



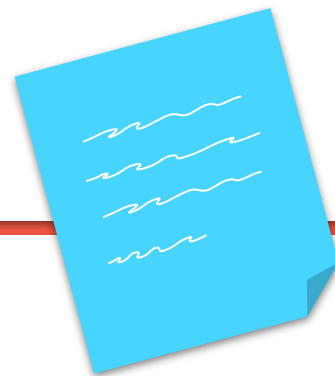
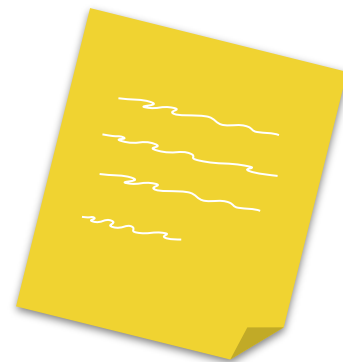
## **Team working skills in wound care**

PRACTICAL TRAINING PER IL CORRETTO  
TRATTAMENTO DELLE LESIONI CUTANEE

**23-24 MAGGIO 2024 | AREZZO**

# **Presentazione**

Sara Sandroni



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*thank you!*

# Agenda

**01**  
Approfondimenti  
multidisciplinari  
Interazione pratica  
Casi clinici

**02**  
Assessment – Biofilm  
- Wound Hygiene  
TIME – WBP - BWAT

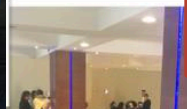
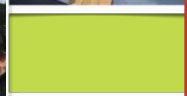
**03**  
Focus specifici su  
simposi aziendali



**04**  
Ulcere vascolari –  
Ferita chirurgica –  
Terapia a pressione  
negativa

**05**  
Terapia a pressione  
negativa





Sette edizioni

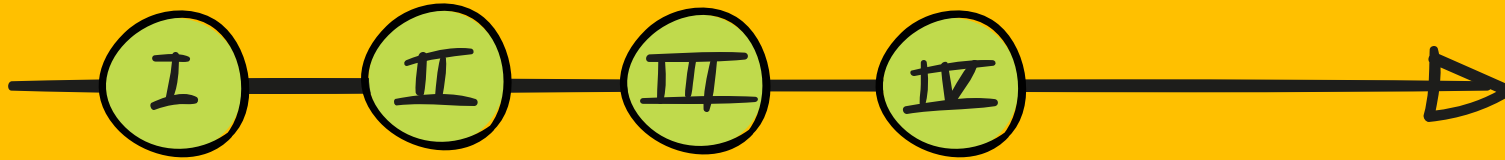


# Timeline



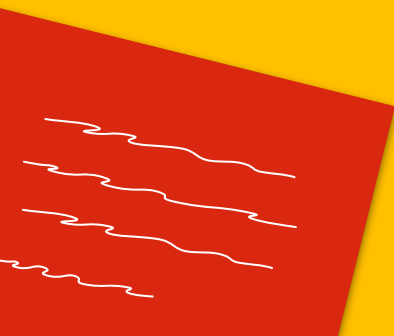
Team

Skill



Work

Wound Care







# PREMIO MIGLIOR POSTER

«**P**reventing is **M**uch **B**etter than **H**ealing»

**Prevenzione e trattamento del biofilm attraverso la detersione**

Deadline: 28.02.2025



# Team

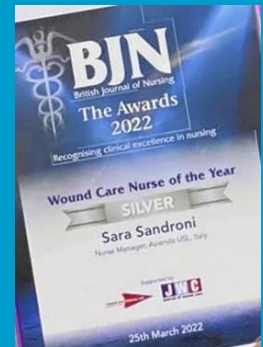
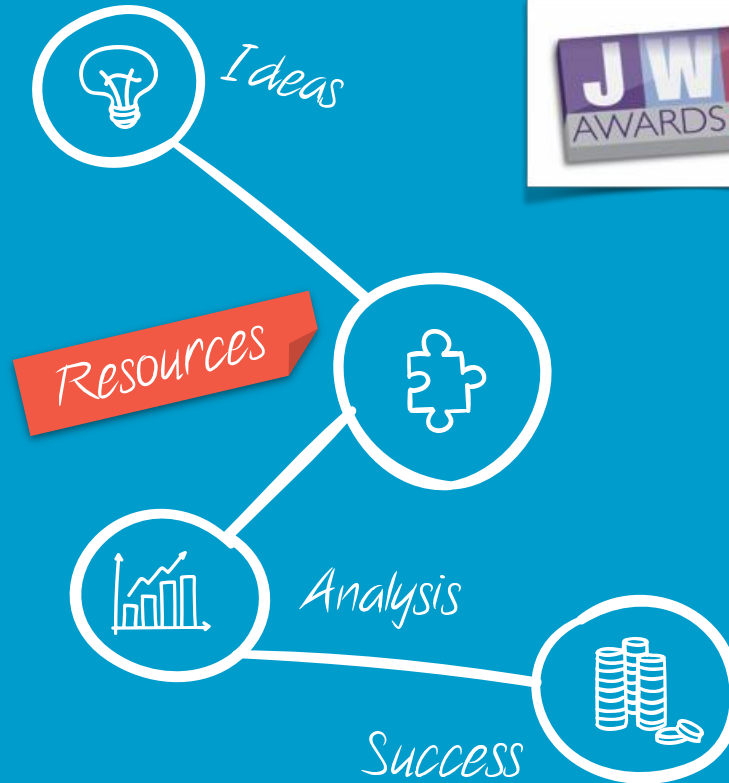
**Table 1. WOUND BED PREPARATION FOR WOUNDS BELOW THE KNEE IN RESOURCE-LIMITED ENVIRONMENTS**

No.	Statement	Substatements
1	Treatment of the cause	<p>A. Assess for adequate arterial perfusion to ensure proper wound healing (palpable foot pulse[s] and/or multiphasic arterial foot artery sounds with an 8-MHz Doppler).</p> <p>B. Identify all underlying causes.</p> <p>C. Triage the most important causes/comorbidities to treat immediately and design targeted intervention(s) within locally available support systems/resources.</p> <p>D. Prioritize redistribution of pressure for foot wound(s) and choose appropriate compression for leg/foot edema based on arterial perfusion.</p>
2	Patient-centered concerns	<p>A. Assess pain using a pain scale with a targeted plan for nociceptive and/or neuropathic pain management.</p> <p>B. Identify activities of daily living that may affect healing outcomes.</p> <p>C. Assess patients for (harmful) lifestyle habits that may impact wound healing (eg, smoking, alcohol, and other substances).</p> <p>D. Empower patients using sustainable educational interventions that include their support system. When possible, use the patient's primary language and consider their cultural background, religion, accepted behaviors, taboos, and beliefs.</p>
3	Wound healability	<p>A. Determine if adequate blood supply is present for wound healing and that appropriate treatment is available to address the underlying cause(s). This is a healable wound.</p> <p>B. Adjust practice if adequate blood supply is present for wound healing but the patient cannot adhere to the plan of care and/or the healthcare system does not have the required resources. This is a maintenance wound.</p> <p>C. Determine alternative wound treatment(s) if blood supply is inadequate and/or the underlying cause cannot be corrected. This is a nonhealable wound.</p>



# Work

Oltre 6000 Assistiti  
Oltre 85% Poliulcerati  
Valutazione BWAT - GNNN



# Skills

## Key Messages

- the effective management of chronic wounds is complex, and in order to maximise outcomes for patients, it is recommended that those involved in their care and treatment should have the appropriate knowledge and skills; however, little is known about nurses' knowledge, skills and education in this capacity
- a semi-systematic literature review was carried out to determine the current evidence base underpinning wound care; the extent of utilisation of existing evidence by nurses involved in the management of wounds in practice; and the nature and knowledge, skills and education of nurses involved in wound care

- shortfalls were found in the evidence base underpinning wound care and in links between evidence and practice and in structured education at pre- and post-registration levels; a prevalence of ritualistic practice was also found

## Recommendations for practice

- The commitment to the conduction of independent studies in an effort to build the evidence base on all aspects of wound management;
- The commitment to the conduction of wound care research of qualitative design to obtain rich data on both patient and clinician experiences of all aspects of wound management;
- The development of more structured wound care education programmes at both pre-registration/undergraduate and professional development levels;
- The commitment from nurse leaders and managers to support innovation and best practice through ongoing governance and audit activity.



# Wound Care

## Box 4. Best practice for the most common wound types

### *Venous leg ulcer*

Compression therapy and venous intervention

### *Pressure ulcer*

Pressure reduction, relief and redistribution

### *Diabetic foot ulcer*

Offloading and management of diabetes

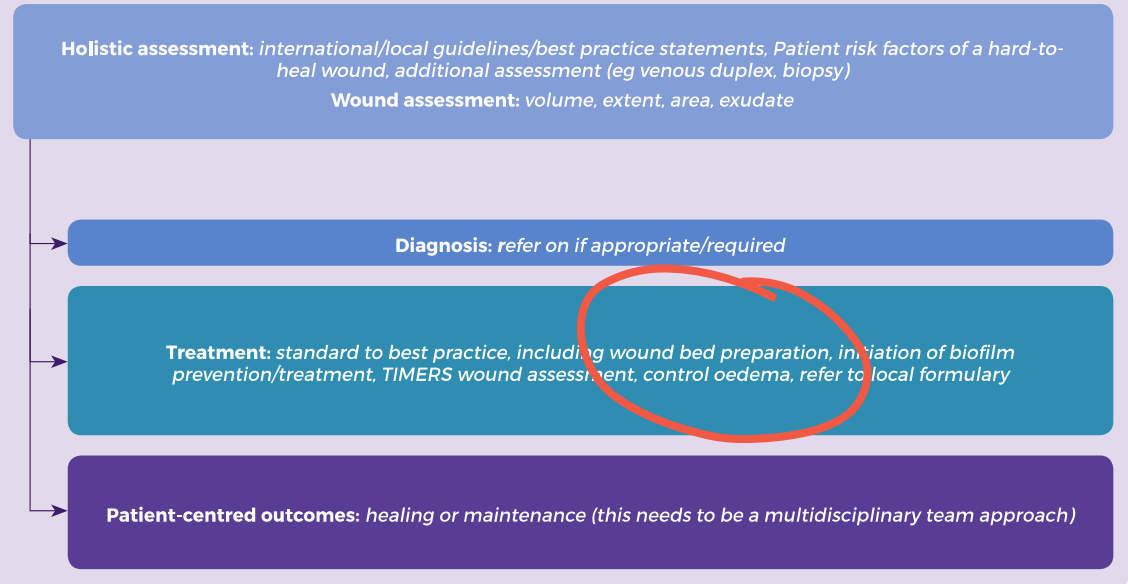
### *Arterial ulcer*

Vascular reconstruction

All can be aided by disruption of wound microbiota

The overarching standard of care is holistic assessment and accurate diagnosis, leading to management of the underlying causes and pathophysiology using best practice according to expert guidelines

Fig 4. Fundamentals of wound assessment and referral



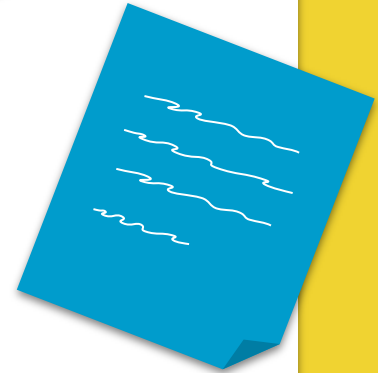




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# **Benvenuti e buon corso**