2011 Harrogate poster #2 (NK).qxd:Poster template Harrogate 2011.qxd 7/11/11 15:13 Page 1

The development of a compression selection chart and the recommendations for practice

Peninsula Community Health

NICCI KIMPTON, Tissue Viability Lead Practitioner, Peninsula Community Health, Cornwall.

Introduction

The successful management of leg ulcer patients is dependent on many factors including a partnership with the patient, practitioner knowledge and skill, and utilising treatment resources within the Trust. Clinicians are faced with providing the best care for an increasing elderly population, whilst still keeping within an allocated budget and demonstrating effective outcomes in healing. In a study examining compression bandaging practice by district nurses, Adderley (2007) found that lack of time and access to research were barriers to evidence based practice.

Brailsford (2009) identified the problems with lack of guidance for chronic oedema management which may be leg ulcer related, despite the fact that community nurses can be the first point of contact for the patient.

The importance of reassessment to ensure effectiveness of treatment and clinician decision making is identified in the SIGN guidelines (2010) that recommend reassessment at 12 weeks if there is no progress. If the ulcer is not healing, the cause should be identified and specialist referral should be made.

Anderson (2007) advises on the local adaptation of guidelines to manage the patient variances and risk factors, taking into account clinician competencies and referrals.

The development of the compression selection chart and the training programme was a collaboration between the tissue viability specialist and representatives from the companies who make the bandages.

Rationale

In this Trust's experience clinicians often lack the confidence to apply compression, as demonstrated by an audit in 2005.

2005 audit

1400 leg ulcers costing £400,000 per annum on compression bandaging alone.

- 16% of ulcers had no recorded differential diagnosis
- 53% of patients had no vascular assessment
- 35% of the 53% were in some form of compression therapy
- 10% identified with arterial ulcers were treated with some form of compression therapy
- 51% of ulcers were not healed within 6 months
- 23% showed a duration of >2 years' ulceration

Aim of the new intervention

- Maximise resources
- Standardise care
- Provision for chronic oedema and conditions more suited to the elderly, less mobile population
- Provide a structured programme

Method

Based on the audit's results, a selection chart was designed to achieve the above aims, taking into account a set of criteria.

Caution

Patients with suspected arterial disease should have full vascular assessment, including wave form analysis and should be treated under specialist supervision.

Compression Selection Chart

Patients with ulcers that show no signs of healing at 12 weeks should have their compression system reviewed and/or be referred to the Tissue Viability Team

	Bi/Triphasic ABPI >0.8 - <1.3			Mono/Biphasic ABPI 0.6 - 0.8		
	Long Stretch - Multi-layer	Cohesive Short Stretch	Hosiery Kit	Modified Compression	Class 1 or 2 British Standard Hosiery	Cohesive Short Stretch
Actively mobile	●	●	●	●	●	
Fixed ankle joint	●	●	●	●	●	●
Bed/Chair bound	●	●	●	●	●	●
Wishes to wear normal shoes		●	●	●	●	●
Rest/Night pain with no arterial disease		●				
Skin integrity and dexterity compromised	●	●		●		●
Exudate containment problems	●	●		●		●
Unusually shaped legs	●	●		●		●
Oedematous legs		●				●
Patient requests not to wear bandages			●		●	
Wishes to provide own care			●		●	

0.6 - 0.8 Please seek specialist advice

Key: Long Stretch - Multi-layer; Cohesive Short Stretch; Hosiery Kit; Modified Compression; Class 1 or 2 British Standard Hosiery

References RCN Guidelines 2006, EWMA 2003, WUWHS Consensus 2008 & 'Healthcare Working With Industry' Kimpton N 2010

In addition to the patients' criteria, clinicians' competencies with compression bandaging should be considered.

Reassessment

Open wounds

12 weeks - Vascular assessment and wound assessment for non-healing leg ulcers. For patients with a risk factor this would be conducted sooner, according to individual needs.

Healed Wounds

24 weeks - Limb size and shape, with visual and limb circumference measurement. For patients in compression hosiery, vascular assessment.

Results

- The selection chart is now in use and has been validated internally, showing good reliability
- Structured training programme is in place and continues to be implemented
- The number of leg ulcer patients has reduced from 1400 - 800

Discussion

Patients should be continuously assessed and reassessed to monitor effectiveness of treatment so that they are not subjected to months, or even years, of suffering as a result of inappropriate interventions. Clinicians should be aware of all the treatment options to be able to make informed decisions.

Conclusion

As an adjunct to the wound care formulary, the chart has provided clear, easy to understand guidelines with compression bandaging and hosiery for the management of leg ulcer patients in this large, rural Trust. The introduction of the guidelines, coupled with a structured training programme, has led to the successful treatment for patients in this Trust, as shown in the results.

Implementation of these changes has provided the basis for a logical, structured approach to patient care with support and training provision for nurses.

References

Adderley U, Thompson C, (2007) A study of the factors influencing how frequently district nurses re-apply compression bandaging. Journal of Wound Care 16; (5) 217-221

Anderson I (2007) Applying Guidelines in Clinical Practice, Wound Essentials 2, 24-33

Brailsford C, (2009) Caring for chronic oedema at a community Leg Club, Wounds UK, 5 (3) 130-131

SIGN Guidelines (2010) Management of Chronic Venous Leg Ulcers August 2010

Independent poster kindly printed by Activa Healthcare (an L&R Company)