

INVOLVING THE FAMILIES IN THE TREATMENT OF ACUTE AND CHRONIC WOUNDS IN CYPRUS



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INTRODUCTION

At our wound care center we focus mainly on the interaction of the patient together with his or her family. We need the family's involvement to be successful in our goal of treating the patients in their own home. If the family cannot take care of the patient he/she is moved to a nursing home which works in collaboration with the wound clinic.

The patients are referred to us by their local G.P's but can also book their own appointment directly at our clinic. Usually the physician does the first assessment together with one of the nurses. This nurse will be the primary carer and contact person for the family and patient living at their home. The nurse is responsible for educating the family or carer on general care, positioning and in some cases dressing changes. The same nurse is also responsible for organizing other professionals in our team that need to be involved in the care of the patient. We can also involve professionals from outside our team if needed.

Our team consists of 3 physicians, 2 social workers, 1 psychologist, 1 dietician and 10 community nurses. We cover a small city of nine thousands inhabitants where 11% of the population is above the age of 65.

AIM

In our country it is quite common for the elderly to be taken care of by their families at home instead of sending them off to a nursing home. For the sake of qualified treatment and ease for all parties we need to get the family involved with the treatment in order to ensure compliance, faster wound healing and correct long term care.

METHOD

Once the assessment is done we agree on a written and signed treatment plan with goals and time limits together with the patient and their family members. The wound is reviewed weekly by the physician for the first month. Examples of wounds treated are gunshot wounds, leg ulcers, diabetic ulcers and pressure ulcers.

We educate the carers on the importance of pressure relief, repositioning and nutrition. We also provide them with the necessary equipment such as air loss mattresses and lifting aids and train them in their usage.

We usually recommend the use of polymeric membrane dressings* (PMDs). We have found that when using these dressing we get much better results in regards to wound healing and reduction of pain than we would with other dressings. They are so simple to use and do not require manual wound cleansing during dressing changes so the carers often learn how to perform the changes themselves minimizing the daily visits from the nurse to once a week.

RESULTS

In most cases we manage to heal the ulcers within a few months. The involvement of the educated families helps us achieve these goals as they become more knowledgeable in terms of nutrition, repositioning and dressing changes. They also feel more at ease knowing that we are there to back them up if needed.

DISCUSSION

By involving the family we help them minimize the cost of care and they can use their economical resources on appropriate materials that enable faster wound healing, such as nutrition and wound-dressings.

PMDs debride and keep the wounds clean and infection-free throughout the healing process. They protect the wounds by providing cushioning and promote a moist environment which often leads to complete wound closure. These dressings are safe, non-adherent, and, very easy to use as manual wound bed cleansing is unnecessary. All families that participated in the care by performing most of the dressing changes saved a lot of nursing costs.

Gunshot wound

A 15 year old boy was accidentally shot by his father during a hunting expedition. He was operated by both an orthopedic and vascular surgeon in order to correct the blood flow and save the nerves of the leg. A skin graft was performed at the same time but five days later the skin graft started to become necrotic. The wound was very painful and he needed regular petidine injections. During this process he developed a pulmonary embolism and was put on anticoagulant therapy.



Initially dressing changes were conducted in the OR after sedating the patient with petidin as his pain level was a 10 out of 10. After 5 days use of PMDs the patient no longer needed sedation, so, by the seventh day we could start performing the dressing changes at his bedside. The wound continues to improve and the patient didn't experience any pain during wear time or at dressing changes. The patient is now ready to be sent home. His relatives will change his dressings.



No cleansing has been performed during the dressing changes at home. The wound continues to improve rapidly and the family continues to change the dressings every other day. About 6 weeks after he started to use PMDs the wound is completely closed. What amazed the patient the most was the rapid pain relief he experienced as soon as he started using PMDs.



Pressure ulcer on foot

88 year old diabetic, paraplegic woman (immobile since 40 years). She contracted a pressure ulcer that progressed to osteomyelitis and partial amputation. PMDs were used immediately after the partial amputation and her family was instructed how and when to change the dressing. Initially the dressing needed to be changed twice daily. Her pain level dropped from 9 down to 3 during the first week and she found the dressing very comfortable. It only took two months to close this wound.



Pressure ulcer on malnourished woman

A 90 year old malnourished, bedridden immobile and severely contracted woman with end stage Alzheimer's disease. She lives at home and is taken care of by her uneducated family. Her room has no air-conditioning and the ventilation is poor and very humid. She is fed blenderized food with a syringe. Her albumin levels are very low (2). The family was able to provide her with only 450 kcal/day.



PMD is applied on the wound. PMDs contain components that continuously cleanse the wound, often eliminating the need for cleansing at dressing changes, leading to less disruption of the wound bed, less pain and time saving for the nurses. It is also a perfect choice for the family members who often do the dressing changes.



5 months later, the wound is small and superficial and healing well despite the woman's low calorie intake. We believe that the availability of glycerin within the dressing, allows it to act as a nutrient and energy substrate, creating an optimal environment for healing. It also prevents the wound from drying out.



The stage III trochanter pressure ulcer is closed despite poor nutrition and her body's contracted U shape causing difficulty with adequate pressure redistribution. The PMDs contain components that dynamically adapt to the continuum of healing. This dressing can be applied by the patient, family or carers; even those with limited capacity, and limited or nonexistent medical knowledge.