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Cochrane Systematic Reviews

New Reviews – February 2015
Hydrogel dressings for treating pressure ulcers

Updated Reviews – February 2015
Preoperative bathing or showering with skin antiseptics to prevent surgical site infection
Skin preparation with alcohol versus alcohol followed by any antiseptic for preventing bacteraemia or contamination of blood for transfusion

Updated Reviews – January 2015
Repositioning for treating pressure ulcers

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1. Title: 'This wound has spoilt everything': emotional capital and the experience of surgical site infections
Citation: Sociology of Health and Illness, Nov 2014, vol. 36, no. 8, p. 1171-1187, 0141-9889 (November 2014)
Author(s): Brown, Brian, Tanner, Judith, Padley, Wendy
Abstract: In this article we explore the experience of suffering from a surgical site infection, a common complication of surgery affecting around 5 per cent of surgical patients, via an interview study of 17 patients in the Midlands in the UK. Despite their prevalence, the experience of surgical site infections has received little attention so far. In spite of the impairment resulting from these iatrogenic problems, participants expressed considerable stoicism and we interpret this via the notion of emotional capital. This idea derives from the work of Pierre Bourdieu, Helga Nowotny and Diane Reay and helps us conceptualise the emotional resources accumulated and expended in managing illness and in gaining the most from healthcare services. Participants were frequently at pains not to blame healthcare personnel or hospitals, often discounting the infection's severity, and attributing it to chance, to 'germs' or to their own failure to buy and apply wound care products. The participants' stoicism was thus partly afforded by their refusal to blame healthcare institutions or personnel. Where anger was described, this was either defused or expressed on behalf of another person. Emotional capital is associated with deflecting the possibility of complaint and sustaining a deferential and grateful position in relation to the healthcare system. [PUBLICATION] 61 references
Source: BNI

2. Title: A Randomized, Double-blind, Comparative Study to Assess the Safety and Efficacy of Topical Retapamulin Ointment 1% Venus Oral Linezolid in the Treatment of Secondarily Infected Traumatic Lesions and Impetigo Due to Methicillin-Resistant Staphylococcus aureus
Citation: Advances in Skin and Wound Care, Dec 2014, vol. 27, no. 12, p. 548-559, 1527-7941 (December 2014)
Author(s): Tanus, Tonny, Scangarella-Oman, Nicole E, Dalessandro, Marybeth, Li, Gang, Breton, John J, Tomayko, John F
Abstract: Tanus et al evaluate the clinical and bacteriological efficacy of topical retapamulin ointment 1% versus oral linezolid in the treatment of patients with secondarily infected traumatic lesions (SITLs) or impetigo due to methicillin-resistant Staphylococcus aureus (MRSA). The majority of patients had SITL. Clinical success rate at follow-up was significantly lower in the retapamulin versus the linezolid group. Clinical success rate at follow-up in the per-protocol MRSA population was significantly lower in the retapamulin versus the linezolid group. It could not be determined whether this was related to study design, bacterial virulence, or retapamulin activity. [PUBLICATION] 34 references
Source: BNI

3. Title: A pilot study to evaluate the role of the Spinal Cord Impairment Pressure Ulcer Monitoring Tool (SCI-PUMT) in
clinical decisions for pressure ulcer treatment

Citation: Ostomy - Wound Management, Dec 2014, vol. 60, no. 12, p. 28-36, 0889-5899 (December 2014)
Author(s): Thomason, Susan S, Graves, Barbara Ann, Madaris, Linda
Abstract: The Spinal Cord Impairment Pressure Ulcer Monitoring Tool (SCI-PUMT) was designed to assess pressure ulcer (PrU) healing in the spinal cord impaired (SCI) population. The tool contains 7 variables: wound surface area, depth, edges, tunneling, undermining, exudate type, and necrotic tissue amount. A 2-phased, quantitative pilot study based on the Theory of Reasoned Action and Theory of Planned Behavior was conducted at a large SCI/Disorders Center in the Department of Veterans Affairs (VA). In the first phase of the study, a convenience sample of 5 physicians, 3 advanced practice registered nurses, and 3 certified wound care nurses (CWCN) was surveyed using a 2-part questionnaire to assess use of the SCI-PUMT instrument, its anticipated improvement in PrU assessment, and intent to use the SCI-PUMT in clinical practice. Attitudes, subjective norms, perceived behavioral controls, and barriers related to the intent to use the SCI-PUMT were evaluated using a 5-point Likert scale (range: 1= extremely likely, 5 = extremely unlikely). In the second phase of the study, the electronic health records (EHR) of 24 veterans (with 30 PrUs) who had at least 2 completed SCI-PUMT scores during a 4-week period were used to evaluate whether an association existed between magnitudes of change of total SCI-PUMT scores and ordered changes in PrU treatment. The overall mean score for intent to use SCI-PUMT was 1.80 (SO 0.75). The least favorable scores were for convenience and motivation to use the SCI-PUMT. Analysis of EHR data showed no significant difference in magnitudes of change in the SCI-PUMT score and changes in PrU treatment recommendations made by the CWCNs. The significance was not affected regardless of an increase or no change in the score (c... with 1 degree of freedom = 1.158, P = 0.282) or for a decrease in the score (c... with 1 degree of freedom = 0.5, P = 0.478). In this pilot study, the expressed intent to use the SCI-PUMT in making clinical decisions was generally positive but reservations remain. Additional research is being conducted to determine the barriers and facilitators to SCI-PUMT implementation. The SCI-PUMT was the first tool found to be valid, reliable, and sensitive to assess PrU healing in persons with SCI, and studies to examine the prospective validity of using this instrument on ulcer treatment decisions and outcomes are warranted. (ProQuest: ... denotes formulae/symbols omitted.) [Publication] 27 references
Source: BNI

4.Title: A retrospective review of outcomes using a fecal management system in acute care patients
Citation: Ostomy - Wound Management, Dec 2014, vol. 60, no. 12, p. 37-43, 0889-5899 (December 2014)
Author(s): Whiteley, Ian, Lyons, Anne Marie, Riccardi, Roger
Abstract: Intrarectal catheters (ie, large bore, soft, silicone catheters with a retention balloon intended to hold the catheter within the rectum and create a seal) may be used for the temporary management of diarrhea and fecal incontinence, to protect perineal skin and wounds, and to prevent cross infection. To evaluate reasons for insertion, duration, and outcomes of use, a retrospective study of patients who used a fecal management system (FMS) in an acute care, non-ICU setting was conducted at a tertiary-referral hospital between August 2005 and November 2012. Reasons for FMS implementation, patient demographics, history, length of FMS use, reason for removal or reinsertion, and results/complications data were abstracted from the medical records. Continuous variables were analyzed for mean, range, and standard deviation, and statistical significance was assessed using unpaired t-tests; categorical variables were expressed as counts and percentages, with significance assessed using chi-squared tests. The records of 50 patients (29 women, 21 men; average age 63 [range 21-90] years) who had a total of 69 study FMS inserted (mean 1.4 FMS) were available and included in the study. The majority (43) had their FMS inserted for 29 days (mean 17.4 days, range 1-74). Indications for use included diarrhea (31; 62%); burn injury (10; 20%); pressure ulcer (7; 14%); and necrotizing fasciitis (2; 4%). Most patients (37, 74%) experienced no complications; 7 (14%) had their retention balloon overinflated but suffered no injury to the rectal mucosa; 4 (8%) experienced temporary anal atony; and 2 (4%) suffered excessive leak of stool around the device. The complication rate for longer duration use (17+ days) was significantly higher than in the shorter duration (17 days) group (44% and 15%, respectively, P = 0.024). The longer the FMS was in place, the more likely sphincter tone would be compromised. No serious adverse events -- eg, fistula or mucosal necrosis -- occurred, but overinflation of the balloon was noted in 7 patients. Overall, these results suggest intrarectal catheters such as the FMS are safe and effectively contained fecal material when used judiciously and checked regularly. Further prospective studies of the device in relation to its continuing safety, efficacy, and cost effectiveness, together with educational support requirements and policy/procedure development, may lead to greater acceptance of its increased use in general hospital wards. Comparison studies involving other intrarectal catheters examining aspects such as safety, ease of insertion, and patient comfort also are warranted. [Publication] 12 references
Source: BNI

5.Title: An estimate of the potential budget impact of using prophylactic dressings to prevent hospital-acquired PUs in Australia
Citation: Journal of Wound Care, Nov 2014, vol. 23, no. 11, p. 583-589, 0969-0700 (November 2014)
Author(s): Santamaria, N., Santamaria, H.
Abstract: Objective: To estimate the potential cost saving to the Australian health-care system of introducing the use of
prophylactic dressings to prevent hospital-acquired pressure ulcers (PUs) for patients with a high-risk developing a PU. Method: We estimated the costs of pressure ulceration based on conservative estimates of an incidence rate of 13% within 10% of the total admitted Australian patient population. Results from a recent large randomised control trial of prophylactic dressing used to prevent PUs in high-risk patients were then extrapolated to this population to derive a potential national cost/benefit calculation. Results: Our estimate revealed that within the high-risk population of acute hospitals, more than 71,000 patients could be expected to develop a PU annually costing AU$77,800,000 (£43,000,000). Whereas by implementing a national PU prevention initiative based on the use of prophylactic multilayer silicone foam dressings for high-risk patients, an annual saving of AU$34,800,000 (£19,700,000) could be achieved, which represents a cost benefit of 55% to the Australian health-care system. Conclusion: Our estimate of the potential cost benefit of implementing the use of prophylactic dressings to prevent hospital acquired PUs in high-risk patients uses conservative estimates of both the incidence rates of ulceration and of treatment costs. However, this is also based on one of the largest reported randomised control trials of this technique to prevent PUs. We believe that our modelling is robust yet requires replication in other countries with different health-care systems and costing structures. [PUBLICATION] 14 references

Source: BNI

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

6.Title: An introduction and guide to effective Doppler assessment

Citation: British Journal of Community Nursing, Dec 2014, vol. 19, no. 12, p. S21., 1462-4753 (December 2014)

Author(s): Benbow, Maureen

Abstract: Accurate and timely diagnosis of leg ulceration is an essential factor in making evidence-based, effective decisions regarding patient management with the aim of swift wound healing and/or referral to the appropriate specialty. Nurses are professionally responsible for ensuring that patients receive the appropriate assessment and evidence-based management. This article examines the most up-to-date guidance on Doppler ultrasound as a key element of this assessment. Approaches to assessment will be explored, with emphasis on the need to include a Doppler ultrasound as one key element of a larger, holistic assessment. An introduction to the ankle-brachial pressure index (ABPI) will be given, followed by a step-by-step guide to standard procedures for carrying out a full Doppler ultrasound. Alternative options for measuring ABPI are also provided. [PUBLICATION] 27 references

Source: BNI

Full text: Available British Journal of Community Nursing at British Journal of Community Nursing

7.Title: An introduction to absorbent dressings

Citation: British Journal of Community Nursing, Dec 2014, vol. 19, no. 12, p. S28., 1462-4753 (December 2014)

Author(s): Jones, Menna Lloyd

Abstract: Exudate bathes the wound bed with a serous fluid that contains essential components that promote wound healing. However, excess exudate is often seen as a challenge for clinicians. Absorbent dressings are often used to aid in the management of exudate, with the aim of providing a moist but unmacerated environment. With so many different types of absorbent dressings available today - alongside making a holistic assessment - it is essential that clinicians also have the knowledge and skill to select the most appropriate absorbent dressing for a given patient. [PUBLICATION] 8 references

Source: BNI

Full text: Available British Journal of Community Nursing at British Journal of Community Nursing

8.Title: Antimicrobial-Impregnated Dressing Combined with Negative-Pressure Wound Therapy Increases Split-Thickness Skin Graft Engraftment: A Simple Effective Technique

Citation: Advances in Skin and Wound Care, Jan 2015, vol. 28, no. 1, p. 21-27, 1527-7941 (January 2015)

Author(s): Wu, Cheng-Chun, Chew, Khong-Yik, Chen, Chien-Chang, Kuo, Yur-Ren

Abstract: Immobilization and adequate surface contact to wounds are critical for skin graft take. Techniques such as the tie-over dressing, cotton bolster, and vacuum-assisted closure are used to address this, but each has its limitations. This study is designed to assess the effect of antimicrobial-impregnated dressing (AMD) combined with negative-pressure wound therapy (NPWT) on skin graft survival. In the AMD group, all skin grafts achieved 100% take without secondary intervention. No infection or graft failure was observed in any patients, and no complications, such as hematoma or seroma formation, were noted, although in the control group partial loss of skin grafts was noted in 3 patients. Infection and inadequate immobilization were thought to be the main reasons. There were no hematoma or seroma formations in the control group. Use of an AMD dressing with NPWT after split-thickness skin grafting can be an effective method to ensure good graft to wound contact and enhances skin graft take in chronic and contaminated wounds. [PUBLICATION] 23 references

Source: BNI

9.Title: Best practice statement: wound exudate and the role of dressings
Citation: British Journal of Healthcare Assistants, Dec 2014, vol. 8, no. 12, p. 590-593, 1753-1586 (December 2014)

Author(s): Jones, Menna Lloyd

Abstract: Excessive exudate has always been a major challenge for clinicians and a source of embarrassment and discomfort for the patient. However exudate is not all bad, as the production of wound exudate is an essential component in the normal process of wound healing. The challenge therefore for most clinicians is to provide a wound-healing environment that offers the optimal amount of exudate to promote healing. Dressings are one way of managing the exudate, but understanding why there is excessive exudate and treating the underlying problem is also a very important aspect of exudate management (World Union of Wound Healing Societies (WUWHS), 2007; Milne, 2013). [PUBLICATION] 2 references

Source: BNI

Full text: Available British Journal of Healthcare Assistants at British Journal of Healthcare Assistants

10. Title: Biofilms in wounds: a review of present knowledge

Citation: Journal of Wound Care, Nov 2014, vol. 23, no. 11, p. 570-582, 0969-0700 (November 2014)

Author(s): Cooper, R.A., Bjarnsholt, T., Alhede, M.

Abstract: Following confirmation of the presence of biofilms in chronic wounds, the term biofilm became a buzzword within the wound healing community. For more than a century pathogens have been successfully isolated and identified from wound specimens using techniques that were devised in the nineteenth century by Louis Pasteur and Robert Koch. Although this approach still provides valuable information with which to help diagnose acute infections and to select appropriate antibiotic therapies, it is evident that those organisms isolated from clinical specimens with the conditions normally used in diagnostic laboratories are mainly in a planktonic form that is unrepresentative of the way in which most microbial species exist naturally. Usually microbial species adhere to each other, as well as to living and non-living surfaces, where they form complex communities surrounded by collectively secreted extracellular polymeric substances (EPS). Cells within such aggregations (or biofilms) display varying physiological and metabolic properties that are distinct from those of planktonic cells, and which contribute to their persistence. There are many factors that influence healing in wounds and the discovery of biofilms in chronic wounds has provided new insight into the reasons why. Increased tolerance of biofilms to antimicrobial agents explains the limited efficacy of antimicrobial agents in chronic wounds and illustrates the need to develop new management strategies. This review aims to explain the nature of biofilms, with a view to explaining their impact on wounds. [PUBLICATION] 139 references

Source: BNI

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

11. Title: Care of a diabetic patient with lower-limb ulceration: a case study

Citation: British Journal of Community Nursing, Dec 2014, vol. 19, no. 12, p. 539., 1462-4753 (December 2014)

Author(s): Harman, Gillian

Abstract: Lower-extremity ulcers are a common and challenging problem for people with diabetes and clinicians who provide their care (Ribu and Wahl, 2004). Ulceration compromises the quality of life of the sufferer owing to factors such as pain, exudate, odour and social isolation. As nurses, much of the daily care provided for such patients focuses on the provision of wound care and often fails to fully address the wide-ranging effects that the ulceration can have on the life of the diabetic sufferer (Green and Jester, 2010). The following study outlines the case of 'Mr J', a patient with diabetes and a member of the Mottingham Leg Club. [PUBLICATION] 4 references

Source: BNI

Full text: Available British Journal of Community Nursing at British Journal of Community Nursing

12. Title: Clinical evaluation of a thin absorbent skin adhesive dressing for wound management

Citation: Journal of Wound Care, Nov 2014, vol. 23, no. 11, p. 532-542, 0969-0700 (November 2014)

Author(s): Stephen-Haynes, J., Callaghan, R., Wibaux, A., Johnson, P., Carty, N.

Abstract: Objective: This article assesses the use of BeneHold Thin Absorbent Skin Adhesive (TASA) wound dressings in a large UK primary care organisation. These wound dressings are thin (0.12mm), breathable, transparent, and are able to absorb and retain wound exudate. This non-comparative evaluation was undertaken to explore the clinical advantages this differentiated combination of physical properties offered. Method: The dressings are CE-marked medical devices, and were used on patients with acute and chronic wounds that were assessed and classified as light to moderately exuding. Clinical performance was evaluated with respect to the dressing's ease of use (application and removal, conformability, mould-ability, rolling and edge-lift), debridement, protection of the peri-wound, wear time, fluid handling, wound bed residue, visibility of the wound, and clinical acceptability. The evaluating clinicians used an agreed audit tool to collect data from case reports to document the progression of wounds of various aetiologies, including chronic and acute, for a maximum period of four weeks. Qualitative feedback on dressing performance was also collected at the evaluation's end, both from the clinicians' and patients' perspectives. Results: Some 15 patients were assessed. The wear time was up to seven days in many cases, and on average was 3.9 days longer than their previous dressings. Clinicians perceived that wounds progressed toward healing in all but two cases, where the wounds remained unchanged. Out of five cases where
wounds presented with necrosis, all underwent significant autolytic debridement underneath the new dressings. Transparency was a noted benefit from both the clinicians' and patients' perspectives because it enabled continuous monitoring of the full wound bed and peri-wound skin without the need to disrupt the dressing. Conclusion: The dressing was well-received by both clinicians and patients in all fifteen cases. The thin absorbent skin adhesive dressing was found to be a promising new technology that could offer significant advantages to improve the quality, cost, and convenience of wound care. Further work is underway to validate these findings in larger and more homogeneous patient groups.

[Full text] Available Mark Allen Group at Journal of Wound Care

13.Title: Combat trauma-association invasive fungal wound infections: epidemiology and clinical classification
Citation: Epidemiology & Infection, Jan 2015, vol. 143, no. 1, p. 214-224, 0950-2688 (January 2015)
Abstract: The emergence of invasive fungal wound infections (IFIs) in combat casualties led to development of a combat trauma-specific IFI case definition and classification. Prospective data were collected from 1133 US military personnel injured in Afghanistan (June 2009-August 2011). The IFI rates ranged from 0.2% to 11.7% among ward and intensive care unit admissions, respectively (6.8% overall). Seventy-seven IFI cases were classified as proven/probable (n = 54) and possible/unclassifiable (n = 23) and compared in a case-case analysis. There was no difference in clinical characteristics between the proven/probable and possible/unclassifiable cases. Possible IFI cases had shorter time to diagnosis (P = 0.02) and initiation of antifungal therapy (P = 0.05) and fewer operative visits (P = 0.002) compared to proven/probable cases, but clinical outcomes were similar between the groups. Although the trauma-related IFI classification scheme did not provide prognostic information, it is an effective tool for clinical and epidemiological surveillance and research.

[Full text] Available Epidemiology and Infection at Epidemiology and Infection

14.Title: Community nurses' experiences of treating patients with leg ulcers
Citation: Journal of Community Nursing, Dec 2014, vol. 28, no. 6, p. 27-31, 0263-4465 (December 2014)
Author(s): Chamanga, Edwin Tapiwa
Abstract: Community nurses offer holistic nursing care to patients at home, including attending to people with leg ulcers. It is known that leg ulcers can have a significant impact on patients' quality of life. Nonetheless, little is known about community nurses' views and experiences of providing holistic leg ulcer care and, in particular, their insights into the impact of leg ulcers on patients' quality of life. Using a focus group of five healthcare support workers and four individual interviews with two associate nurses and two district nurses, this study explored community nurses' experience of attending to patients with leg ulcers. Following transcription of the data, a thematic analysis was undertaken. It was concluded that community nurses need more training to support their work in leg ulcer management and more time to deliver patient-centred care.

[Full text] Available ProQuest at Salisbury District Hospital Healthcare Library

15.Title: Effect of virtual reality distraction on pain among patients with hand injury undergoing dressing change
Citation: Journal of Clinical Nursing, Jan 2015, vol. 24, no. 1-2, p. 115-120, 0962-1067 (January 2015)
Author(s): Guo, Chunlan, Deng, Hongyan, Yang, Jian
Abstract: To assess the effect of virtual reality distraction on pain among patients with a hand injury undergoing a dressing change. Virtual reality distraction can effectively alleviate pain among patients undergoing a dressing change. Clinical research has not addressed pain control during a dressing change. A randomised controlled trial was performed. In the first dressing change sequence, 98 patients were randomly divided into an experimental group and a control group, with 49 cases in each group. Pain levels were compared between the two groups before and after the dressing change using a visual analog scale. The sense of involvement in virtual environments was measured using the Pearson correlation coefficient analysis, which determined the relationship between the sense of involvement and pain level. The difference in visual analog scale scores between the two groups before the dressing change was not statistically significant (t = 0.196, p 0.05), but the scores became statistically significant after the dressing change (t = 0.01). The correlation between the sense of involvement in a virtual environment and pain level during the dressing was statistically significant (R = 0.538, p 0.05). Virtual reality distraction can effectively alleviate pain among patients with a hand injury undergoing a dressing change. Better results can be obtained by increasing the sense of involvement in a virtual environment. Virtual reality distraction can effectively relieve pain without side effects and is not reliant on a doctor’s prescription. This tool is convenient for nurses to use, especially when analgesics are unavailable.
16. Title: Exploring factors associated with pressure ulcers: A data mining approach  
Citation: International Journal of Nursing Studies, Jan 2015, vol. 52, no. 1, p. 102-111, 0020-7489 (January 2015)  
Author(s): Raju, Dheeraj, Su, Xiaogang, Patrician, Patricia A, Loan, Lori A, McCarthy, Mary S  
Abstract: Pressure ulcers are associated with a nearly three-fold increase in in-hospital mortality. It is essential to investigate how other factors besides the Braden scale could enhance the prediction of pressure ulcers. Data mining modeling techniques can be beneficial to conduct this type of analysis. Data mining techniques have been applied extensively in health care, but are not widely used in nursing research. To remedy this methodological gap, this paper will review, explain, and compare several data mining models to examine patient level factors associated with pressure ulcers based on a four year study from military hospitals in the United States. The variables included in the analysis are easily accessible demographic information and medical measurements. Logistic regression, decision trees, random forests, and multivariate adaptive regression splines were compared based on their performance and interpretability. The random forests model had the highest accuracy (C-statistic) with the following variables, in order of importance, ranked highest in predicting pressure ulcers: days in the hospital, serum albumin, age, blood urea nitrogen, and total Braden score. Data mining, particularly, random forests are useful in predictive modeling. It is important for hospitals and health care systems to use their own data over time for pressure ulcer risk prediction, to develop risk models based upon more than the total Braden score, and specific to their patient population. [PUBLICATION] 42 references  
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Full text: Available EBSCOhost EJS at Journal of Advanced Nursing

17. Title: Factors predicting the development of pressure ulcers in an at-risk population who receive standardized preventive care: secondary analyses of a multicentre randomised controlled trial  
Citation: Journal of Advanced Nursing, Feb 2015, vol. 71, no. 2, p. 391-403, 0309-2402 (February 2015)  
Author(s): Demarre, Liesbet, Verhaeghe, Sofie, Van Hecke, Ann, Clays, Els, Grypdonck, Maria, Beeckman, Dimitri  
Abstract: Aims. To identify predictive factors associated with the development of pressure ulcers in patients at risk who receive standardized preventive care. Background. Numerous studies have examined factors that predict risk for pressure ulcer development. Only a few studies identified risk factors associated with pressure ulcer development in hospitalized patients receiving standardized preventive care. Design. Secondary analyses of data collected in a multicentre randomized controlled trial. Methods. The sample consisted of 610 consecutive patients at risk for pressure ulcer development (Braden Score 16). Results. A total of 60 patients were included, 18 (30.0%) men and 42 (66.6%) women. Postoperative hospitalisation time was significantly shorter in patients receiving standardized preventive care. [PUBLICATION] 42 references  
Source: BNI  
Full text: Available EBSCOhost EJS at Journal of Advanced Nursing

18. Title: How to repair the surgical defect after excision of sacrococcygeal pilonidal sinus: a dilemma  
Citation: Journal of Wound Care, Dec 2014, vol. 23, no. 12, p. 630-633, 0969-0700 (December 2014)  
Author(s): Rashidian, N., Vahedian-Ardakani, J., Baghai-Wadji, M., Keramati, M.R., Saraea, A., Ansari, K., Adman, A.A.  
Abstract: Objective: Although there are various therapeutic modalities to manage patients suffering from sacrococcygeal pilonidal sinus disease, there remains controversy over a standard method to treat such patients. In this study the postoperative outcomes after three different surgical methods of wound repair in patients with sacrococcygeal pilonidal sinus were compared. Method: Patients were divided randomly into three different groups. All of the patients underwent a wide excision of their pilonidal sinus; the subsequent surgical wound was left open in the first group (lay open group) whereas it was repaired with a simple primary closure and a rhomboid flap in the second and third groups. Variables including length of hospitalisation, time for wound healing, time off work, recurrence and surgical complications were evaluated. Results: A total of 60 patients with an average age of 27.61 years were studied, including 47 (78.3%) men and 13 (21.7%) women. Postoperative hospitalisation time was significantly shorter in patients who were treated using the simple primary closure method than those with the rhomboid flaps. However, there were no differences in terms of postoperative hospitalisation time between the lay open and simple primary groups or the lay open and rhomboid groups. The period of absence from work was significantly shorter in patients who were managed by a simple primary closure or rhomboid flap technique comparing to those whose wound was left open. [PUBLICATION] 42 references  
Source: BNI  
Full text: Available Mark Allen Group at Journal of Wound Care

19. Title: Improving pressure ulcer risk assessment and management using the Waterlow scale at a London teaching hospital  
Citation: Journal of Wound Care, Dec 2014, vol. 23, no. 12, p. 613-622, 0969-0700 (December 2014)  
Author(s): Mahalingam, S., Gao, L., Nageshwaran, S., Vickers, C., Bottomley, T., Grewal, P.  
Abstract: Objective: Pressure ulcers (PUs) cost the National Health Service (NHS) up to 4% of its health care expenditure. Arising from this are also clinical negligence claims, where inadequate risk assessment has been cited as one of the principal drawbacks in the prevention of PUs. This two-cycle audit aims to examine the consistency and accuracy of risk
assessment of patients, and demonstrates how simple focused interventions can improve the quality of care provided.

Method: The Waterlow pressure ulcer risk assessment tool was employed to assess inpatients during a 6-month period at a London teaching hospital. Patients were risk assessed, and examined to detect PUs and to determine the type of mattress. We compared our findings with clinical (nursing and medical) documentation. Interventions were made through questionnaires given to staff, educational sessions, presentations and posters addressing where improvements could be made in risk stratifying patients. A repeat audit was carried out 24 months later and the results from both cycles were compared. Statistical analysis was carried out using Fisher's exact and the Student's T-test. Results: In total 100 in-patients were assessed in each cycle with a mean age of 71.4 years in cycle 1 and 70.1 years in cycle 2. A nursing Waterlow score was recorded for 81% of patients in cycle 1 and 100% in cycle 2 (p

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

20. Title: Influence of superabsorbent dressings on non-healing ulcers: a multicentre case series from the Netherlands and the UK
Citation: Journal of Wound Care, Nov 2014, vol. 23, no. 11, p. 543-550, 0969-0700 (November 2014)
Author(s): Van Leen, M., Rondas, A., Neyens, J., Cutting, K., Schols, J.M.G.A.
Abstract: Objective: To record and assess the application and the progression of wound healing in patients who received Sorbion sachet S or Sorbion Sana wound dressings. Method: A convenience sample of patients with chronic wounds was recruited from nursing homes or community wound clinics in the Netherlands and the UK. Wound surface area measurements, pain assessment using a visual analogue scale score, patient affect (mood) and social interaction were recorded using a specifically designed evaluation template. Results: Pressure ulcer (PU) (n=11) and leg ulcer (LU) (n=20) patients had a mean age of 64.6 years and 71.7 years, respectively. Mean PU surface area decreased from 15.27cm2 in week 0 to 7.63cm2 in week 8, while mean LU surface area decreased from 19.43cm2 in week 0 to 7.19cm2 in week 8. Mean PU pain decreased from 3.69 in week 0 to 0.67 in week 8, while pain at dressing change decreased from 3.23 in week 0 to 0.75 in week 8. Furthermore, mean LU pain decreased from 3.45 in week 0 to 1.90 in week 8, and pain at dressing change decreased from 3.4 in week 0 to 1.3 in week 8. The number of patients experiencing a negative influence of the PU on affect reduced from 6 in week 0 to 2 in week 8 and on social interaction from 6 in week 0 to 2 in week 8. The number of patients experiencing a negative influence of their LU on affect reduced from 7 in week 0 to zero in week 8 and on social interaction from 7 in week 0 to 2 in week 8. Conclusion: This case series records the response of patients' chronic wounds in terms of wound progress, patient pain and additional psycho-social factors following the application of the superabsorbent dressings and indicates that the dressings have a positive role to play in creating an environment conductive to the promotion of healing in LUs and PUs. [PUBLICATION] 20 references
Source: BNI
Full text: Available Mark Allen Group at Journal of Wound Care

21. Title: Infrared Skin Thermometry: An Underutilize Cost-effective Tool for Routine Wound Care Practice and Patient High-Risk Diabetic Foot Self-monitoring
Citation: Advances in Skin and Wound Care, Jan 2015, vol. 28, no. 1, p. 37-44, 1527-7941 (January 2015)
Author(s): Sibbald, R Gary, Mufti, Asfandyar, Armstrong, David G
Abstract: The aim of this article is to provide practitioners with an overview of infrared skin thermometry for everyday wound care practice. Thermometers have the potential for home use by patients with neuropathy to self-detect damage from repetitive trauma that will increase the risk of foot ulceration. [PUBLICATION] 37 references
Source: BNI

22. Title: Maggot debridement therapy: a systematic review
Citation: British Journal of Community Nursing, Dec 2014, vol. 19, no. 12, p. S6., 1462-4753 (December 2014)
Author(s): Shi, Eric, Shofler, David
Abstract: Maggot debridement therapy is used extensively in the UK in both community and hospital situations, but remains a potentially under-used modality in many wound care markets. It promotes wound healing by performing three key processes: debridement, disinfection and growth-promoting activity. It can be used for the debridement of non-healing necrotic skin and soft tissue wounds, including pressure ulcers, venous stasis ulcers, neuropathic foot ulcers and non-healing traumatic of post-surgical wounds. With the increase in chronic diabetic foot wounds, maggot debridement therapy is a promising tool for health professionals dealing with difficult wounds. This article presents an overview of the research evidence surrounding maggot debridement therapy that serves as a guide to health professionals who may be users of this form of treatment now and in the future. [PUBLICATION] 73 references
Source: BNI
Full text: Available British Journal of Community Nursing at British Journal of Community Nursing

23. Title: Major difficulties and information needs recognised by nurses in applying graduated compression stocking and intermittent pneumatic compression for deep vein thrombosis prophylaxis
24. Title: Measure It: Proper Wheelchair Fit Is Key to Ensuring Function While Protecting Skin Integrity
Citation: Advances in Skin and Wound Care, Dec 2014, vol. 27, no. 12, p. 561-572, 1527-7941 (December 2014)
Author(s): Sprigle, Stephen
Abstract: The seated posture is a functional posture, especially for wheelchair users. People use wheelchairs for a variety of reasons but share the functional need for assistance in mobility. Here, Sprigle aims to help the clinician to better recognize the basic biomechanics of posture, describe the appropriate means to configure a wheelchair to permit proper postural support, and to identify common problems arising from improper wheelchair fit. [PUBLICATION] 33 references
Source: BNI

25. Title: Meeting targets in pressure ulcer prevention in the community by collaborating with industry
Citation: British Journal of Community Nursing, Dec 2014, vol. 19, no. 12, p. S14., 1462-4753 (December 2014)
Author(s): Woodhouse, Lucy, Graham, Katriona
Abstract: This article describes how a community health-care trust achieved a reduction in acquired pressure ulcers. Commissioning for Quality and Innovation 2014/15 guidance states that provider organisations should work with their partners across their local health and social care system to address the causes of pressure ulcers and reduce their prevalence, regardless of source. Gloucestershire Care Service NHS Trust was challenged to reduce the number of acquired pressure ulcers by 17% in 2013-14. The challenge for the three members of the tissue viability team was to train the qualified and unqualified staff within seven community hospitals and district nurse teams from 85 GP practices, covering a population of 600 000 within 4 months. Staff shortages and a lack of venues available meant that an adaptive educational approach was necessary. A dedicated programme of educational support from both the tissue viability nurse and an industry partner enabled the delivery of a wide range of educational materials to staff across the county. As a result of this partnership working, there was a reduction of category 3 and 4 pressure ulcers, and an increased awareness of the initial stages of pressure ulcer development demonstrated by an increase in grade 2 pressure ulcers. [PUBLICATION] 9 references
Source: BNI

Full text: Available British Journal of Community Nursing at British Journal of Community Nursing

26. Title: Nurses' pressure ulcer related judgements and decisions in clinical practice: A systematic review
Citation: International Journal of Nursing Studies, Dec 2014, vol. 51, no. 12, p. 1667-1685, 0020-7489 (December 2014)
Author(s): Samuriwo, Ray, Dowding, Dawn
Abstract: Pressure ulcers are considered to be an adverse outcome of care that should never occur in clinical practice. The formation of a pressure ulcer is also perceived to be an indicator of poor quality nursing care. Therefore, pressure ulcer prevention is a priority for nurses, healthcare professionals and healthcare organisations throughout the world. A key factor in pressure ulcer prevention and management is individual nurse decision making. To synthesise the literature on the judgement and decision making of nurses in relation to the assessment, prevention, grading and management of pressure ulcers in all care settings (hospital and community). A systematic search of published literature relating to judgement and decision making in nurses, with a focus on the prevention and management of pressure ulcers. A search of electronic databases from 1992 to present, together with hand searching of the reference lists of retrieved publications, to identify published papers that reported results of studies evaluating the decision making of nurses in relation to the prevention and management of pressure ulcers. Abstracts were independently reviewed by two authors and full text of potentially relevant articles retrieved. Each paper included in this systematic review was evaluated using recognised appraisal criteria relevant to the specific study design. Included papers provided empirical data on key aspects of nurses' pressure ulcer related judgements and decision making. Data were synthesised into themes using narrative analysis. Sixteen studies and one systematic review were included in the review, focusing on pressure ulcer risk assessment, pressure ulcer prevention, grading of pressure ulcers and treatment decisions. The results indicated that assessment tools were not routinely used to identify pressure ulcer risk, and that nurses rely on their own knowledge and experience rather than research evidence to decide what skin care to deliver. Emphasising pressure ulcer risk assessment and pressure ulcer grading in clinical practice is unlikely to deliver improved outcomes. Further research into nurses' pressure ulcer related judgements and decision making is needed and clinicians must focus on the consistent delivery of high quality care to prevent and manage pressure ulcers to all patients in clinical practice. [PUBLICATION] 77 references
Source: BNI

27. Title: Nutrition: Fuel for pressure ulcer prevention and healing
Citation: Nursing, Dec 2014, vol. 44, no. 12, p. 67-69, 0360-4039 (December 2014)
31. Title: Parents' Perceptions of Adaptation and Family Life After Burn Injuries in Children
Citation: Journal of Pediatric Nursing, Nov 2014, vol. 29, no. 6, p. 606-613, 0882-5963 (Nov-Dec 2014)
Author(s): Öster, Caisa, Hensing, Ida, Löjeström, Therese, Sjöberg, Folke, Willebrand, Mimmie
Abstract: The aim of this study was to explore parents' experiences after their child's burn injury, focusing on how the
nutritionist (RDN) can assess the patient's nutritional status, establish an intervention plan, and monitor the patient's progress toward achieving goals. Here, Posthauer discusses the proper nutrition needed for healing pressure ulcer and the RDN's role in patient care. [PUBLICATION] 26 references
Source: BNI
Full text: Available British Journal of Community Nursing at British Journal of Community Nursing
burn had influenced family life and child adjustment. Six semi-structured interviews with parents of children treated at burn centers 2 to 7 years previously revealed the theme, "Feeling quite alone in striving to regain family wellbeing". Identification of difficulties perceived by the parents during rehabilitation and up until the present is useful when developing pediatric burn care and support for parents of children with burns. [PUBLICATION] 43 references
Source: BNI

32. Title: Patient participation in pressure injury prevention: giving patient's a voice
Citation: Scandinavian Journal of Caring Sciences, Dec 2014, vol. 28, no. 4, p. 648-656, 0283-9318 (December 2014)
Author(s): Latimer, Sharon, Chaboyer, Wendy, Gillespie, Brigid
Abstract: Pressure injuries burden patients and healthcare organisations, with some preventative practices having little impact on prevalence reduction. Patient participation in care may be an effective pressure injury prevention strategy, yet patient preferences are unknown. The aim of this interpretive study was to describe patients' perceptions of their current and future role in pressure injury prevention. Semi-structured interviews were conducted with 20 adult inpatients recruited from four medical units, at two Australian metropolitan hospitals. Interview data were analysed using content analysis, with three categories emerging: &amp;#x91;experiencing pressure injuries; participating in pressure injury prevention; and resourcing pressure injury prevention and treatment. These categories reflect the complex nature of participants pressure injury experience. The findings suggest participants gather pressure injury knowledge from first-hand and vicarious experience; knowledge they bring to hospital. Most participants preferred a proactive pressure injury prevention role. Many identified barriers in the healthcare environment that impeded their participation and affected their experience of pressure injuries and pressure injury prevention. If patient participation as a pressure injury prevention strategy is to be considered, nurses and organisations need to view patients as partners. [PUBLICATION] 66 references
Source: BNI

33. Title: Pilot Study Compares Scores of the Resident Assessment Instrument Minimum Data Set Version 2.0 (MDS 2.0) Pressure Ulcer Risk Scale with the Braden Pressure Ulcer Risk Assessment for Patients in Complex Continuing Care
Citation: Advances in Skin and Wound Care, Jan 2015, vol. 28, no. 1, p. 28-33, 1527-7941 (January 2015)
Author(s): Carreau, Louise, Nizegoda, Helen, Trainor, Andrea, Parent, Maxim, Woodbury, M Gail
Abstract: Carreau et al determine if the Braden Scale for Predicting Pressure Sore Risk (Braden Scale) and the Resident Assessment Instrument Minimum Data Set Version 2.0 (MDS 2.0) Pressure Ulcer Risk Scale (PURS) provide a comparable assessment of the level of risk of developing a pressure ulcer at admission in complex continuing care. The Braden Scale categorized 63% of patients at risk when using scores between 15 and 23, compared with 33% for the MDS 2.0 PURS scores of 0-2 (low and very low risk). Both scales were comparable in identifying patients in the lower risk categories when data was reviewed using a cutoff point of 18 for the Braden. At the high risk end of the spectrum, the MDS 2.0 PURS categorized more patients, 45%, as high or very high risk, compared with 21% for using the Braden Scale. [PUBLICATION] 33 references
Source: BNI

34. Title: Prescribing compression stockings to prevent recurrent leg ulcers
Citation: Nurse Prescribing, Jan 2015, vol. 13, no. 1, p. 38-42, 1479-9189 (January 2015)
Author(s): Venable, Jane
Abstract: In this case study, a 69-year-old patient presents with a healed venous leg ulcer, a condition that can recur in 69% of patients. Evidence suggests the use of compression therapy can reduce the rate of recurrence of leg ulcers. Compression therapy is contraindicated in some patients, so the prescriber should undertake careful assessment before making the decision to prescribe. [PUBLICATION] 16 references
Source: BNI
Full text: Available Nurse Prescribing at Nurse Prescribing

35. Title: Pressure Ulcer Education Improves Interrater Reliability, Identification, and Classification Skills by Emergency Nurses and Physicians
Citation: Journal of Emergency Nursing, Jan 2015, vol. 41, no. 1, p. 43-51, 0099-1767 (January 2015)
Author(s): Ham, Wietse HW, Schoonhoven, Lisette, Schuurmans, Marieke J, Veugelers, Rebekka, Leenen, Luke PH
Abstract: Introduction: Pressure ulcers (PUs) are a serious health complication that develop as a result of pressure alone or pressure in combination with shearing forces. Although PUs are typically associated with older adults and chronic illness, acutely injured trauma patients may have a particular risk for the development of PUs. To prevent PU development or detect PUs in an early stage, skin assessment and PU classification should start during the ED stay, before hospital admission. The aim of this study was to assess the PU identification and classification skills of emergency nurses and emergency physicians and to evaluate the short-term effect of an educational intervention. Methods: Twenty validated photographs were used to test identification and classification skills in a one-group pretest/posttest design, before and after an educational intervention with 54 emergency nurses and physicians. In addition, we assessed the interrater
reliability of PU identification and classification. Results: PU identification and classification skills and the multirater improved after the educational intervention. Accurate identification improved significantly from 87.7% to 95.6% (P = .000), and classification skills improved significantly from 68.5% to 79.8% (P = .000). The multirater for identification of PU increased from 0.63 to 0.82, and the multirater for classification of PUs rose from 0.43 to 0.58. The most frequently misclassified photographs were those that displayed category 1, 2, and 3 PUs, which were usually classified as more severe. Discussion: This study investigated the effect of an educational intervention on the interrater reliability, PU identification, and PU classification skills of emergency nurses and physicians when tested immediately after the intervention. Study results show that interrater reliability, PU identification, and PU classification of photographs all improved, but identifying the presence of a PU in a photograph was less challenging than categorizing the same wound. [PUBLICATION] 34 references
Source: BNI

36. Title: Pressurised irrigation versus swabbing method in cleansing wounds healed by secondary intention: A randomised controlled trial with cost-effectiveness analysis
Citation: International Journal of Nursing Studies, Jan 2015, vol. 52, no. 1, p. 88-101, 0020-7489 (January 2015)
Author(s): Mak, Suzanne So-Shan, Lee, Man-Ying, Cheung, Jeanny Sui-Sum, Choi, Kai-Chow, Chung, Tak-Ki, Wong, Tze-Wing, Lam, Kit-Yee, Lee, Diana Tze-fan
Abstract: Wound cleansing should create an optimal healing environment by removing excess debris, exudates, foreign and necrotic material which are commonly present in the wounds that heal by secondary intention. At present, there is no research evidence for whether pressurised irrigation has better wound healing outcomes compared with conventional swabbing practice in cleansing wound. This study investigated the differences between pressurised irrigation and swabbing method in cleansing wounds that healed by secondary intention in relation to wound healing outcomes and cost-effectiveness. Multicentre, prospective, randomised controlled trial. The study took place in four General Outpatient Clinics in Hong Kong. Two hundred and fifty six patients with wounds healing by secondary intention were randomly assigned by having a staff independent of the study opening a serially numbered, opaque and sealed envelope to either pressurised irrigation (n = 122) or swabbing (n = 134). Staff undertaking study-related assessments was blinded to treatment assignment. Patients' wounds were followed up for 6 weeks or earlier if wounds had healed to determine wound healing, infection, symptoms, satisfaction, and cost effectiveness. The primary outcome was time-to-wound healing. Patients were analysed according to their treatment allocation. This trial is registered with ClinicalTrials.gov, number NCT01885273. Intention-to-treat analysis showed that pressurised irrigation group was associated with a shorter median time-to-wound healing than swabbing group [9.0 days (95% CI: 7.4-13.8) vs. 12.0 (95% CI: 10.2-13.8); p = 0.007]. Pressurised irrigation group has significantly more patients experiencing lower grade of pain during wound cleansing (93.4% vs. 84.2%; p = 0.02), and significantly higher median satisfaction with either comfort or cleansing method (MD 1 [95% CI: 5-6]; p = 0.002; MD 1 [95% CI: 5-6]; p 0.001) than did swabbing group. Wound infection was reported in 4 (3.3%) patients in pressurised irrigation group and in 7 (5.2%) patients in swabbing group (p = 0.44). Cost-effectiveness analysis indicated that pressurised irrigation in comparison with swabbing saved per patient HK$ 110 (95% CI: -33 to 308) and was a cost-effective cleansing method at no extra direct medical cost with a probability of 90%. This is the first randomised controlled trial to compare the pressurised irrigation and swabbing. Pressurised irrigation is more cost-effective than swabbing in shortening time that wound heals by secondary intention with better patient tolerance. Use of pressurised irrigation for wound cleansing is supported by this trial. [PUBLICATION] 37 references
Source: BNI

37. Title: Quality & safety: the ‘pressure ulcers to zero’ collaborative
Citation: World of Irish Nursing & Midwifery, Nov 2014, vol. 22, no. 9, p. 29., 2009-4264 (November 2014)
Author(s): Flynn, Maureen
Abstract: Following last month’s column we are continuing to focus on the collaborative methodology for quality improvement (QI). The Quality and Patient Safety Division, HSE and the Royal College of Physicians of Ireland, as part of the National Quality Improvement Programme, have undertaken the first large-scale quality improvement Collaborative in Ireland in partnership with Dublin North East (DNE). The aim was to reduce the incidence of avoidable pressure ulcers across DNE by 50% during the six months of the Collaborative with an ultimate goal of reaching an avoidable pressure ulcer rate of 0%. [PUBLICATION] 0 references
Source: BNI

38. Title: Randomised controlled clinical trial for autologous fibroblast-hyaluronic acid complex in treating diabetic foot ulcers
Citation: Journal of Wound Care, Nov 2014, vol. 23, no. 11, p. 521-530, 0969-0700 (November 2014)
Author(s): You, H.J., Han, S.K., Rhie, J.W.
Abstract: Objective: Diabetic foot ulcers (DFUs) often pose a treatment problem. Bioengineered skin substitutes have been reported to result in accelerated diabetic wound healing. The purpose of this clinical trial was to evaluate the efficacy and safety of the autologous fibroblast-hyaluronic acid complex for treating DFUs. Method: A stratified, randomised,
controlled, multicentre study was carried out. Patients with DFUs were allocated to either a treatment group with grafting of an autologous fibroblast-hyaluronic acid complex or a control group with non-adherent foam dressing. Except for application of the fibroblast complex, treatment of the study ulcers was identical for patients in both groups. The maximum follow-up period for each patient was 12 weeks. Results: Complete ulcer healing was achieved in 84% (26/31 patients) of the treatment group and 34% (11/32 patients) of the control group (p

Source: BNI

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

39.Title: Reconciling increasing wound care demands with available resources
Author(s): Dowsett, C., Bielby, A., Searle, R.
Abstract: Demographic and epidemiological data suggest that health-care demand will increase considerably in the future as a result of an ageing population and a rise in the prevalence of chronic diseases such as diabetes. This phenomenon has come to be referred to as the ‘health care time bomb’ in the popular press and political discourse. The authors seek to look beyond the headlines and political rhetoric to clarify the extent to which they reflect the likely future reality with a specific focus on wound management. The present-day burden that wounds and current wound management practices place upon the health-care system are detailed and clarified, and the potential future implications of increasing wound prevalence on the current picture are explored. Possible opportunities to enhance current wound management practice as identified in the analysis are discussed. [PUBLICATION] 28 references

Source: BNI

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

40.Title: Skin tears The forgotten wound
Caption: Nursing Management (USA), Dec 2014, vol. 45, no. 12, p. 36-47, 0744-6314 (December 2014)
Author(s): LeBlanc, Kimberly, Baranoski, Sharon
Abstract: Until recently, skin tears were an underappreciated wound that received very little attention or research. This article discusses standards and recommendations for the assessment, treatment, and prevention of skin tears developed by the International Skin Tear Advisory Panel (ISTAP) based on extensive literature reviews, international input from healthcare professionals, and expert opinion. To help diminish, the impact of skin tears on patients and the healthcare system, clinicians must implement a systematic prevention program. The ISTAP has created a tool kit for the prevention, identification, and treatment of skin tears. Management or treatment of skin tears according to institution, and little has been published regarding preferred treatments for skin tears. However, completing a thorough wound assessment is fundamental. To adequately treat wounds, several areas must be addressed: coexisting factors, nutritional support, pain management, local wound conditions, and optimal dressing selection. Many types of skin and wound care products are used to promote a healing environment. Actual product selection depends on wound assessment. [PUBLICATION] 52 references

Source: BNI

Full text: Available Nursing Management at Nursing Management

41.Title: The Association for the Advancement of Wound Care (AAWC) Venous and Pressure Ulcer Guidelines
Author(s): Bolton, Laura L, Girolami, Sue, Corbett, Lisa, van Rijswijk, Lia
Abstract: Guidelines based on best available evidence to support pressure ulcer (PU) or venous ulcer (VU) management decisions can improve outcomes. Historically, such guidelines were consensus-based and differed in content and development methods used. Since 2002, the Association for the Advancement of Wound Care (AAWC) Guideline Task Force has used a systematic approach for developing "guidelines of guidelines" that unify and blend recommendations from relevant published guidelines while meeting Institute of Medicine and Agency for Healthcare Research and Quality standards. In addition to establishing the literature-based strength of each recommendation, guideline clinical relevance is examined using standard content validation procedures. All final recommendations included are clinically relevant and/or supported by the highest level of available evidence, cited with every recommendation. In addition, guideline implementation resources are provided. The most recent AAWC VU and PU guidelines and ongoing efforts for improving their clinical relevance are presented. The guideline development process must be transparent and guidelines must be updated regularly to maintain their relevance. In addition, end-user results and research studies to examine their construct and predictive validity are needed. [For the full list of references cited in The Association for the Advancement of Wound Care (AAWC) Venous and Pressure Ulcer Guidelines, please download the PDF references] [Publication]

Source: BNI

Full text: Available Nursing Management at Nursing Management

42.Title: The Effect of Burns Wounds (BW)/ Burdock Leaf Therapy on Burn-Injured Arnish Patients: A Pilot Study
**Author(s):** Kolacz, Nicole M, Jaroch, Mark T, Bear, Monica L, Hess, Rosanna F

**Abstract:** Purpose: The purposes of this pilot study were to measure pain associated with dressing changes, assess the presence of infection, and document healing times of burn-injured Amish in central Ohio using an herbal therapy consisting of Burns and Wounds ointment (B&W) and burdock (Arctium spp.) leaves. B&W contains honey, lanolin, olive oil, wheat germ oil, marshmallow root, Aloe vera gel, wormwood, comfrey root, white oak bark, lobelia inflata, vegetable glycerin, bees wax, and myrrh. Design: A prospective, case series design guided the study within a community-based participatory research framework. Methods: Amish burn dressers provided burn care. Registered nurses monitored each case and documented findings. Pain scores were noted and burns were inspected for infection during dressing changes; healing times were measured from day of burn to complete closure of the skin. All cases were photographed. Results: Between October 2011 and May 2013, five Amish were enrolled. All had first- and second-degree burns. B&W/burdock leaf dressing changes caused minimal or no pain; none of the burns became infected, and healing times averaged less than 14 days. Conclusion and Implications: The use of this herbal remedy appears to be an acceptable alternative to conventional burn care for these types of burns. The trauma of dressing changes was virtually nonexistent. Nurses working in communities with Amish residents should be aware of this herbal-based method of burn care and monitor its use when feasible. [Publication] 81 references

**Source:** BNI

43. **Title:** The Incidence of Lower-Exibemy Amputation and Bone Resection in Diabetic Foot Ulcer Patients Treated with a Human Fibroblast-Derived Dermal Substitute

**Citation:** Advances in Skin and Wound Care, Jan 2015, vol. 28, no. 1, p. 17-20, 1527-7941 (January 2015)

**Author(s):** Frykberg, Robert G, Marston, William A, Cardinal, Matthew

**Abstract:** Diabetic foot ulcers (DFUs) are frequently recalcitrant and at risk for infection, which may lead to lower-extremity amputation or bone resection. Reporting the incidence of amputations/bone resections may shed light on the relationship of ulcer healing to serious complications. This study aimed to evaluate the incidence of amputations/bone resections in a randomized controlled trial comparing human fibroblast-derived dermal substitute plus conventional care with conventional care alone for the treatment of DFUs. Ulcer-related amputation/bone resection data were extracted from data on all adverse events reported for the intent-to-treat population, and amputations were categorized by type: below the knee, Syme, Chopart, transmetatarsal, ray, toe, or partial toe. Data were analyzed retrospectively for the incidence of amputation/bone resection by type. The incidence of amputation/bone resection in the study was 8.9% overall, 5.5% for patients receiving human fibroblast-derived dermal substitute, and 12.6% for patients receiving conventional care. Of the 28 cases of amputation/bone resection, 27 were preceded by ulcer-related infection. There were significantly fewer amputations/bone resections in patients who received human fibroblast-derived dermal substitute versus conventional care, likely related to the lower incidence of infection adverse events observed in the human fibroblast-derived dermal substitute treatment group. [PUBLICATION] 16 references

**Source:** BNI

44. **Title:** The combined use of NPWT and instillation using an octenidine based wound rinsing solution: a case study

**Citation:** Journal of Wound Care, Nov 2014, vol. 23, no. 11, p. 590-596, 0969-0700 (November 2014)

**Author(s):** Matiasek, J., Djedovic, G., Mattesich, M., Morandi, E., Pauzenberger, R., Pikula, R., Verstappen, R., Pierer, G., Koller, R., Rieger, U.M.

**Abstract:** Effective wound bed preparation is an essential element in the healing of chronic wounds, including pressure ulcers (PUs). Negative pressure wound therapy (NPWT) reduces oedema, stimulates the formation of granulation tissue and helps remove wound exudate. This helps prepare the wound bed for secondary healing, skin grafting or coverage with flaps. Combining NPWT with an instillation phase using an antiseptic (octenidine based) irrigation solution is a novel approach to PU management. Three patients with Category 4 gluteal PUs were treated with NPWT and instillation fluid, following surgical debridement of necrotic tissue. The aim was to achieve optimal wound bed preparation prior to wound closure by local fasciocutaneous flap. The antiseptic efficacy of octenidine wound irrigation solution in microorganism eradication was quantified by in vitro tests simulating real conditions using leg ulcer vacuum exudates. All wounds completely healed after four weeks, and no adverse incidents occurred due to instillation of octenidine. No recurrence of the PU occurred during a one year follow-up. [PUBLICATION] 30 references

**Source:** BNI

45. **Title:** The effects of using a moldable skin barrier on peristomal skin condition in persons with an ostomy: results of a prospective, observational, multinational study

**Citation:** Ostomy - Wound Management, Dec 2014, vol. 60, no. 12, p. 16-26, 0889-5899 (December 2014)

**Author(s):** Szewczyk, Maria Teresa, Majewska, Grazyna, Cabral, Mary V, Hölzel-Piontek, Karin

**Abstract:** Peristomal skin problems are the most commonly experienced physical complication following ostomy surgery and often are caused by leakage or a poorly fitting skin barrier. A prospective, multicenter, observational evaluation of persons with a colostomy, ileostomy, or urostomy was conducted to assess the incidence of peristomal lesions and level of
patients with diabetic neuropathy, foot self-care behavior on the development of diabetic foot ulceration, the effect of foot self-care behavior on the development of diabetic foot ulcer has received little empirical investigation. To explore the relationship between foot self-care practice and the development of diabetic foot ulcer among diabetic neuropathy patients in northern Taiwan. A longitudinal study was conducted at one medical center and one teaching hospital in northern Taiwan. A total of 295 diabetic patients who lacked sensitivity to a monofilament were recruited. Five subjects did not provide follow-up data; thus, only the data of 290 subjects were analyzed. The mean age was 67.0 years, and 72.1% had six or fewer years of education. Data were collected by a modified version of the physical assessment portion of the Michigan Neuropathy Screening Instrument and the Diabetes Foot Self-Care Behavior Scale. Coy regression was used to analyze the predictive power of foot self-care behaviors. A total of 29.3% (n = 85) of diabetic neuropathy patients developed a diabetic foot ulcer by the one-year follow-up. The total score on the Diabetes Foot Self-Care Behavior Scale was significantly associated with the risk of developing foot ulcers (HR = 1.04, 95% CI = 1.01-1.07, p = 0.004). After controlling for the demographic variables and the number of diabetic foot ulcer hospitalizations, however, the effect was non-significant (HR = 1.03, 95% CI = 1.00-1.06, p = 0.061). Among the foot self-care behaviors, lotion-applying behavior was the only variable that significantly predicted the occurrence of diabetic foot ulcer, even after controlling for demographic variables and diabetic foot ulcer predictors (neuropathy severity, number of diabetic foot ulcer hospitalizations, insulin treatment, and peripheral vascular disease; HR = 1.19, 95% CI = 1.04-1.36, p = 0.012). Among patients with diabetic neuropathy, foot self-care practice may be insufficient to prevent the occurrence of diabetic foot ulcer.

Source: BNI

46. Title: The impact of chronic venous leg ulcers: a systematic review
Citation: Journal of Wound Care, Dec 2014, vol. 23, no. 12, p. 601-612, 0969-0700 (December 2014)
Author(s): Green, J., Jester, R., McKinley, R., Pooler, A.
Abstract: Objective: Chronic venous leg ulcers are common, intractable and often recurrent, but care tends to be wound-focused, potentially overlooking the significant impact the condition has on patients' lives. A systematic review was undertaken to explore the factors that impact on the quality of life of patients with chronic venous leg ulceration. Method: Eligible articles published between 1990 and 2013 were identified via electronic searches of research databases (MEDLINE, CINAHL, BNI, EMBASE, PsycINFO, AMED and HMIC, Cochrane Collaboration database and Google Scholar). Results: There were 23 studies (11 qualitative and 12 quantitative) that met the inclusion criteria. There were then the subject of a full review. The qualitative studies were collapsed into four core themes: physical, psychological, social implications and the nurse-patient relationship. The quantitative studies were grouped according to the tool applied. The review demonstrated that chronic venous leg ulcers impact negatively upon all areas of daily living. Pain, exudate, odor and the impact on mobility were daily challenges. The ability to engage with everyday functioning was restricted either owing to the ulcer, the dressing or to a self-imposed isolation in response to the impact of symptoms. Depression and low mood were common and yet, despite this, some studies reported that participants remained hopeful. Conclusion: Studies suggest that chronic venous leg ulceration negatively affects the quality of life of the patient and that such issues receive inadequate attention during current consultations. If such negative implications are to be effectively addressed, key issues need to be considered during every consultation. [PUBLICATION] 67 references

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

47. Title: The role of foot self-care behavior on developing foot ulcers in diabetic patients with peripheral neuropathy: A prospective study
Citation: International Journal of Nursing Studies, Dec 2014, vol. 51, no. 12, p. 1568-1574, 0020-7489 (December 2014)
Author(s): Chin, Yen-Fan, Liang, Jersey, Wang, Woan-Shuyuan, Hsu, Brend Ray-Sea, Huang, Tzu-Ting
Abstract: Although foot self-care behavior is viewed as beneficial for the prevention of diabetic foot ulceration, the effect of foot self-care behavior on the development of diabetic foot ulcer has received little empirical investigation. To explore the relationship between foot self-care practice and the development of diabetic foot ulcers among diabetic neuropathy patients in northern Taiwan. A longitudinal study was conducted at one medical center and one teaching hospital in northern Taiwan. A total of 295 diabetic patients who lacked sensitivity to a monofilament were recruited. Five subjects did not provide follow-up data; thus, only the data of 290 subjects were analyzed. The mean age was 67.0 years, and 72.1% had six or fewer years of education. Data were collected by a modified version of the physical assessment portion of the Michigan Neuropathy Screening Instrument and the Diabetes Foot Self-Care Behavior Scale. Cox regression was used to analyze the predictive power of foot self-care behaviors. A total of 29.3% (n = 85) of diabetic neuropathy patients developed a diabetic foot ulcer by the one-year follow-up. The total score on the Diabetes Foot Self-Care Behavior Scale was significantly associated with the risk of developing foot ulcers (HR = 1.04, 95% CI = 1.01-1.07, p = 0.004). After controlling for the demographic variables and the number of diabetic foot ulcer hospitalizations, however, the effect was non-significant (HR = 1.03, 95% CI = 1.00-1.06, p = 0.061). Among the foot self-care behaviors, lotion-applying behavior was the only variable that significantly predicted the occurrence of diabetic foot ulcer, even after controlling for demographic variables and diabetic foot ulcer predictors (neuropathy severity, number of diabetic foot ulcer hospitalizations, insulin treatment, and peripheral vascular disease; HR = 1.19, 95% CI = 1.04-1.36, p = 0.012). Among patients with diabetic neuropathy, foot self-care practice may be insufficient to prevent the occurrence of diabetic foot ulcer.

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Full text: Available Mark Allen Group at International Journal of Nursing Studies
ulcer. Instead, lotion-applying behavior predicted the occurrence of diabetic foot ulcers in diabetic patients with neuropathy. Further studies are needed to explore the mechanism of lotion-applying behavior as it relates to the occurrence of diabetic foot ulcer. [PUBLICATION] 24 references

Source: BNI

48. Title: The vital role of HCAs in the detection and avoidance of pressure damage
Citation: British Journal of Healthcare Assistants, Nov 2014, vol. 8, no. 11, p. 542-543, 1753-1586 (November 2014)
Author(s): Tauchnitz, Steffen
Abstract: In ever so busy times for the NHS - an ageing population with higher care needs, accelerated turnaround due to earlier discharges and subsequently more frequent admissions - the pressure on staff has increased enormously over the past few years. There are many occasions on which an HCA has the opportunity to inspect a patient's skin. First, there is the normal, planned round, an approach aimed at making the regular checks on persons at risk for pressure damage. Ideally, this should happen every two hours. Not only does the quality of skin get checked and documented, but also included are the hydration status, incontinence management needs or re-positioning and mobility checks. [PUBLICATION] 0 references
Source: BNI
Full text: Available British Journal of Healthcare Assistants at British Journal of Healthcare Assistants

49. Title: Topical application of the bee hive protectant propolis is well tolerated and improves human diabetic foot ulcer healing in a prospective feasibility study
Citation: Journal of Diabetes and its Complications, Nov 2014, vol. 28, no. 6, p. 850-857, 1056-8727 (November 2014)
Author(s): Henshaw, Frances R, Bolton, Thrya, Nube, van essa, Hood, Anita, Veldhoen, Danielle, Pfrunder, Louise, McKew, Genevieve L, Macleod, Colin, McLennan, Susan V, Twigg, Stephen M
Abstract: Aims: Propolis is a naturally occurring anti-inflammatory bee derived protectant resin. We have previously reported that topically applied propolis reduces inflammation and improves cutaneous ulcer healing in diabetic rodents. The aim of this study was to determine if propolis shows efficacy in a pilot study of human diabetic foot ulcer (DFU) healing and if it is well tolerated. Materials: Serial consenting subjects (n=24) with DFU >=4 weeks' duration had topical propolis applied at each clinic review for 6 weeks. Post-debridement wound fluid was analyzed for viable bacterial count and pro-inflammatory MMP-9 activity. Ulcer healing data were compared with a matched control cohort of n=84 with comparable DFU treated recently at the same center. Results: Ulcer area was reduced by a mean 41% in the propolis group compared with 16% in the control group at week 1 (P
Source: BNI
Full text: Available ProQuest at Journal of Diabetes and its Complications

50. Title: Understanding nurses' views on a pressure ulcer prevention care bundle: a first step towards successful implementation
Citation: Journal of Clinical Nursing, Dec 2014, vol. 23, no. 23-24, p. 3415-3423, 0962-1067 (December 2014)
Author(s): Chaboyer, Wendy, Gillespie, Brigid M
Abstract: To explore nurses' views of the barriers and facilitators to the use of a newly devised patient-centred pressure ulcer prevention care bundle. Given pressure ulcer prevention strategies are not implemented consistently, the use of a pressure ulcer care bundle may improve implementation given bundles generally assist in standardising care. A quality improvement project was undertaken after a pressure ulcer prevention care bundle was developed and pilot-tested. Short, conversational interviews with nurse explored their views of a patient-centred pressure ulcer care bundle. Interviews were audio-taped and transcribed. Inductive content analysis was used to analyse the transcripts. A total of 20 nurses were interviewed. Five categories with corresponding subcategories emerged from the analysis. They were increasing awareness of pressure ulcer prevention, prompting pressure ulcer prevention activities, promoting active patient participation, barriers to using a pressure ulcer prevention care bundle and enabling integration of the pressure ulcer prevention care bundle into routine practice. Benefits of using a patient-centred pressure ulcer prevention care bundle may include prompting patients and staff to implement prevention strategies and promote active patient participation in care. The success of the care bundle relied on both patients' willingness to participate and nurses' willingness to incorporate it into their routine work. [PUBLICATION] 45 references
Source: BNI

51. Title: Using clinical variables to guide surgical site infection detection: a novel surveillance strategy
Citation: American Journal of Infection Control, Dec 2014, vol. 42, no. 12, p. 1291-1295, 0196-6553 (December 2014)
Author(s): Branch-Elliman, Westyn, Strymish, Judith, Itani, Kamal MF, Gupta, Kalpana
Abstract: Surgical site infections (SSIs) are a common and expensive health care-associated infection, and are used as a health care quality benchmark. As such, SSI detection is a major focus of infection prevention programs. In an effort to improve on conventional surveillance methods, a simple algorithm for SSI detection was developed using clinical variables not traditionally included in National Healthcare Safety Network definitions. A case-control study was conducted among
surgeries performed at the Veterans Affairs Boston Healthcare System between January 2008 and December 2009. SSI cases were matched to controls without SSI. Clinical variables (administrative, microbiological, pharmacy, radiology) were compared between the groups to determine those that best identified SSI. A total of 70 SSIIs were matched to 70 controls. On multivariable analysis, variables significantly associated with SSI identification were wound culture order, computed tomography scan/magnetic resonance imaging order, antibiotic order within 30 days after surgery, and application of a relevant International Classification of Disease, Ninth Revision code. Among patients with no SSI identifiers, 98% were correctly classified as having no SSI. Among patients with multiple SSI identifiers, 97.1% were correctly identified as having SSI. The area under the curve for this model was 0.87. We have derived a novel surveillance algorithm for SSI detection with excellent operating characteristics. This algorithm could be automated to streamline infection control efforts.

Source: BNI

Title: Validation of Commercially Available Infrared Thermometers for Measuring Skin Surface Temperature Associated with Deep and Surrounding Wound Infection
Citation: Advances in Skin and Wound Care, Jan 2015, vol. 28, no. 1, p. 11-16, 1527-7941 (January 2015)
Author(s): Mufti, Asfandyar, Courts, Patricia, Sibbald, R Gary
Abstract: Increased local skin temperature is a classic sign of wound infection, repetitive trauma, and deep inflammation. Noncontact infrared thermometers can help to detect increases in skin surface temperatures; however, most scientifically tested devices are far too expensive for routine clinical practice. This noninferiority study was conducted in an attempt to determine whether 4 less expensive, commercially available noncontact infrared thermometers have a similar level of accuracy as the scientifically accepted Exergen Dermatemp 1001. Using an observational study design, participants with open wounds were randomly selected from a chronic wound clinic (n = 108). Demographic data and wound location were documented for all participants. Skin temperatures were recorded using 5 noncontact infrared thermometers under consistent environmental conditions. The thermometer brands were as follows: Exergen DermaTemp, Mastercool MSCS2224-A, ATD Tools 70001 Infrared Thermometer, Mastercraft Digital Temperature Reader, and Pro Point Infrared Thermometer. Data analysis was based on the skin surface temperature difference between the wound site and an equivalent contralateral control site. One-way analysis of variance was used to compare the mean T values for all the 5 thermometers, followed by post hoc analysis. Demographic data were analyzed using descriptive statistics. Interrater reliability was assessed for consistency using the intraclass correlation coefficient. No statistical difference was reported between the values for the 5 different thermometers. Post hoc analysis showed no significant difference when the thermometers were compared with the Exergen Dermalemp 1001, and Mastercool MSCS2224-A, ATD Tools 70001 Infrared Thermometer, Mastercraft Digital Temperature Reader, and Pro Point Infrared Thermometer. The results for intraclass correlation demonstrated a high reliability and agreement between raters, as the intraclass correlation coefficient values for all thermometers were greater than 0.95. The results of this study demonstrate that less expensive, industrial-grade noncontact infrared thermometers have reliable temperature readings to identify and quantify the temperature gradients that along with other signs may be associated with deep and surrounding wound infection or tissue injury due to repeated microtrauma. [PUBLICATION] 23 references
Source: BNI

Title: Vertically drained closed incision NPWT. A novel method for managing surgical incisions: a case series
Citation: Journal of Wound Care, Dec 2014, vol. 23, no. 12, p. 623-629, 0969-0700 (December 2014)
Author(s): Leiboff, A.R.
Abstract: Topical negative pressure wound therapy (NPWT) is being used with increasing frequency to treat closed surgical incisions that are at high risk for wound complications. Known benefits of topical NPWT include improved perfusion, physical wound support and isolation. This case series report of four colon operations introduces a method to manage closed surgical incisions that is designed to potentiate the effects of topical NPWT. Channel drains are placed vertically through a closed incision and in contact with the foam sponge of a NPWT dressing. The drains transmit negative pressure into the wound in order to enhance fluid removal, reduce dead space and improve tissue apposition for primary healing. [PUBLICATION] 23 references
Source: BNI

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

Title: Wound swab use and misuse at a regional general hospital
Citation: Journal of Wound Care, Dec 2014, vol. 23, no. 12, p. 634-642, 0969-0700 (December 2014)
Author(s): Fenech, M., Abela, R., Zammit, S. Chetcuti, Mercieca, L., Gauci, J., Edwards, N., Carachi, E., Mifsud, M., Piscopo, T.
Abstract: Objective: Guidelines for swab use at our centre cover lower-limb wounds, ulcers and postoperative wound infections but not all types of wound. The objective of this study was to assess current practices in wound management at Mater Dei Hospital and to identify areas for improvement. Method: Wound swabs received at the microbiology department between February and April 2013 from adult inpatients departments were included. Wound swabs from the
ophthalmology and paediatric departments were excluded. Patient comorbidities, detailed wound descriptions, acknowledgement of and documentation of culture and sensitivity results, and antibiotic changes during treatment were collected. Indicators of infection including white cell counts (WCCs) and C-reactive protein (CRP) were recorded. Results: The study included 134 patients. Diabetes mellitus (61.9%, n=83) was the most common underlying comorbidity. Postoperative wounds were the most common type of wounds swabbed (34.3%). The wound swab characteristics were not fully documented in 27 patients (20.1%). The CRP results were not recorded in 39.6% and WCCs were not taken in 10.4% of patients. Wound swab results were not acknowledged in the medical notes of 76% of cases. Conclusion: Wound swabs that were not indicated, lack of documentation and untimely acknowledgement of results were evident. This suggests that a significant proportion of wound swabs may not have been justified and had no impact on wound management. Our study clearly underlines the need for a more comprehensive guideline. [PUBLICATION] 8 references

Source: BNI

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