

Clinician RESOURCES

Clinical practice guidelines help ensure we are applying the latest knowledge and expertise when we're caring for patients. Here are a few recent guidelines that you may find useful.

Measurement of ankle-brachial index



An American Heart Association scientific statement, “Measurement and interpretation of the ankle-brachial index (ABI),” published in *Circulation*, outlines the use of ABI, terminology, how to calculate the value, training, standards, and suggestions for future research.

Recommendations for obtaining an ABI measurement include:

- Use the Doppler method to determine the systolic blood pressure in each arm and each ankle.
- Use the appropriate cuff size, with a width of at least 40% of the limb circumference.
- Place the ankle cuff just above the malleoli with the straight wrapping method.
- Cover open lesions with the potential for contamination with an impermeable dressing.
- Avoid using a cuff over a distal bypass.

The article also recommends measurement and interpretation of ABI be part of the standard curriculum for nursing and medical students. For more information about ABI, read “Bedside ankle-brachial index testing: Time-saving tips” in this issue of *Wound Care Advisor*.



<http://circ.ahajournals.org/content/126/24/2890>

A social media approach to childhood obesity

Childhood obesity continues to be a significant problem in the United States, requiring innovative approaches for prevention and management. Those who are obese run the risk of poorer wound healing.

“Approaches to the prevention and management of childhood obesity: The role of social networks and the use of social media and related electronic technologies: A scientific statement from the American Heart Association,” published in *Circulation*, evaluates the role of social networks and social media in relation to childhood obesity and presents five steps for using social networks:

- 1 Define the goal of the intervention.
- 2 Identify the social network.
- 3 Develop and pilot test the intervention.
- 4 Implement the intervention.
- 5 Spread the intervention.

The guidelines conclude that social media holds promise as a tool, but more research is needed.



<http://circ.ahajournals.org/content/early/2012/12/03/CIR.0b013e3182756d8e>





Guidelines for managing patients with stable ischemic heart disease

Many patients with wound or ostomy needs have comorbid heart disease. Be sure you are aware of the most current information for managing these patients by accessing “2012 ACCF/AHA/ACP/AATS/PCNA/SCAI/STS guideline for the diagnosis and management of patients with stable ischemic heart disease,” published in *Circulation*.

The guidelines acknowledge the vital importance of shared decision making between the healthcare provider and the patient. The information is divided into four sections with supporting algorithms:

- approaches to diagnosis
- risk assessment
- treatment
- follow-up.

Access the top 10 things to know and the executive summary.

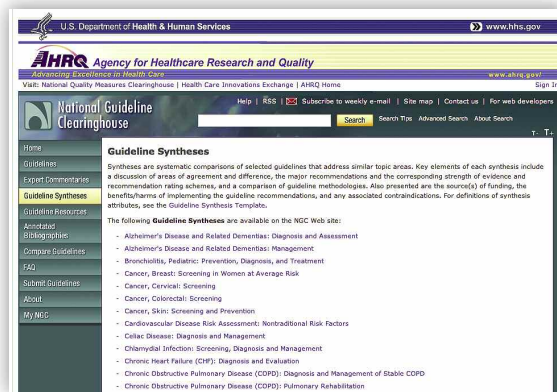


<http://circ.ahajournals.org/content/126/25/e354>

Pressure ulcer guideline syntheses

The Agency for Healthcare Research and Quality (AHRQ) has made it easier to compare guidelines for managing pressure ulcers by publishing two guideline syntheses:

- **Management of pressure ulcers**
- **Prevention of pressure ulcers**



In each case, the synthesis includes information in the following categories:

- areas of agreement and difference
- comparison of recommendations
- strength of evidence and recommendation grading schemes
- methodology
- source(s) of funding
- benefits and harms
- abbreviations
- status.

Access these and other guideline syntheses from **AHRQ**.

Bonus resource: Ethical case study of a patient refusing skin ulcer treatment

View: Patient rights



Free, one-time registration is required to view the entire video and all other content on the Medscape website.

Patients have a right to make their own decisions, but what happens when a decision is so painful for staff that it affects morale? Arthur Caplan, PhD, Division of Medical Ethics at the NYU Langone Medical Center in New York, discusses such a case: “Patients have the right to choose death from bedsores.”