

# The Buzz Report: A wound care clinician's best friend

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In 2014, more than 8,000 new articles related to wound healing were added to the PubMed online database and hundreds of new patents for topical wound formulations were filed. Staying up-to-date with the latest and greatest findings and products can be challenging. We all lead busy lives, and our demanding work schedules and home responsibilities can thwart our best intentions. Although we know it's our responsibility to stay abreast of changes in our field, we may feel overwhelmed trying to make that happen.

Keeping clinicians up-to-date on clinical knowledge is one of the main goals of the Wild On Wounds (WOW) conference, held each September in Las Vegas. Each year, I present the opening session of this conference, called "The Buzz Report," which focuses on the latest-breaking wound care news—what's new, what's now, and what's coming up. I discuss innovative new products, practice guidelines, resources, and tools from the last 12 months in skin, wound, and ostomy management.

This article highlights the hottest topics from my 2014 Buzz Report, with appropriate updates since the September WOW conference.

## Pressure ulcer prevention and treatment

2014 was an active year in the area of pressure ulcer prevention. The latest practice guideline on pressure ulcers, released last September, was a joint collaboration of the National Pressure Ulcer Advisory Panel (NPUAP), European Pres-



sure Ulcer Advisory Panel, and Pan Pacific Pressure Injury Alliance. The intent of the guideline, titled "**Clinical Practice Guideline for Pressure Ulcer Prevention and Treatment**," was to advance international consensus on pressure ulcer prevention and management. This document is a must-read for all clinicians practicing wound care today.

Also, NPUAP updated its **Registered Nurse Competency-Based Curriculum: Pressure Ulcer Prevention**. The curriculum now includes major competencies, content objectives, content topics, suggestions for varied teaching methods, and references.

Are some pressure ulcers unavoidable? This continues to be a hot topic. At a February 2014 multidisciplinary conference hosted by NPUAP, participants reached a consensus on these key points:

- Some pressure ulcers are unavoidable.
- Patients at increased risk for developing unavoidable ulcers are those with malnutrition and multiple comorbidities, those with extensive body edema, and those who must keep the head of the bed elevated more than 30 degrees for medical reasons.

It's in every wound clinician's best in-

## New products in wound care

Amnioexcel® Human Amniotic Membrane Allograft from Derma Sciences, Inc., uses the innermost layer of the placenta donated by mothers during childbirth. Applied every 2 weeks, it promotes soft-tissue repair in both chronic and acute wounds.

Have you heard that ALLEVYN Life Dressing from Smith & Nephew can help prevent wounds by redistributing pressure effectively across the coverage area, helping to reduce concentrated pressure points? The new design redistributes pressure more evenly than a traditional foam dressing and enables repositioning of the dressing without adhesion loss.

Looking for a dressing for a highly exudative wound that needs antimicrobial coverage? The Food and Drug Administra-

tion has cleared RTD® Wound Dressing from GWM Products, LLC. Its absorbent foam, containing methylene blue, gentian violet, and a silver compound, has a broad-spectrum effect that kills gram-negative and gram-positive bacteria, methicillin-resistant *Staphylococcus aureus*, vancomycin-resistant enterococci, yeast, and fungi. The dressing is compatible with compression and negative-pressure wound therapy.

Most of us know that a total contact cast (TCC) is the standard of care for treating diabetic neuropathic foot ulcers. Kinetic Casting Solutions is offering a TCC system called MaxCast Plus. This one-size-fits-all, snug-fitting, non-removable system is 25% lighter than competitive systems. Once prepared, it can be applied in

less than 5 minutes. Now we have a choice in TCC systems.

Can you think of a patient who would benefit from a device that increases venous blood flow velocity in the femoral vein by 300% and in the femoral artery by 40% in systole and 900% in diastole? Called CV2 (from GO2 Circulation Innovations), the device is a small, movable platform that patients move up and down with their feet, similar to a treadle-operated sewing machine. It offers almost no resistance, so it requires almost no effort. Also, it doesn't elevate vital signs or cause shortness of breath or fatigue. Simple to use, it could make a significant difference for patients with lower extremity conditions.

Watch for more new products in our March/April issue.

terest to stay abreast of NPUAP's position on unavoidable pressure ulcers. The **report** was published in the *Journal of Wound, Ostomy and Continence Nursing*.

### Diabetes

According to the 2014 National Diabetes Statistics Report, more than 21 million people in the United States have diabetes, and an estimated 8 million of them are undiagnosed. Diabetes raises the risk of cardiovascular disease because of common concurrent conditions, such as hypertension, obesity, abnormal cholesterol and triglyceride levels, and poorly controlled glucose levels. Help your patients reduce their risk by referring them to the free "**Diabetes and Coronary Artery Disease 'Make the Link' Toolkit**" from the American Diabetes Association.

### Compression therapy

Do you use compression thera-

py to treat patients with venous ulcers? I reviewed three documents on this topic. (See the selected references at the end of this article.) The most compelling was a study published in *JAMA Dermatology* titled "**Delivery of Compression Therapy for Venous Leg Ulcers**." It found more than half the nurses who applied either inelastic or elastic bandages obtained sub-bandage pressures below the 30 mm Hg required for therapeutic compression. The authors concluded that training programs focused on practical bandaging skills are needed to improve management of venous leg ulcers.

### Wound care and infection

Infected wounds pose a challenge for even the most seasoned practitioners, who may have difficulty determining the recommended course of action. The Infectious Diseases Society of America published an updated guideline, "**Practice**



**Guidelines for the Diagnosis and Management of Skin and Soft Tissue Infections: 2014.**” It covers both diagnosis and ongoing management recommendations for a wide variety of infections, ranging from minor to life-threatening. Although practice varies, clinicians should use evidence-based interventions to identify and manage wound infections; failing to do so could lead to death.

### Resources and new products

Need more resources? See Clinician Resources on page 35 for valuable links. Also, check out new products that might be useful for your patients (See *New products in wound care*.)

The world of wound care is always changing and evolving. We all need to develop a plan for staying current so we're not using outdated modalities. I'm already gathering the latest and greatest for the 2015 Buzz Report. One

thing is certain—there's never a lack of issues to review when it comes to wound care. ■

### Selected references

Principles of compression in venous disease: a practitioner's guide to treatment and prevention of venous leg ulcers. Wounds International, 2013. [www.woundsinternational.com/pdf/content\\_10802.pdf](http://www.woundsinternational.com/pdf/content_10802.pdf). Accessed December 10, 2014.

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**Quiz Time**  
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**Which of the following is an advantage of a dry-suction chest drainage system?**

- a. Lower levels of suction pressure
- b. Variable bubbling, which indicates proper functioning
- c. A steady bubbling sound, which indicates proper functioning
- d. Higher levels of suction pressure

Go to **AmericanNurseToday.com/quiz-time-3/** for the answer!