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### DEVELOPING PRACTICE – THE IMPLEMENTATION OF A PRESSURE DAMAGE REPORTING HOTLINE AND CORE CARE PLANS FOR PATIENTS AT RISK OF AND WITH PRESSURE DAMAGE

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**Aim:** To improve accuracy of data collection within our Trust by identifying some nursing problems associated with this process.

**Method:** SWOT Analysis of the problems associated with reporting pressure damage. A pressure damage reporting hotline was introduced to address a consensus for a new system benefitting all involved i.e. clinical support for patients with pressure damage and provision of feedback through audit of notes. This enables the Trust to assimilate data to reflect incidences and prevalences at the time of occurrence, not retrospectively and informing nurses of best practice. This is central to monitoring staff to engage in process.

Essence of Care recommends individual plans for treatment and prevention of pressure damage. This benchmark provided an opportunity for the Trust to develop existing core care plans for pressure damage.

**Results:** Implementation of a pressure damage proactive reporting hotline.

- Data on all patients with pressure damage grade 2 and above (EPUAP 2005) is inputted on a database. Practice is discussed and recommendations made.
- Identifying ward visits is facilitated when wound care call the ward back.
- 41/45 wards called the hotline compared to 15/40 wards using the former monthly system to report data.
- Developing core care plans for pressure damage prevention and treatment based on EoC benchmarks.
- Twice yearly audits undertaken to provide clinical feedback for nurses to further inform them of best practices.

**Discussion:** The improved engagement of wards to report pressure damage is satisfying. Initially the aim was for greater involvement and accurate results. The focus to find a more user friendly system was challenging but led to a positive environment for reporting pressure damage and to further inform staff.

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### THE AVAILABILITY OF LOW FREQUENCY ULTRASONIC WOUND DEBRIDEMENT IN DIABETIC FOOT

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The diabetic foot remains one of the most serious complications of diabetes mellitus, with plantar ulceration a common complication of diabetic neuropathy. Low frequency ultrasonic wound treatment is an emerging as an alternative method for wound bed preparation and debridement. We performed a low frequency ultrasonic wound debridement on 20 patients over 6 months, with a minimum follow up of 4 months between January 2005 and October 2006. The mean age of the patients was 65.1 years. Eight of the wounds (40%) healed primarily. Nine additional patients (45%) experienced a wound size reduction of at least 70%. The remaining 3 patients (15%) had reductions in wound area of 20% but to be amputated. Low frequency ultrasonic wound treatment has benefits that include selective tissue debridement with preservation of granulation tissue in the diabetic foot. It also improves patient's satisfaction due to decreased pain and cost effectiveness related to decreased requirement for invasive surgical procedures. Low frequency ultrasonic wound debridement will be a useful tool in the management of diabetic foot ulcer but required to be experienced in more patient population.

