Wound care: a focus for homeless health

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Agenda

Types of wounds

Acute and chronic wounds, diabetic wounds

Risk factors

Drug use
Smoking
Diabetes
Nutrition

Management

Clinical visits
Dressings
Nutrition

Complications

Infections
Cellulitis
Abscesses
Osteomyelitis

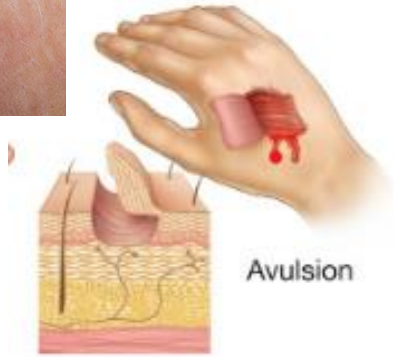
Referrals

Podiatry services in the city, specialist diabetes services

Types of wounds

Acute wounds

- Many causes; surgery or else accidents e.g. falling or burns
- Acute wounds are wounds that heal within 6 weeks
- Stitches need to be removed at around 7-10 days.
- Acute wound often need less clinical intervention, typically one or two appointments to re dress wounds



Chronic wounds

- Chronic wounds are wounds that have been present for more than 6 weeks.
- Chronic wounds need frequent appointments and more intensive treatment.

Leg Ulcers

- Mostly on legs, can sometimes be on arms (caused by drug use)
- Caused by venous insufficiency in the lower legs. This results in a lack of nutrients and oxygen and poor venous return to the heart.
- Ulcers need specialist dressings and bandaging to aid healing.

Chronic wound: Abscess

- Many potential causes, incl from injecting drugs. If vein is missed, and some or all substance has gone into tissue, this can lead to infection, as extra cells gather to treat the infection.
- Abscess might be treated with antibiotics
- Abscess in pic: likely to need to be opened up and drained, in order to heal well.

Chronic wounds (cont)

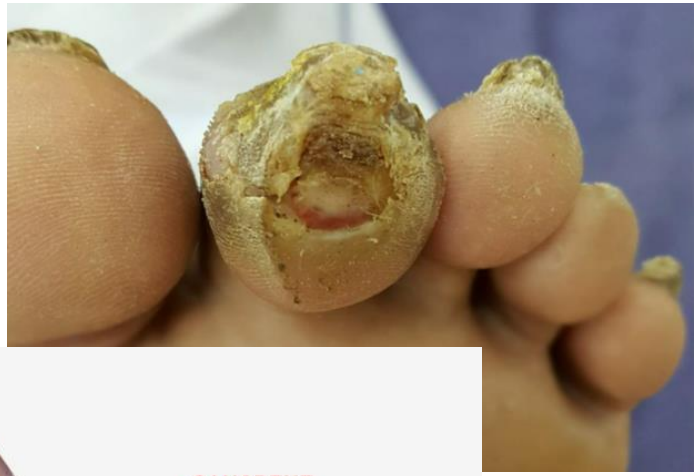
Crack use

- Can cause skin to feel very itchy, and for people to feel like there's something under their skin
- Skin gets scratched a lot and this leads to lots of little wounds on hands, arms and legs
- Through lots of picking, wounds can become infected, and don't clear up fast enough before they are picked at again.

Skin popping

- Lots of little wounds all over the body, at injecting sites where veins have been missed, leading to damaged skin looking like little craters. Pic shows these at different stages of healing.
- If injecting, a person is likely to rotate areas in order to manage wounds and allow them time to heal.

Diabetic wounds



Diabetic wounds

- Wound care is extremely important for anyone suffering from diabetes
- With diabetes, wounds are difficult to heal – they heal slowly and with care and attention, but can progress very easily and quickly
- See slide 9 – these are common examples of diabetic wounds, and it is common to get them on the feet & toes
- Will often appear as in photo (previous slide), circular and "punched out" looking, with dry skin around the edge.
- Caused by poor blood supply and damaged veins in the feet, a common effect of diabetes. They can also go a long while without being noticed. Due to loss of feeling in feet which is common in diabetics, and also if someone cannot get to change their socks often, they won't be seen.
- Might result in urgent trip to the podiatrist, for treatment, dressings etc, to prevent further deterioration.
- High risk of untreated wounds causing much damage to the foot, eventually leading to amputation
- Poor blood supply can also lead to tissue dying – this also leads to amputation.

- **For more details on diabetes and homelessness, see slides from Diabetes tutorial**

Risk factors

If you are working with someone who has one or more of these risk factors, and you notice a wound, it would be worth supporting them with a trip to their GP surgery, to monitor wounds & prevent any complications or deterioration.

Intravenous drug use: damages veins. Leading to high risk of leg ulcers.

History of Deep Vein Thrombosis (DVT): DVT is a blood clot in the lower leg. Can lead to damage to veins and blood supply in the leg. Post- thrombotic syndrome can occur after a blood clot. Skin can become reddish-brown and feels itchy. Leg can also feel very painful. Raises the risk of getting a leg ulcer due to skin irritation & inflammation.

Poor nutrition: with serious, chronic, leaky wounds, the leakage is made up of cells full of protein and nutrition that the body is losing every day. So someone with an extensive leg ulcer or other chronic wound would need support to up their protein intake to make up for this and to help aid healing.

Smoking: reduces the body's immune response, making it more likely to pick up infections. Smoking also increases carbon monoxide in the blood, and reduces oxygen level. Wounds need oxygen to heal so reduced oxygen will slow down the healing. Smoking may also reduce the level of white blood cells which fight infection and promote healing.

Diabetes: this can mean higher levels of blood sugar if not controlled well. High levels of sugar in the blood can cause inflammation, and a thriving environment for bacteria – leading to higher likelihood of further infections, delaying/preventing healing.

Management

Wound management

- **Acute wounds:** usually not much clinical management required after stitches or initial dressing
- **Chronic wounds** e.g. **leg ulcers**: can be very painful, therefore need regular clinical attention in order to change dressings
- **Abscess:** if opened and drained, this can lead to a hole in the skin and changing dressings can be extremely painful, requiring dressings regularly.
- Potential prescription of anti-inflammatories for **pain relief**. If pain not managed will need to discuss alternatives.
- **Nutrition:** May need to consider nutrition supplements while extensive wounds are healing, this may aid healing. Support for nutritious meals if possible (signposting to cheap and free meal services)

Wound management (cont)

- **Dressings:** These need to provide the perfect environment for healing, not too wet or too dry. Ideally patient needs time with their feet up to avoid bandages soaking through too quickly, but people experiencing homelessness might be on their feet a lot, without the opportunity to rest with feet up. So bandages chosen carefully to be able to hold a lot of fluid, remove debris and prevent infection

- Picture: **compression bandage** for a leg ulcer. This would be used even for a small ulcer, very helpful to support blood back up to heart, and to contain any leaking. Also means potentially fewer GP visits for dressing changes. Can stay in place for up to 7 days.

Complications

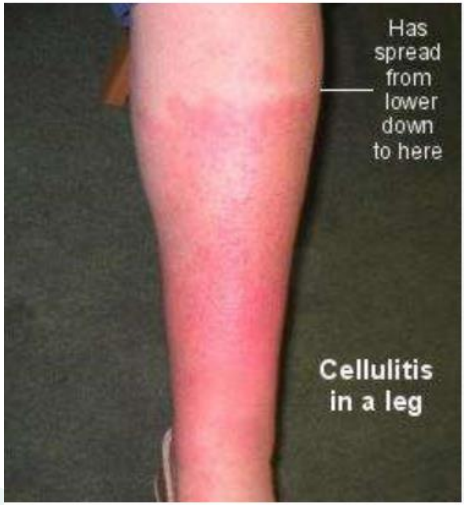
NB. Risk factors (mentioned above) increase the likelihood of complications with wounds

Infections

- Pic on left shows wound on the way to becoming further infected. Pus can then become **fluorescent green** and develops a **very strong smell**. This could be a sign of a **Pseudomonas infection**. If this is the case, a GP visit is needed. Might lead to immediate antibiotic prescription, or else the clinician may take a swab to send to lab. This will then take 5 days for results, then antibiotics may be prescribed.
- Flucloxacillin commonly prescribed, although may not be suitable in all cases
- Wound with black, leathery coating: necrotic. This black coating needs to come off or be dissolved, as it is preventing the wound from healing, so an urgent trip to the GP is needed.

Cellulitis

- An infection in the skin.
- Skin feels hot, swollen, tight.
- Can look similar to symptoms of DVT
- Urgent visit to GP needed for antibiotic prescription (whether it turns out to be DVT or cellulitis, treatments will be different but both conditions need urgent clinical treatment)
- If skin dry and itchy, an emollient or mild steroid cream might provide some relief. But if leg has been scratched and is looking a bit weepy, don't let it get too wet through further applications of creams.

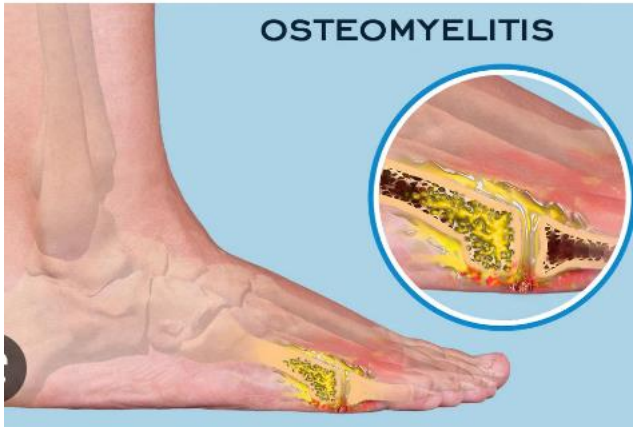


Abscesses

- Pic shows abscess on elbow
- Commonplace in drug users, at injecting sites
- Will need to be opened up and drained (see wound types, above)
- After treatment, it won't be stitched up, but rather left open as a hole, then packed and dressed
- As mentioned above in management, packings and dressings will be changed and patient supported to heal, until the wound closes up on its own

Osteomyelitis

- When an infection has travelled into the bone
- Pic shows wound on bottom of foot resulting in osteomyelitis
- Bone becomes very brittle and full of holes ("Malteser" consistency), likely to collapse
- Very serious, will likely need IV antibiotics over 4-6 weeks (extended hospital stay)
- Diabetes can make this condition more likely
- If bone can't recover, then amputation may be needed
- Internal, so not visible and only diagnosable with an x-ray.
- Signs to look out for – usual wounds and risk factors, and if a wound is not healing and becoming much more painful over time, encourage and support your client to visit their GP and get it seen to regularly, to monitor and catch complications at an early stage.



Referral services in Brighton and Hove for wound care

- **GP surgery can be first port of call, and will coordinate care**
- **Diabetes Care for You** – Community Diabetic Team: specialist podiatry team https://www.sussexcommunity.nhs.uk/services/diabetes-care-for-you/108951
- **Podiatry**
    - Hospital, Conway Court, Moulsecoomb HC https://www.sussexcommunity.nhs.uk/services/podiatry-service/109036
    - St John Ambulance mobile service: walk in podiatry clinic at First Base on Thursday mornings, at Antifreeze on Portland Road on Tuesday afternoons.
- **Tissue Viability Nurses: (wound care nurses)** https://www.sussexcommunity.nhs.uk/services/tissue-viability-service/109068 will visit the GP surgery or will visit patient at their home
- **Leg Ulcer Clinic:** via the tissue viability nursing team (see link above)
- **Dermatology:** https://sussexcds.co.uk/services/referral-guidelines/referral-guidelines-brighton-hove/. Suitable for patients with lots of skin complications from wounds (dry, itchy, flaky skin)
- **Inclusion Health Nursing Team:** https://www.sussexcommunity.nhs.uk/services/homeless-health-inclusion-team/390823 – also run wound care clinics in the city
    - First Base Wednesdays 1030 to 1230
    - Antifreeze Wednesdays 1-3pm

Thank you!