CHOOSING THE RIGHT WOUND DRESSING FOR THE RIGHT PRESSURE ULCER: THE DEVELOPMENT OF A COLOUR-BASED CHART HELPING HEALTHCARE PROVIDERS

1ASST FATEBENEFRATELLI-SACCO - P.O. FATEBENEFRATELLI E OFTALMICO, PHARMACY UNIT, MILAN, ITALY, ASST FATEBENEFRATELLI SACCO - PO FATEBENEFRATELLI, Milan, Italy

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Background
Pressure ulcers (Pus) are a complex problem that affects many patients in every hospital ward. The main goal of healthcare providers is to treat patients’ major diseases, leading often to an underestimation of PUs. Thanks to a multidisciplinary group led by a hospital pharmacist, every year a course is organised to train nurses in recognising and managing PUs and to improve the appropriate use of wound dressings. Over the years, many types of wound dressings have been developed and are now available: they differ in material, technology and use. Healthcare providers could be given a tool helping them choose among the different products available.

Purpose
The objective was to develop a tool that could help nurses in choosing the right dressing for the right PU, leading to a better treatment of PUs.

Material and methods
We collected all the wound dressings available in our hospital and identified, for each dressing, destination of use and mechanism of action. We set up an easy chart characterised by a colour-code that identifies the different stages of a PU and for each stage we selected the most suitable dressing. Starting from internal procedure PRA085 and thanks to the collaboration of the whole group, a schematic diagram was developed, to facilitate the decision-making process.

Results
A total of 22 different kinds of wound dressings are available in our hospital: we set up a colour-based diagram that collects all the dressings. It is based on four colours, representing the principal kinds of lesions: Yellow (slough, fibrine); Red (granulation tissue); Green (infected lesion); Black (necrotic tissue). Each wound dressing used in our hospital was then associated to one of the previous colours, lesion’s staging and medications to be used with. All this information is represented in a pivot table. The diagram was printed as a poster to be easily available to healthcare providers during wound rounds.

Conclusion
Thanks to our multidisciplinary group, the awareness of all healthcare providers is growing. The ongoing collaboration is providing fundamental tools to improve the quality of wound care. A colour-code system can improve the appropriate use of dressings. Continuous collaboration allows hospital based standardised criteria to prevent and treat Pus.