

TASMANIAN WOUND CARE ASSOCIATION



www.twca.com.au

October 2006

DEEPES TISSUES

WELCOME one and all to the current TWCA Newsletter. Hope this publication finds you well and wound savvy. If you have any items you would like published in the newsletter, please submit to Carol on 62 228322, 0408 992 403 or e-mail carol.baines@dhhs.tas.gov.au

LAUNCESTON DINNER MEETING & AGM



KEEP THESE DATES FREE

29 & 30 march 2007

Biennial conference

At

Launceston tram sheds

- *Cocktail Party*
- *Networking*
- *Variety of Interesting Speakers*
- *Excellent Food*
- *Fantastic trade expo*
- *Fun, Fun, Fun*



Australian Wound Management Association Inc

News Release No 3, July 2006 Highlights: AWMA Committee Meeting 29 & 30 July 2006

Geoff Sussman OAM

Congratulations are extended to Geoff Sussman who was recently awarded and OAM in the Queen's Birthday Honours. The award recognises Geoff's significant contribution to Australia via services to Pharmacy, Wound Management and to the Australian Olympic team, particularly diving. A well deserved recognition for your commitment and enthusiasm in promoting best practice in wound management via research and education.

AWMA Conference: Evolving Landscapes: Dreams, Diversity & Disasters. Darwin NT 7-10 May 2008.

Conference planning is progressing well. The Scientific Committee Chair is Allison Cowin. Allison is Head, Skin Research Laboratory, Child Health Research Institute North Adelaide SA. Regular teleconferences of both the Scientific and Organising Committee are held and a draft program has been prepared. Potential key note speakers have been identified and will be invited shortly. It is proposed that the Conference will commence on Wednesday 7 May with a key note presentation followed by the welcome reception and opening of the Trade Exhibition. A site visit of the facilities in Darwin is planned by members of the Organising and Scientific Committee on 3 and 4 November 2006. Members will present at a seminar 0900-1400 on 4th November 2006. The program is designed to stimulate interest in the practice of wound management and the 2008 Conference. At the seminar's conclusion a meeting will be held to ascertain interest in forming a wound management association in the Northern Territory.

6th AWMA Co-hosted Conference Canberra Act March 2006

A CD Rom of papers presented at the recent conference is available by request from Conference Logistics. Placing the papers on the AWMA website is not possible.

Venous Leg Ulcer Guideline Development Committee

Professor David Hardman has accepted the invitation to lead the Venous Leg Ulcer Guideline Development Committee. The first meeting of the steering committee has occurred. Other members of the committee include A/P Michael Woodward, A/P K Carville, Ms Jan Rice, Me Sue Templeton, Mrs Jenny Prentice and Judith Manning.

APUAP

The Chairs of the APUAP have met and A/P Keryln Carville Chair, Governance Committee presented the draft Vision and Goal statements to the AWMA committee. It is envisaged that invitations will be sent out invited to join the Policy, Education and Research subcommittees in the near future. This is a very exciting initiative and provides an opportunity to reduce the occurrence of pressure ulcers in the Australian population.

AWMA Direct Membership

Membership of AWMA is encouraged via state wound management associations however direct membership to AWMA is possible and will be available via the website in the near future. This will enable the Direct Membership (Full) to receive the Journal, Primary Intention, attend AWMA conferences for the AWMA membership fee. It will enable a member to have voting rights on AWMA matters at AGM's or in postal referendums. There are no voting rights for Corporate or Associate categories of AWMA Direct Membership

Primary Intention Newsletter Insert

The first AWMA Newsletter that will provide both AWMA and state association news is planned to be produced in time to be inserted in to the August edition of Primary Intention. AWMA thanks Ms Carol Baines for coordinating the newsletter in cooperation with state newsletter editors. It will be produced twice yearly in August and December.

Michael Woodward. AWMA President

Medihoney™ used to address malodour in a chronic venous leg ulcer

Mrs T presented with a chronic venous leg ulcer of 5 years. It was 13cms x 8cms exudating heavily and covered in tough adherent slough. There was significant malodour associated with her wound and she was well aware of the impact this was having on her social life.

Initially the community nurses had been involved in Mrs T's wound care but that relationship had become strained due to her strong opinions on wound care. She had been dressing the wound herself on a daily basis with products she was able to purchase through a bulk supply warehouse. She was totally non-compliant with compression of any description which had been attempted on numerous past occasions.

Patients with a host of problems such as Mrs T present many challenges for the wound care nurses.



This is Mrs T's wound on presentation – January 2006

Large, exudating heavily, adherent slough and significant malodour present.

Macerated lower margins and inflamed superior edges.

Although not easily seen here the ankle and lower leg were quite oedematous.

The initial priority for this wound was to control the exudate and odour. It was decided to use

Medihoney™ Wound Gel directly onto the wound bed. The wound gel was spread onto Aquacel™ first and then covered with the secondary dressing Mesorb. This was held in place with Sofban wool, and double yellow line Tubifast stocking. The dressing required changing daily. By the end of the first week a significant improvement in the odour was evident and exudate had decreased although the wound still required a daily change of dressing.

Over the next three weeks the odour completely disappeared and the exudate settled to allow twice weekly dressings. The adherent slough was easily debrided as well the edges and surrounding skin improved.

The use of Medihoney™ to address malodour in wounds well researched. It is cost effective and an easy product to use. It is also readily available from many pharmacies.

Medihoney™ is also known to -

- Provide protective barrier to prevent cross infection
- Debrides and addresses malodour
- Hastens healing through stimulation of tissue regeneration
- TGA Approved
- Leptospermum sp* (Manuka) delivers a potent antibacterial protection onto the wound bed.
- Antibacterial activity of honey is determined by the floral source
- The low water concentration of medical honey delivers an osmotic drawing at the wound bed facilitating debridement and cleansing of the wound
- Medihoney™ Wound Gel is sterilised by gamma irradiation

Robson, V., (2004), Use of Leptospermum honey in chronic wound management. Journal of Community Nursing, Sept 04, Vol 18, Issue 9



RESOURCES IN YOUR OWN BACKYARD

CLINICAL PRACTICE GUIDELINES FOR THE PREDICTION AND PREVENTION OF PRESSURE ULCERS

The Clinical Practice Guidelines for the Prediction and Prevention of Pressure Ulcers (PPPU) were published in 2001 by the Australian Wound Management Association (AWMA). The publication included:

- A) Full Version
- B) Abridged Version
- C) Pocket Version

Whilst there have been other guidelines written internationally and an increased research and literature base in relation to pressure ulcers internationally and nationally, the aim of the guidelines was to provide a resource within the Australian context. The aim of the document, as for the standards was to provide a general guide and framework for practice settings and clinical decision making and a multidisciplinary team was involved in the development and writing of the PPPU.

The guidelines have provided a number of things:

1. Develop national clinical guidelines to identify adults 'at risk' of developing Pressure ulcers (adult includes young adults from the age of 14 years and over)
2. Standardise Australian terminology such as 'Pressure Ulcer' being the accepted title. There has been a multitude of names such as pressure sores, decubitus ulcers and bed sores.
3. Raise the awareness of Pressure ulcers and hopefully and provide a resource which has encouraged clinicians to become more interested in prevention rather than accepting of pressure ulcer development. One definition of Pressure ulcer reads- "a corrupting or debilitating influence" It would an excellent outcome if all involved in the care of the intended age group could report increased knowledge and lower prevalence of such a debilitating condition.
4. Defining a staging system that is internationally and nationally consistent. Health care services can report adverse events against a more consistent set of data. Health professionals have a better understanding of management strategies in relation to prevention and various stages of pressure ulcers.
5. Inventory of pressure relieving equipment and pressure reducing equipment. This is an excellent section of the guidelines, many clinicians have difficulty in differentiating between static air mattresses, alternating, low air loss, high air loss and sheepskins etc and understanding the role of these devices in prevention and management. The definitions are short and easy to read.
6. Offer a number of consensual statements and recommendations to assist in the provision of care across a broad range of health care settings.

The PPPU guidelines were sent to seventy health care associations for review prior to publication, many of these were consumer bodies. Over thirty associations responded, this was an excellent response to which amendments were made prior to publication. This document and process has not only possibly been a catalyst for change within consumer bodies, but many states have undergone considerable research and expended time, energy and money to looking at systems, educational material, proactive in obtaining equipment etc. If you have not read this document then I encourage you to do so to assist you in embracing a risk reducing and preventative approach in delivery of care.

Additional resources are now available in Australia, for example the Victorian Quality Council has produced a number of consumer focused documents- can be located on the following website.

www.health.vic.gov.au/pressureulcers/consumer.htm

Online self directed education is available online in three modules for education of clinical staff-

Module 1-Understanding Pressure Ulcers (Duration: approx. 45min)

Module 2-Risk Assessment (Duration: approx 25 min)

Module 3- Developing a Prevention Management Plan (Duration: approx 25 min)

Website- www.health.vic.gov.au/pressureulcers/education.htm

In the review process of the PPPU Clinical Practice Guidelines, a business process looking at the feasibility of an Australian Pressure Ulcer Advisory Panel was undertaken, which has a research and education arm. This proposal has been supported and is underway. Until this process is consolidated and further discussion with NHMRC occurs then the current Guidelines have not been altered.

Juliet Scott
CNC/M Wound Management
Aged Rural Community Health

WORD SEARCH

W K Y D X S L O U G H C H O P P L
I R Z H F I N Z R H Y D B K Y Q S
S M L C O B L I T E R A N S P G N
T C H A R C O T F O O T K M M S E
S V J V K U W B U I Y V C R E W C
A N Y H Y D R O C O L L O I D G N
L R O T S S C Y P E S D R W W Z E
B F E I E J L W N M S H U J H E C
O M C X T G P I K E C C A R G P S
R A W I P A A Q H C D T H U T I E
B U Q O T V M H W P N R E A Z D N
I B N B L A T A P D O C U B R E E
F H A L T V M X U O L R Y B N R S
Z H M Q C X Y Y L Q R X T W O M C
C W V X W R O D Z J S C H U X I Q
I U A T O O B A N N U E A K E S B
F K Q O R V H C B V E S D M L N X

**charcot foot
desquamation
epidermis
macrophage
senescence
lunna boot
fibroblasts**

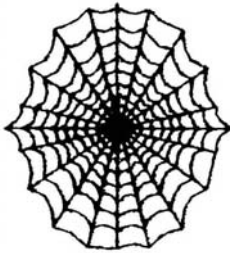
**bioburden
enzymatic
eschar
slough
obliterans
neutrophils
hydrocolloid**

INAUGRAL RESEARCH & EDUCATION GRANTS

APPLICATION PROCESS BEING FINALISED

PLEASE CHECK THE WEBSITE FOR DETAILS

www.twca.com.au



THIS MONTH'S TWCA WEB SITE

Honey on Wounds

<http://www.scientistlive.com/16034/honey-often-more-effective-than-antibiotics.shtml>



“WHERE THE MONEY GOES”



Ever wondered just where your Association fees went? Well here is a break down to show you where your hard-earned pennies are spent.

Necessary costs

\$4.55 GST
\$20 AWMA Capitation fees

\$50 Membership *Towards...*

Annual PO Box fee
\$500 charity Donation
\$10,000 Research Grants x2 (new)
\$1500 Education Grants (new)
Website maintenance
Association running costs
Annual Audit, accountant fees
AWMA meetings, state representative
\$50 Annual return of Association (ATO)
Newsletter production and postage (x4)

As you can see the remaining \$25 of your membership stretches a long way and currently it is difficult to keep the Association making money on an annual basis with these overheads. As you know we host a conference every second year, and alternate years we hold education seminars (twice this year), and these are our only source of income aside from memberships and bank account interest. We keep cost to members to a minimum to encourage attendance. Hence there is a need to increase full membership fees. Fees have remained steady for a number of years now.

I hope this breakdown demonstrates that in order to adequately cover costs, to grow and prosper, albeit as a not-for-profit organisation, we will be slightly raising fees to assist this and ensure the advancement of your organisation. We hope you'll understand. 😊!

Please feel free to voice your opinions or just discuss the issue with me via e-mail pip.rice@dhhs.tas.gov.au

**Cheers,
Pip Rice, RN
Treasurer, TWCA**

CALL FOR ABSTRACTS

TWCA CONFERENCE MARCH 2007

GUIDELINES ON INTERNET

www.twca.com.au

All items featured are submitted with the philosophy of improving wound care for sufferers and carers. No financial support is given or offered by wound care product manufacturers or distributors in the making of the newsletter. If you have any concerns or questions about items featured, please contact either:

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