

her Senior Nurse Manager, to support the strategies involved. The Multidisciplinary team had a variety of professionals, hence she recognised the need for support from all disciplines.

Therefore, the charge strategy was initiated by communicating with a target group at a Multidisciplinary team meeting. On the basis of the acceptance from this venue, support for the need for an audit was given to identify whether ineffective communication was causing any problems. The audit also addressed the area of educational needs and current wound care practices.

This audit revealed that:

- There were inefficiencies within the realms of communication both internal and externally
- There were inconsistencies in wound care assessment evaluation
- There was a need for an educational component
- There was a large party of professionals interested in the collaborative care document.

Consequently the author has presented these findings to her target group. The Consultant and Nurse Manager have agreed to support her quest to develop the format of the design of this documentation. The final draft has been printed and has now been sponsored for publications, which will be launched shortly. The author plans to re-audit communication after an initial period. The author is aware of the need to communicate with all Multidisciplinary team professionals to ensure its success. Change is slow, however the author is aware of the need for a structured process. ●

## Case Study 1

# The treatment of a painful chemical burn using a hydrogel sheet

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A 64 year old woman was admitted to a general medical ward with a painful and swollen lower left leg, with demarcation approximately half way up the leg. The patient presented 24 hours following a fall at home. After examination an initial diagnosis of cellulites was made and broad spectrum antibiotics were commenced. On examination, large areas of superficial blistering were found interspersed by areas of sloughy and necrotic tissue. At this stage the patient was in extreme pain and requested the use of an anti-inflammatory gel to aid pain relief. It then became apparent that the injury resulting from the fall had been treated by the patient at home using an anti-inflammatory gel purchased at the local pharmacy. While the leg presented with classic cellulite signs and symptoms it was in fact a burn due to an allergic reaction to the anti-inflammatory gel used while at home.

The lower leg was cleansed by placing it in a basin of warm water and where possible the necrotic tissue was removed. Hydrosorb, a sheet hydrogel dressing was applied to the affected area and secured with a semi-occlusive

dressing. The patient was requested to rest as much as possible with her leg elevated. Regular analgesia had been required up to this point.

A review of the patient was carried out at 24 hours. Analgesia was no longer required and the dressing remained intact and was left in situ. Due to the transparency of the dressing it was possible to inspect the wound without removing the dressings. A further review was carried out at 48 hours and the dressing removed. A significant reduction in the superficial areas of damage had been achieved and the sloughy areas had also reduced. At 96 hours the dressings were removed and inspection revealed the superficial areas to be covered with new epithelial tissue and the sloughy areas had been replaced with granulating tissue.

This case was particularly challenging given the wide area involved and the unusual cause. It was beneficial to the patient to be pain free without the use of drugs given that these had caused her to become confused. The choice of a sheet hydrogel not only reduced the patient's pain, but allowed for inspection of the wound without the removal of the dressings. ●

## REFERENCES

- Boulton. A.J.N. (1993). The Diabetic Foot Medicine International.
- Greener. M. Counting the Cost of Diabetes. Costs and Opinions.
- Malther. D. E. and Woods L.S. (1987). A Form that Makes Wound Assessment Easier. Registered Nurse 6, 37, 39.
- UKCC. (1993). Standards for Record and Record Keeping. UKCC London.
- Wilson. J. (1997). Integrated Care Management. Nurse Management 1997.



State of the wound on admission...



... and after 96 hours of treatment with Hydrosorb.