Nurse prescribing for wound care

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Objectives

• Non medical prescribing for wound care: where are we now?
• What are nurses prescribing for wound care?
• The range of wound care management prescribed and new products on the horizon
• Improving wound care outcomes
• Issues and challenges around prescribing for wound care
So lets take a closer look ......
Tissue Viability
Progression of Normal Wound Healing

Initiation
- Initial trauma
- Clotting cascade

Inflammation
- White cells
- Clearing of debris, body defence

Granulation
- Fibroblasts
- Endothelial cells
- Formation of granulation tissue

Reepithelialisation
- Keratinocytes
- Re-establishment of skin cover

Remodelling
- Maturation & strengthening of new tissue
Acute v. Chronic

Acute wounds mostly heal in a predictable timeframe..... What about chronic wounds?
History of nurse prescribing

- 1998 first limited national formulary was published for district nurse and health visitors – (NPF)

- July 2000 NHS plan (DOH) promised to create new roles and responsibilities for nurses – one key element was to extend role of nurse prescribers

- 2002 nurse prescribers extended formulary introduced 4 therapeutic areas – minor injuries, minor ailments, health promotion & palliative care
• First independent nurse prescriber course introduced by the NMC

• 2003 NMC changes nurse prescriber to dual independent/supplementary prescribing

• 2005 Nurse prescribers formulary extended to cover a range of medicines and conditions

• 2006 almost all the BNF opened to independent and supplementary nurse prescribers
Where are we now?

• Community Practitioners V100 on DN/HV/PN (Specialist Practitioner Course)
• V150 Prescribing course... accessed by community nursing & HV.
• Can only prescribe items in the nurse prescribers list (NPF and back of BNF)
• ? V300 will be included in specialist practitioner district nurse course
• Independent prescribers (2002) – able to prescribe, administer and give directions for any medical condition or any medicine and work within their own level of professional competence and expertise

• Supplementary prescribers (2003) – a partnership between prescriber (doctor or dentist) to implement and agreed clinical management plan for an individual patient with their agreement

• Independent and supplementary prescribers – identified by an annotation next to their name in professional register
Route of Supply

- FP10
- NHS supplies
- Direct Purchase
• Manufacturer → Distributor → Chemist → You
  ↩                 ↘
  Direct delivery   NHS Supplies
  ↓                 ↓
       You
Improved access to dressings

- Why is this important?
- Access to the right dressing at the right time for the right patient
- Quality care
- Patient expectations
- Commissioned services
- £22bn efficiency savings by 2020/21, set out in the Five Year Forward View, the Department of Health (DH)
What are we prescribing?
Number of dressings

In July 2015 the on-line Wound Care Handbook (www.woundcarehandbook.com) listed 1601 skin preparations, wound dressings, compression therapy products and powered devices that could be used within the care of National Health Service patients with wounds.
Categories of dressings
Range and Categories of Dressings
BNF NPF

- Absorbent dressings
- Low/Non Adherent

- Algina tes
- Capillary action dressings
- Films and membranes
- Foam
- Hydrocolloids
- Hydrogels
- Soft polymer dressings
- Odour Absorbent dressings

- Basic wound contact dressings
  - Really

- Advanced wound dressings

- Antimicrobials

- Honey, Iodine, Silver, PHMB

- Protease modulating, Silicone, keloid

- Specialised
New products for the future
New products for the future

• Spray-on Skin May Promote Wound Healing.....

• NPWT gets smaller......

• Haemosiderin spray

• Accel-heal ....electro-therapy

• Protease modulators .... Re – discovered....

• Debridement

• Hosiery treatment kits
Improving wound care outcomes?

Wound management is a skill that has to be learnt, it cannot be delegated to the dressing........
Differential Diagnosis

The first step to healing is recognizing that there's a wound.

Assessment Form may be based upon the Acronym TIME as developed by the International Advisory Board (Falanga 2004)

**T** Tissue non-viable or deficient

**I** Infection or inflammation

**M** Moisture imbalance

**E** Edge of wound non-advancing/undermining
Identify factors that will influence appropriate delivery of care

<table>
<thead>
<tr>
<th>Local</th>
<th>Systemic</th>
<th>Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slough</td>
<td>Tissue Perfusion</td>
<td>Trauma</td>
</tr>
<tr>
<td>Necrosis</td>
<td>Age</td>
<td>Patient Behaviours</td>
</tr>
<tr>
<td>Infection</td>
<td>Nutrition</td>
<td>Temperature</td>
</tr>
<tr>
<td>Maceration</td>
<td>Primary disease</td>
<td>Contamination</td>
</tr>
<tr>
<td>Desiccation</td>
<td>Obesity</td>
<td></td>
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<tr>
<td></td>
<td>Smoking</td>
<td></td>
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<tr>
<td></td>
<td>Poor Nutrition</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Immune Compromise</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medication</td>
<td></td>
</tr>
</tbody>
</table>
Type of wound ......... Stage of wound healing
<table>
<thead>
<tr>
<th>Tissue Type</th>
<th>Aim</th>
<th>Dressing selection/action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epithelialising</td>
<td>Protection</td>
<td>Foam/Hydrocolloid/Film Dressing</td>
</tr>
<tr>
<td>Granulating</td>
<td>Encourage/moist environment/manage exudate</td>
<td>Hydrocolloids/Alginates/Foam/Semi-permeable Film/NA Dressing</td>
</tr>
<tr>
<td>Infected</td>
<td>Resolve</td>
<td>Antimicrobials</td>
</tr>
<tr>
<td>Sloughy</td>
<td>Remove slough if safe to do so</td>
<td>Hydrogels/Hydrocolloids, Mono-filament fibre technology/Larvae</td>
</tr>
<tr>
<td>Necrotic</td>
<td>Debride/rehydrate</td>
<td>Hydrogels/Hydrocolloids, Surgically debride</td>
</tr>
</tbody>
</table>
# Health Care professional guide to Wound Management

<table>
<thead>
<tr>
<th>Wound Classification</th>
<th>Necrotic</th>
<th>Sloughy</th>
<th>Infected</th>
<th>Granulating</th>
<th>Epithelosing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Treatment objective</strong></td>
<td>Debride: if blood supply is sufficient - consider Doppler. Do not debride if poor blood supply or end of life. Consider referral to Tissue Viability.</td>
<td>Debride slough, reduce risk of infection &amp; promote granulation. Protect surrounding skin</td>
<td>Manage infection. Ensure appropriate antibiotic therapy for systemic infection. Protect surrounding skin.</td>
<td>Promote granulation &amp; provide moist environment for epithelialisation.</td>
<td>Promote epithelialisation &amp; wound maturation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wound Type</th>
<th>No exudate</th>
<th>Low-moderate exudate</th>
<th>Moderate-high exudate</th>
<th>No exudate</th>
<th>Low-moderate exudate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Excised</strong></td>
<td>Hydrogel &amp; Foam/Silicone foam, Hydrocolloid</td>
<td>Larvae, Honey, Hydrogel, Hydrocolloid</td>
<td>Iodine, Silver, Hydrocolloid, PHMB</td>
<td>Foam/Silicone foam, Hydrocolloid, Low adherent dressing under compression</td>
<td>Foam/Silicone foam, Hydrocolloid, Low adherent dressing under compression</td>
</tr>
<tr>
<td><strong>Full Wound</strong></td>
<td>Hydrogel &amp; Foam/Silicone foam, Hydrocolloid</td>
<td>Larvae, Honey, Hydrocolloid</td>
<td>Iodine, Silver, Hydrocolloid, PHMB</td>
<td>Foam/Silicone foam, Hydrocolloid, Low adherent dressing under compression</td>
<td>Foam/Silicone foam, Hydrocolloid, Low adherent dressing under compression</td>
</tr>
<tr>
<td><strong>Cath Wound</strong></td>
<td>Alginate/Hydrofiber</td>
<td>Larvae, Alginate/Hydrofiber</td>
<td>Silver Alginate/Hydrofiber, Honey Alginate, PHMB</td>
<td>Alginate/Hydrofiber, with Foam/Silicone foam, consider absorbent secondary dressing</td>
<td>Alginate/Hydrofiber, with Foam/Silicone foam, consider absorbent secondary dressing</td>
</tr>
</tbody>
</table>

*Please consider the use of Sofraderm to protect peri-wound skin and the use of Appel Silicone Medical adhesive Remover (SMAR) to prevent skin stripping. This guide is to be used in conjunction with the Worcestershire Wound Management Formulary.*
The aims of a Wound Management formulary are:

• Promote evidence based practice by providing a framework within which it is safe to practice

• Promoting continuity of care

• Promoting rational prescribing

• Supporting the practical application of nurse prescribing

• Encouraging safe, effective and appropriate use of dressings

• Promoting cost effectiveness

(Stephen-Haynes (2013))
“Guiding principles for improving the systems and processes for the supply and prescribing of wound dressings”

National Prescribing Centre 2010
Ten Guiding Principles..... Where are you?

1. Local health economies should understand their local clinical need for tissue viability and wound management services and map this against available workforce expertise.

2. Local health economies should develop (or adopt) a prescribing policy to increase productivity and in particular reduce wastage.

3. Local health economies should understand their local procurement and prescribing arrangements for dressings across primary, secondary and social care.

4. Local health economies should develop clinical and system leadership in wound management.

5. Local health economies should work with care home commissioners and providers to ensure a high standard of wound care management in this setting; this includes screening, education, assessment, prevention and treatment.
Ten Guiding Principles..... Where are you?

6 Local health economies should ensure assessment for risk of developing wounds and early identification of wounds is embedded into everyday care.

7 Local health economies should develop (or adopt) standard templates for wound management care plans to be used with “at risk” patients across primary, secondary, and social care settings.

8 Local health economies should assess local training needs for wound management and implement a programme of education for all front line staff and patients. Competencies for basic skills should be developed.

9 Commissioners should consider incentives to improve wound management and prevention.

10 Local health economies should develop (or adopt) measurements for assessing the quality of the provision of wound management and prevention services.
Prescribing Pyramid

- Holistic need of the patient
- Appropriate strategy
- Consider product
- Negotiate
- Review
- Record Keeping
- Reflect
Poor Outcomes may reflect:

• Poor assessment
• Incorrect diagnosis
• Incorrect treatment
• Poor identification or management of underlying conditions
• Poor patient partnership
• Poor access to / poor use of appropriate dressings
• Re-use of dressings
Issues and challenges around prescribing for wound care

• Developing competency
• Maintaining competency
• Cost
• Antimicrobials
• Availability of dressings
• Industry.... its role and our responsibility
• Disseminating best practice....
• Research available..... Interpreted.... Understood... implemented.....
• Initial dressings , over-prescribing, re use of dressing, boot stock
Real costs

- Dressing Costs 10-15%
- Nursing Time

Hospital Admission
No. of bed days
A lot of people want your attention....

- http://www.nurseprescriberforum.co.uk/old/default.aspx
- http://www.nurseprescribing.com/
- https://www.associationforprescribers.org.uk/
The future is nowhere
Thank You

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