. Management of infected pocket wounds may be challenging for the physician and cause prolonged morbidity for the patient. The mainstay of treatment for infected cardiovascular implantable electronic devices is complete removal of the infected device and appropriate antibiotic therapy. In contrast, removal is not required for superficial or incisional infection at the pocket site if there is no involvement of the device. Here, we describe a modified negative pressure wound therapy (NPWT) technique using a round channel drain for pacemaker pocket non-healing complex wound, which started as a superficial incisional wound infection. [PUBLICATION] 7 references  
Source: BNI  
Full text: Available Mark Allen Group at Journal of Wound Care

39. Title: New approaches to combating antibiotic resistance  
Citation: Wounds U K, Nov 2014, vol. 10, no. 4, p. 50-53, 1746-6814 (November 2014)  
Author(s): Bullough, Lindsey, White, Elizabeth
Abstract: Antimicrobial resistance (AMR) threatens the effective prevention and treatment of an ever-increasing range of infections and poses a serious threat to global public health (World Health Organization [WHO], 2014). As well as sustaining effectiveness of existing antibiotics through better prescribing practices, it is important that other options are explored to combat infection. Topical antimicrobials can be used for locally infected wounds to inhibit or kill microorganisms within a wound. These have broadspectrum activity and can be used to prevent progression from localised colonisation to more invasive infection states, thereby reducing antibiotic usage. [PUBLICATION] 31 references

Source: BNI

40. Title: Pilot study: haemoglobin spray in the treatment of chronic diabetic foot ulcers
Citation: Wounds U K, Nov 2014, vol. 10, no. 4, p. 76-80, 1746-6814 (November 2014)
Author(s): Chadwick, Paul
Abstract: Wounds cannot heal without oxygen. In fact, healing wounds demand more oxygen than healthy tissue - yet chronic wounds are often at least partly due to vascular insufficiency. A novel spray aims to make use of haemoglobin, the transport molecule for oxygen in the bloodstream, to bind atmospheric oxygen and deliver it to the hypoxic wound bed. The product, Granulox(R)(Infirrst Healthcare), may be of particular interest in patients with impaired levels of tissue perfusion/oxygenation, which may be impeding wound healing. [PUBLICATION] 13 references

Source: BNI

41. Title: Postsurgery wound assessment and management practices: a chart audit
Citation: Journal of Clinical Nursing, Nov 2014, vol. 23, no. 21-22, p. 3250-3261, 0962-1067 (November 2014)
Author(s): Gillespie, Brigid M, Chaboyer, Wendy, Kang, Evelyn, Hewitt, Jayne, Nieuwenhoven, Paul, Morley, Nicola
Abstract: To examine wound assessment and management in patients following surgery and to compare these practices with current evidence-based guidelines for the prevention of surgical site infection across one healthcare services district in Queensland, Australia. Despite innovations in surgical techniques, technological advances and environmental improvements in the operating room, and the use of prophylactic antibiotics, surgical site infections remain a major source of morbidity and mortality in patients following surgery. A retrospective clinical chart audit. A random sample of 200 medical records of patients who had undergone surgery was undertaken over a two-year period (2010-2012). An audit tool was developed to collect the data on wound assessment and practice. The study was undertaken across one healthcare services district in Australia. Of the 200 records that were randomly identified, 152 (76%) met the inclusion criteria. The excluded records were either miscoded or did not involve a surgical incision. Of the 152 records included, 87 (57.2%) procedures were classified as 'clean' and 106 (69.7%) were elective. Wound assessments were fully documented in 63/152 (41.4%) of cases, and 59/152 (38.8%) charts had assessments documented on a change of patient condition. Of the 15/152 (9.9%) patients with charted postoperative wound complications, 4/15 (26.6%) developed clinical signs of wound infection, which were diagnosed on days 3 to 5. The timing, content and accuracy of wound assessment documentation are variable. Standardising documentation will increase consistency and clarity and contribute to multidisciplinary communication. These results suggest that postoperative wound care practices are not consistent with evidence-based guidelines. Consequently, it is important to involve clinicians in identifying possible challenges within the clinical environment that may curtail guideline use. [PUBLICATION] 36 references

Source: BNI

42. Title: Pressure ulcers: avoidable or otherwise?
Citation: Wounds U K, Nov 2014, vol. 10, no. 4, p. 12-21, 1746-6814 (November 2014)
Author(s): White, Richard, Downie, Fiona, Bree-Aslan, Cathie, Iversen, Colin
Abstract: Debate on the avoidability of pressure ulcers. Issues discussed include the definition of an unavoidable pressure ulcer, decision making regarding pressure ulcers being avoidable or unavoidable, and doctors' involvement in the assessment and treatment of pressure ulcers. [ORIGINAL] 18 references

Source: BNI

43. Title: Preventing skin-stripping and blistering using a non-adherent perforated ethylene methyl acrylate film dressing: a case study evaluation
Citation: Wounds U K, Sep 2014, vol. 10, no. 3, p. 88-93, 1746-6814 (September 2014)
Author(s): Duteille, Franck
Abstract: This series of five case studies focuses on maintaining the integrity of the periwound skin in a variety of post-operative incisions. To prevent skin-stripping and blistering, TIELLE(R) Lite was used as primary dressing. In each
44. Title: Probing the wound healing potential of biogenic silver nanoparticles
Citation: Journal of Wound Care, Sep 2014, vol. 23, no. 9, p. 431-441, 0969-0700 (September 2014)
Author(s): Dhapte, V., Kadam, S., Moghe, A., Pokharkar, V.
Abstract: Objective: Silver nanoparticles (AgNPs) are known for their antimicrobial profile and wound healing activities. However, cytotoxicity and cosmetic abnormalities associated with silver pose a major challenge in their translation for therapeutic applications. Our objective was to develop biogenic AgNPs, using a single-step green synthesis, and to investigate their in vitro and in vivo behaviour as wound-healing agents. Method: AgNPs were prepared using the green synthesis approach with aqueous Bryonia laciniosa leaves extract. The AgNPs were then evaluated for physicochemical properties, stability, and antimicrobial and in vivo wound healing activities. Results: Stable AgNPs with characteristic absorption at 408nm and 15±3nm particle size were generated via the active involvement of Bryonia laciniosa. No loss of stability was detected after 6 months at room temperature. Antibacterial activity was observed against both Gram-negative and Gram-positive bacteria with no cytotoxicity observed in vitro at a concentration of 200 μg/mL and effective cytokine modulation. In vivo wound healing experiments showed improved wound contracting ability in rats where, after 14 days, wound alleviation was 47.1±2.2% in the control groups, compared with 78.1±1.4% and 92.6±6.7% for a silver-based marketed cream and the AgNPs, respectively. Conclusion: The developed AgNPs proved to be superior wound healing agents owing to scarless healing with insignificant inflammation and toxicity. [PUBLICATION] 29 references
Source: BNI
Full text: Available Mark Allen Group at Journal of Wound Care

45. Title: Reducing Hospital-Acquired Pressure Ulcers: A Quality Improvement Project Across 21 Hospitals
Citation: Journal of Nursing Care Quality, Oct 2014, vol. 29, no. 4, p. 303-310, 1057-3631 (Oct-Dec 2014)
Author(s): Crawford, Barbara, Corbett, Nancy, Zuniga, Anita
Abstract: A quality improvement initiative across 21 hospitals incorporated a multidisciplinary approach, breakthrough collaborative methods, evidence-based improvement methods and care guidelines, front-line rapid improvement cycles, consistent process-of-care documentation, and real-time incidence data. Statistically significant decreases in both all-stage and stages III, IV, and unstable hospital-acquired pressure ulcers rates have been sustained for 5 years. [PUBLICATION] 25 references
Source: BNI

46. Title: Risk factors for incontinence-associated dermatitis: an evidence-based review
Citation: Wounds U K, Nov 2014, vol. 10, no. 4, p. 22-33, 1746-6814 (November 2014)
Author(s): Heywood, Nicola, Holloway, Samantha
Abstract: Background: Incontinence-associated dermatitis (IAD) is skin breakdown resulting from incontinence and other risk factors. It is challenging to treat and costly to the NHS (Doughty et al, 2012). Understanding the risk factors for IAD can lead to evidence-based prevention strategies to prevent its development. Aim: This article reviews critically and systematically the existing evidence base on risk factors for IAD, and reports these in a framework for clinicians. Method: a literature review of risk factors for IAD, published in English between January 2007 and December 2011. Results: The review identified 27 risk factors associated with IAD development. The most common risk factors were faecal incontinence, urinary incontinence, double incontinence, the use of absorbent products, absence of a structured skin care protocol, the perineal environment, toileting ability, tissue tolerance, skin pH, and ageing. Conclusion: Of the 27 risk factors identified for developing IAD, seven of these are suggested as priorities to address in practice. [PUBLICATION] 35 references
Source: BNI

47. Title: Singing a new song: my role in reducing the incidence of pressure ulcers in children
Citation: Wounds U K, Sep 2014, vol. 10, no. 3, p. 76-79, 1746-6814 (September 2014)
Author(s): Kipps, Sarah
Abstract: This article reflects on my past two years working alongside the Tissue Viability Team, facilitating teams to achieve their own goals to reduce the incidence of pressure ulcers in neonates, infants, children and young people at Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH). [PUBLICATION] 13 references
Source: BNI
48. Title: Specialist tissue viability services: a priority or a luxury?
Citation: Wounds U K, Sep 2014, vol. 10, no. 3, p. 10-14, 1746-6814 (September 2014)
Author(s): Ousey, Karen, Leaper, David, Milne, Jeanette, Cawthorne, Julie
Abstract: Debate on whether specialist tissue viability services (TVS) are still a priority. Issues discussed include the need for specialist tissue viability nurses, the multidisciplinary nature of TVS, and the key performance indicators TVS should work to. [ORIGINAL] 1 reference
Source: BNI

49. Title: Standardisation through clinical audit: an example of good practice in leg ulcer management
Citation: Wounds U K, Sep 2014, vol. 10, no. 3, p. 38-47, 1746-6814 (September 2014)
Author(s): MacDougall, Margaret, Robinson, Linda, Welsh, Lynn
Abstract: Leg ulcers represent a considerable burden both financially and in health-related quality of life terms. Nurse-led clinics are the recommended model for service provision in leg ulcer management in Scottish Intercollegiate Guidelines Network (SIGN) 120: 'Management of chronic venous leg ulcers' (2010). However, despite comprehensive guidelines, inequities and shortfalls in leg ulcer service provision remain. As part of the 'Releasing Time to Care' national programme, a team of community nurses in NHS Greater Glasgow and Clyde applied clinical audit to assist in identifying areas for improvement at their busy leg ulcer clinic and utilised principles of lean methodology for the achievement of patient-centred leg ulcer management. Specific improvements included a reduction in patient waiting times, an improvement in nurses' knowledge and skills in leg ulcer management, the standardisation of documentation and enhanced communication between members of the multidisciplinary team. [PUBLICATION] 28 references
Source: BNI

50. Title: The Pieper-Zulkowski Pressure Ulcer Knowledge Test
Citation: Advances in Skin and Wound Care, Sep 2014, vol. 27, no. 9, p. 413-419, 1527-7941 (September 2014)
Author(s): Pieper, Barbara, Zulkowski, Karen
Abstract: Here, Pieper et al describe the development and initial testing of the Pieper-Zulkowski Pressure Ulcer Knowledge Test (PZ-PUKT). Cronbach's was .80 for the 72-item PZ-PUKT. Cronbach's values for the subscales were as follows: staging, .67; wound description, .64 ; and prevention/risk, .56. The mean correct scores were as follows: total, 80%; prevention, 77%; staging, 86%; and wound description, 77%. Nurses with wound care certification scored significantly higher on the PZ-PUKT than did nurses with other clinical certifications or with nurses who lacked certification. The PZ-PUKT has updated content about pressure ulcer prevention/risk, staging, and wound description. Reliability values are highest for the total test. Further use of the instrument in diverse settings will add to reliability testing and may provide direction for determination of a passing cutoff score. [PUBLICATION] 22 references
Source: BNI

51. Title: The Search for the Missing 50-Year-Old Gold
Citation: Advances in Skin and Wound Care, Oct 2014, vol. 27, no. 10, p. 444-446, 1527-7941 (October 2014)
Author(s): Violette, David B
Abstract: Intramuscular and subcutaneous injections of foreign bodies have been used for a number of years for a variety of reasons, including medical and cosmetic purposes. The author describes a case of chronic wound complications secondary to intramuscular gold injections for the treatment of rheumatoid arthritis. The lesions were completely excised, the defect first treated with negative-pressure wound therapy, and, ultimately, split-thickness skin grafting with excellent functional result. [PUBLICATION] 5 references
Source: BNI

52. Title: The alginogel Flaminal(R): an overview of the evidence and use in clinical practice
Citation: Wounds U K, Sep 2014, vol. 10, no. 3, p. 22-25, 1746-6814 (September 2014)
Author(s): White, Richard
Abstract: The precise positioning of wound care products is an invaluable aid for the clinician, especially where there may be confusion due to the number of similar products. Flaminal(R) has been positioned as an 'enzyme alginogel' by an international panel of experts. In this respect it remains the only product in the category. Careful and accurate positioning is necessary in order that the maximum clinical value can be derived and products used to best effect. The components of Flaminal: alginate, enzymes, and glycol, are designed to provide antimicrobial broad-spectrum action, fluid uptake and moist wound conditions. To best illustrate clinical applications the T.I.M.E. framework is used to guide the clinician. Thus Flaminal may be used, after careful wound assessment, for bioburden control, creation of
a moist environment, and promotion of autolytic debridement: a unique combination that will be appropriate for many chronic wounds, and optimal resource use. [PUBLICATION] 29 references

Source: BNI

53. Title: The challenge of skin tears and lacerations in an emergency environment
Citation: Wounds U K, Sep 2014, vol. 10, no. 3, p. 94-99, 1746-6814 (September 2014)
Author(s): Bateman, Sharon Dawn
Abstract: Acute traumatic skin injuries are increasing in both acute and community settings. Multiple comorbidities, complex medication regimens and increasing age, all contribute to the risk of their occurrence (Bateman, 2012). Damage to the skin and underlying tissues poses an increasing challenge to the clinician due to ever reducing wound care resources and financial budgets, which in turn can have an detrimental effect on the patient and carer through increased pain, scarring and overall reduction of quality of life (Gardner, 2010). Effective and timely assessment and management, including accurate documentation and utilisation of the appropriate dressing products is paramount to reduce further tissue damage and risk of infection, improving the wound bed environment to ensure effective healing can occur (Stephen-Haynes and Carville, 2011). This product review evaluates ten patients who presented to an NHS nurse-led minor injuries unit within Wales with acute or chronic skin tears. It explores the benefits of Cutimed® Siltec non-bordered foam (with a non-adhesive silicone wound contact layer ) with set outcomes pertaining to ease of product use, non-adherence to the fragile wound bed, atraumatic removal, wear time, absorbency and patient satisfaction. [PUBLICATION] 20 references
Source: BNI

54. Title: The changing role of the tissue viability nurse: an exploration of this multifaceted post
Citation: Wounds U K, Nov 2014, vol. 10, no. 4, p. 54-61, 1746-6814 (November 2014)
Author(s): Ousey, Karen, Atkin, Leanne, Milne, Jeanette, Henderson, Val
Abstract: This article explores the role of the tissue viability nurse in the UK and discusses the diversity of the role and key attributes and skills required to run a successful service. The article highlights that services differ between organisations and that there is a lack of clarity of the core functions of the role published in the literature. This is compounded by an absence of valid and reliable tools that can be used to measure the effectiveness of the tissue viability service. This article suggests it is now time to revisit the tissue viability role and explore the competencies required, and offer guidance as to the qualifications required for this multifarious post to enable staff to manage the changing needs of a diverse patient group. [PUBLICATION] 15 references
Source: BNI

55. Title: The first absorbent cotton wool and gauze surgical dressing
Citation: Wounds U K, Sep 2014, vol. 10, no. 3, p. 106., 1746-6814 (September 2014)
Author(s): White, Edward
Abstract: The development of the first cotton wool and medical dressing, focusing on the work of Birmingham surgeon Sampson Gamgee (1828?1886) who produced Gamgee Tissue sterile and absorbent dressings that could be used on all types of wounds. [ORIGINAL] 10 references
Source: BNI

56. Title: The importance of the pelvis in posture, seating and pressure care
Citation: Journal of Community Nursing, Oct 2014, vol. 28, no. 5, p. 98-100, 0263-4465 (October 2014)
Abstract: Poor nutrition is intrinsically associated with the risk of developing pressure ulcers (Grey et al, 2006). [...]where a person has difficulty in maintaining an appropriate posture for eating and drinking - and thereby taking in adequate nutrition - he or she is at greater risk of developing pressure ulcers. [...]of shear, a patient's blood flow may be reduced or impeded in a number of ways, including direct compression, stretching and narrowing of dermal capillary beds; or the 'bending' and 'pinching' of blood vessels (Reger et al, 2010). [Publication] 11 references
Source: BNI
Full text: Available ProQuest at Salisbury District Hospital Healthcare Library
Full text: Available ProQuest at Journal of Community Nursing
Full text: Available ProQuest at Journal of Community Nursing

57. Title: The role of ethics in the wound care setting
Citation: Wounds U K, Sep 2014, vol. 10, no. 3, p. 72-75, 1746-6814 (September 2014)
Author(s): Beldon, Pauline
Abstract: Ethical behaviour must be inherent within the behaviour of any healthcare professional. This assures other
professionals, industry and, most importantly, the public, who must be able to trust implicitly those professionals within the health system on which they are reliant. [PUBLICATION] 18 references

Source: BNI

58. Title: The symptom management of fungating malignant wounds using a novel essential oil cream
Citation: Wounds U K, Sep 2014, vol. 10, no. 3, p. 54-59, 1746-6814 (September 2014)
Author(s): Stringer, Jacqui, Donald, Graeme, Knowles, Rebecca, Warn, Peter
Abstract: Fungating malignant wounds are a distressing complication of cancer, which can develop with locally advanced, recurrent or metastatic disease. They occur where the tumour breaks through the skin surface and can lead to protruding or crater-like lesions. Key physical symptoms include malodour, exudate, pain, excoriation of surrounding skin and bleeding. Despite an extensive choice of dressings available, there are still a number of unresolved issues, which include the production of exudate, and resultant excoriation of the surrounding skin. Poor conformability of dressings due to irregular shapes of lesions and poor long term odour control. This work provides preliminary, anecdotal data for the safe, effective use of Neutralising Odour Cream (NEOC), a product based on blended essential oils, as a management tool for symptoms of fungating malignant wounds. [PUBLICATION] 32 references
Source: BNI

59. Title: The wound dressing maze: selection made easy
Citation: Dermatological Nursing, Sep 2014, vol. 12, no. 4, p. 29-34, 1477-3368 (September 2014)
Author(s): Glover, Deborah
Abstract: There are many different dressings available to heal many different wounds, but deciding which to use can often be a challenge. This article describes the process of wound healing, the types of dressings available for chronic wounds - such as pressure ulcers, diabetic foot ulcers and lower limb ulcers - and the management principles of such wounds, including categories of advanced dressings and their uses. [PUBLICATION] 22 references
Source: BNI

60. Title: Tissue viability nurses’ experiences of managing wound exudate
Citation: Nursing Standard, Oct 2014, vol. 29, no. 8, p. 64-70, 0029-6570 (October 2014)
Author(s): Glover, Deborah
Abstract: Wound exudate presents several challenges for patients and nurses. The description of exudate volume, colour and viscosity varies greatly, often depending on the personal preference of the nurse. When the nature and volume of exudate has been described, management of exudate presents its own issues in terms of ensuring that the appropriate dressing or intervention is selected and used effectively. This article reports on the outcomes of a series of discussion groups held to explore the difficulties tissue viability nurse specialists experience in relation to advising non-specialist nurses about wound exudate in the practice setting. [PUBLICATION] 11 references
Source: BNI

Citation: Dermatological Nursing, Sep 2014, vol. 13, no. 3, p. 10-18, 1477-3368 (September 2014)
Author(s): Collier, Mark
Abstract: The first article in our series looking at the concept of wound bed preparation seeks to explore in more detail the first component of the TIME framework, that of T for TISSUE. It will discuss the clinical relevance of tissue for all healthcare practitioners involved in caring for patients with a variety of wound management needs within the United Kingdom. At the same time it aims to remind readers of the 'normal' wound healing process and some important cellular components that should be available within the wound bed/margins to support this process, and which can be liberated as a result of the adoption of the TIME framework and in particular relevant clinical interventions related to T for Tissue. Articles on I for Infection, M for Moisture and E for Edge will follow in subsequent issues of Dermatological Nursing. [PUBLICATION] 33 references
Source: BNI

62. Title: Wound care in the community: infection, exudate and conformability
Citation: Journal of Community Nursing, Oct 2014, vol. 28, no. 5, p. 43-48, 0263-4465 (October 2014)
Author(s): Morgan, Tracey
Abstract: Community nurses require a wide skill set to deal with the variety of clinical presentations they meet in any given day. This includes wound care, which can present nurses with a range of management challenges, i.e. how to combat infection, which kind of dressings to use to control exudate volume and how to ensure that dressings provide
patient comfort and do not further damage the wound or skin on removal. It is important, therefore, that community nurses have access to a range of versatile products that can be used in a variety of clinical situations and which are also cost-effective. This article examines some of the common wound care issues that community nurses can face, as well as looking at how a versatile wound dressing (Durafiber® Ag; Smith & Nephew) - which has a variety of applications in primary care - can help with some of these issues. [Publication] 38 references

Source: BNI

Full text: Available ProQuest at Salisbury District Hospital Healthcare Library
Full text: Available ProQuest at Journal of community nursing
Full text: Available ProQuest at Journal of Community Nursing

63. Title: Wound care: quality dressing and assessment

Citation: Nursing & Residential Care, Sep 2014, vol. 16, no. 9, p. 486-488, 1465-9301 (September 2014)

Author(s): Tickle, Joy

Abstract: Within the UK the cost of wound dressings is significantly high. The total cost to the NHS of caring for patients with wounds was estimated to be £2.3-£3.1 billion per year in 2005 and 2006, representing around 3% of the total NHS budget. Spending in England on dressings dispensed in primary care was £134 million between October 2010 and September 2011. Alongside this, local health-care trusts are also forced to reduce availability of dressings via the reduction of their wound formularies, often resulting in the replacement of quality dressings with cheaper alternatives. Despite the need to reduce spending, health providers and clinicians are also governed by the need to meet targets linked to patient and resident satisfaction, safety, preventing harm and effective clinical outcomes. The link between effective patient outcomes and health economics is crucial and will ensure best practice and good patient care. In order to meet these requirements, the clinician must clearly understand the complex process of wound healing, and that a holistic patient and wound assessment is essential, before choosing an appropriate wound dressing. [PUBLICATION] 11 references

Source: BNI

Full text: Available Nursing & Residential Care at Nursing & residential care : the monthly journal for care assistants, nurses and managers working in health and social care

64. Title: Wounds in Patients with HIV

Citation: Advances in Skin and Wound Care, Sep 2014, vol. 27, no. 9, p. 396-400, 1527-7941 (September 2014)

Author(s): McMeeking, Alexander, Kim, In, Ross, Frank, Ayello, Elizabeth A, Brem, Harold, Linton, Patrick, O'Neill, Daniel K

Abstract: Highly active antiretroviral therapy has dramatically reduced morbidity and mortality among patients who are HIV-positive. A retrospective review of the authors' data separated subjects into cohorts based on HIV status and matched them for age and gender. The authors' data reveal a higher fraction of venous ulcers compared with a lower fraction of pressure ulcers in the seropositive population. [PUBLICATION] 29 references

Source: BNI

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