

Impact of SIGN Guideline 120 on Assessment and Management of Leg Ulcers/Lesions in the Community.

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Introduction

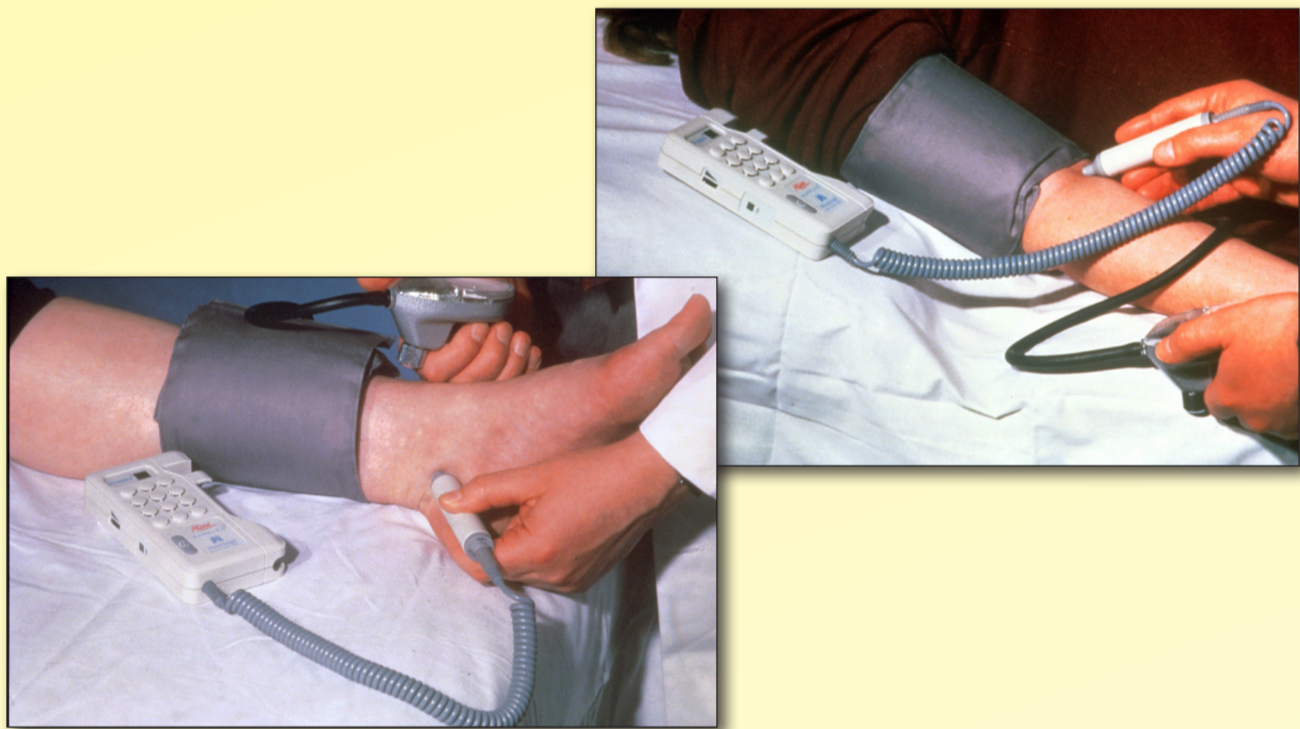
Primary aim of audit is to determine ulcer healing rates in the remote/rural area of Arran, achieving healing within 3 – 6 months as specified (8.1)

Number of patients seen

Over a thirteen month period eighteen patients were referred and assessed. Nine were male and 9 were female with an age range from 42 years to 95 years. (Mean age 72)

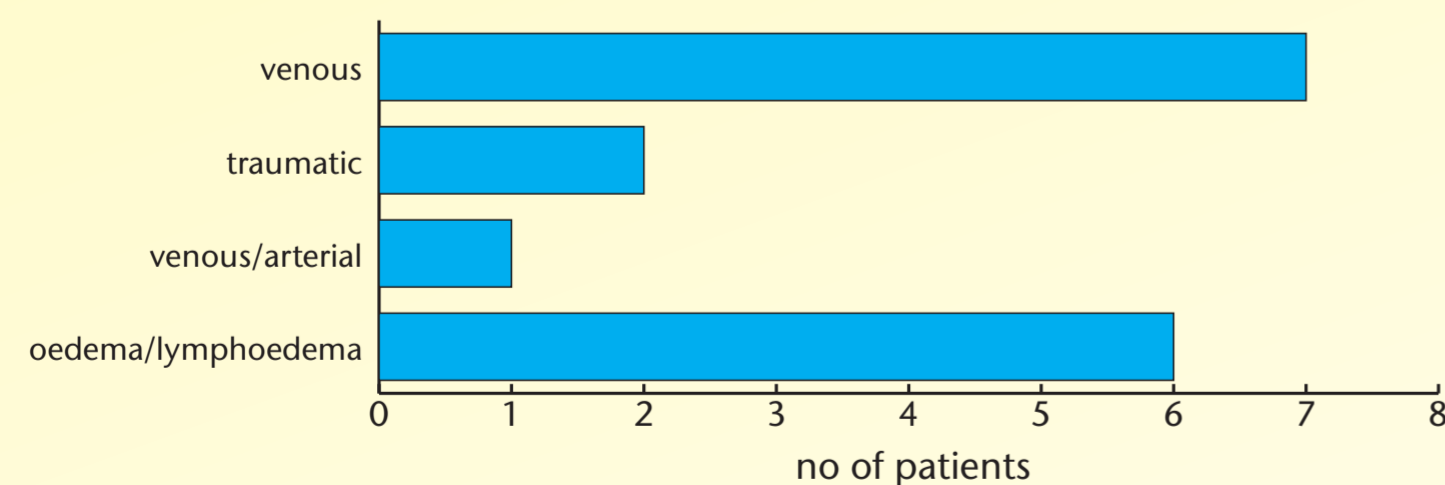
Assessment

All patients were assessed based on 3.1 – 3.3.4 within the Guideline using Local Protocol for documentation. Holistic assessment takes into account co morbidities, social impact, past medical history and local assessment of the lesion and leg. All patients had an Ankle Brachial Pressure Index (ABPI) measurement (3.2.1) This is the ratio of the ankle to brachial systolic pressure and is measured using a sphygmomanometer and hand held Doppler device. If Doppler index is <0.80 compression should not be applied.



Two patients were referred on for specialist advice. 1 patient with an ABPI 0.53 and the other has oestomylitis.

The remaining patients aetiology is shown in the Bar Chart.



Treatment.

All treatment that was used is on local formulary.



The mainstay of treatment is compression therapy (4.5). Eleven patients complied with toe to knee two layer Actico cohesive inelastic bandage system. (picture)

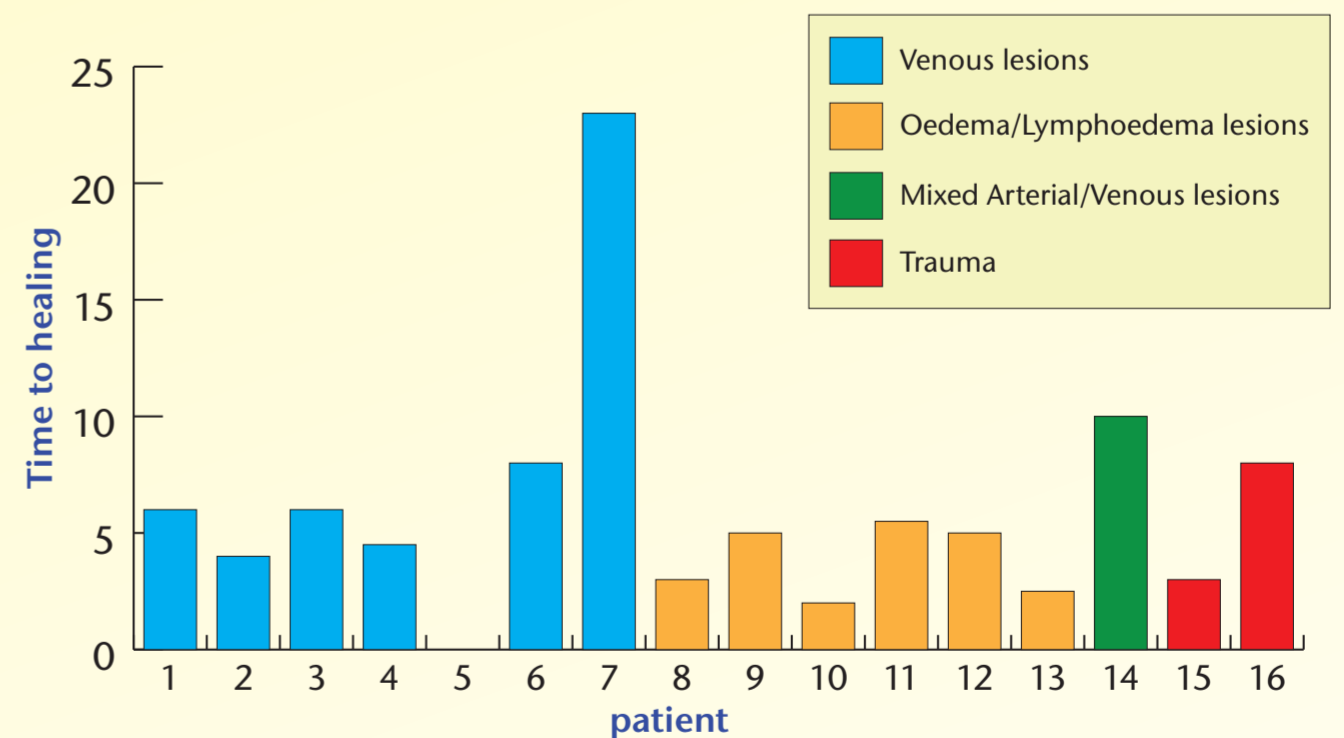


Three patients complied with Class 2 Activa Support Hosiery. The remaining 2 patients wore one layer of tubifast and tubigrip to keep the dressing in place. All patients had their legs washed at dressing change and an emollient (Dermol 500) applied to the skin to provide a barrier and prevent maceration. (4.2 and 4.4). Non adherent dressing was applied over the lesion (4.3) with inappropriate topical agents now not being used. Inidine was used for three patients infected with staphylococcus aureus infection with local cellulitis. (4.3.1)

Outcomes

Healing Rates are shown in the chart below

No of patients **16**. Time to healing **2 – 23 weeks**. Mean **7 weeks**



Conclusion

SIGN Guideline 120 (previously 26) has impacted greatly on assessment and management of leg ulcers in a remote/rural area.

The key to successful healing rates appears to be:-

- Early referral
- Holistic assessment including Ankle Brachial Pressure Index
- Treatment tailored to individual requirements
- Whole Community Nursing Team Involved with treatment of this group of patients.
- Access for specialised advice, from Tissue Viability Nurse Specialist and/or Vascular Unit.