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Exploring latest advancement in nursing education and communication

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Abstract

Pressure ulcers are a common problem in health care and can be burdensome for both the patient and care givers. There are many contributing factor that are responsible for pressure ulcer like friction, humidity, temperature, unrelieved pressure, nutritional inadequacies and immobility. Because of these factors occlusion from external pressure and from a disruption of circulation related to shearing force.

Its location makes it vulnerable tool damage from trauma, sunlight, pollutants in the environment out of these various disorders like pressure represent a common butt potentially preventable conditions which is seen most often in high risk population such as elderly persons and those with physical impairment due to acute or chronic systemic disorder.

Pressure ulcer remains a major health problem effecting approximately 3 million adults. The epidemiology of pressure ulcers differ among setting 0.04% and 38% in acute care 2.2% and 23.9% in long term care and 17% in home care. The prevalence of pressure in Indian scenario is 5.2%, in Canada is 25%in acute care, 30% in non acute care, 22% in mixed health care setting, 15% in community.

INTRODUCTION:

"An ounce of prevention is worth a pound of care"

The skin is the largest organ of body in both surface area and weight which covers the entire body. The integumentry system protects, provide shape to body and sensory information about surrounding environment. The entire body organ none is more easily inspected or more exposed to infection, diseases and injury as composed to skin.

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A Painful often reddened areas of degeneration ulcerated skin caused by pressure and lack of movement and worsened by exposure to urine and irritating substance on the skin are called pressure ulcer. Commonly involve the body prominence such as sacrum, elbows, knees and ankles. The symptoms of pressure ulcers are redness, tenderness, discomfort, area become cold to touch, local edema and gangrene.

Stage 1: is the most superficial, indicated by non bleachable redness. In this stage skin may be hotter or cooler than normal, have an old texture, or perhaps be painful to the patient.

Stage 2: In this stage epidermis is involved and ulcers are not extended to dermis. The ulcer referred as a blister or abrasion.

Stage 3: In this stage full thickness of the skin involved and ulcer may extend into the subcutaneous tissue. There may be undermining damage that makes the wound much larger than it may see on the surface.

Stage4: In this stage the ulcer become deepest, extending into the muscle tendon or even in bones. Changing positioning in bed often reduces pressure on any one spot. Care giver need to follow a schedule for turning and responsible after every 15 minute. Using support surface such as special cushions, pads, matters and beds that relieve pressure. It is essential to keep wounds clean to prevent infection.

Gupta N, Loong. B and Loong. (2011) stated Comparing and contrasting knowledge of pressure ulcer, assessment, prevention and management in people with spinal cord injury among nursing staff working into two metropolitan spinal unit and rehabilitation training specialist in a three way. The studies shows response was 79% and 71% from the two spinal cords injury units and 46% from doctors.

Knowledge and management of pressure ulcers was conducted in U.S to determine if a structure workshop on a knowledge and management of pressure ulcers for nurses let to an improvement knowledge in the participants. The result of the study was 28 nurses participated in the workshop. The scores of the control test were compared with scores after teaching a substantial and

statically significant development was observed (mean 11.1[SD, 2.1] and mean 14.6 [SD]on 21 items before and after teaching respectively P<100. A Lecture base workshop on knowledge and management of pressure ulcers helped improve nurse's knowledge and allows them bed to overcome training deficiencies.

Schoonhoven L et al (2006) conducted a study on 13 patients to assess the pressure ulcer prevalence in different group during follow up. Result showed that weekly incidence rate was 0.006/week. Highest rate were observed for surgical patient and lower for geriatric and neurological patient.

Tom Defloor, et al (2005) was conducted study on knowledge and attitude of nurse on pressure ulcer prevention in Belgian and aim was the study is to assess the knowledge and attitude of nurses about pressure ulcer prevention in Belgian the result shows that prevalence was 13.55%.Approximately 30% of the patient were at risk .Only 13.9% of their patients received fully adequate preventive care. The mean knowledge and attitude scores were 49.7%-71.3% respectively.

As highlighted by Brown (2003) in systemic review about 33.3% of ICU patient died 30 days after the onset of full thickness pressure ulcer and 73.3% had died after 1 year.

Skin care is a fundamental nursing skill. Nursing staff may see this as elementary and not feel the need to focus education energy on skin care. There are many nursing homes that do not have access to expert wound care consultation to stay current, especially in rural area.

Nursing staff face an immense challenge in caring for the skin of patients with bed ridden diseases but by treating them holistically and educating both parents and their care giver; worthy skin integrity can be achieved. The key to successful prevention and treatment of pressure ulcers is the administrative process of setting up proper care plan as well as hands on nursing work so that it ensures the provision of high and satisfactory quality care to the patient and contribute a lot in the reduction of hospital stays due to pressure ulcer eruption that is the common complication after any acute and chronic injury that are difficult to treat and cost more. Its mandatory nurses should have good knowledge and practices while they provide care to those patients at risk of development of pressure ulcer.

Lyder H.C et al studied that preventing pressure ulcers had been a nursing concern for many years. Infect Florence Nightingale in 1859 wrote "if she has a bedsore, it's generally not the fault of the disease, but of the nursing". Others view pressure ulcer as a "visible mark of care giver sin associated with poor nonexistent nursing care.

N Gupta et al (2011) was comparing and contrasting knowledge of pressure ulcer, assessment, prevention and management in people with spinal cord injury among nursing staff working into two metropolitan spinal units and rehabilitation training specialist in a three way. The studies shows response was 79% and 71% from the two spinal cord injury units and 46% from doctors. There is also difference in management knowledge among nurses based on work rather than years of experience.

Altum et al (2011) a study of knowledge and management of pressure ulcers was conducted in U.S. The aim of study was to determine if a structure workshop on knowledge and management of pressure ulcers for nurses let to an improvement knowledge in the participants. The results of the study were 28 nurses participated in the workshop. The scores of the control test were compared with the scores after teaching a substantial and statistically significant development was observed (mean 11.1[SD, 2.1] and mean 14.6 [SD 0.9] on 21 items before after teaching respectively P< 100). A lecture base workshop on knowledge and management of pressure ulcers helped improve nurse's knowledge and allows them bed to overcome training deficiencies.

Janet Guddigen et al (2001) in United State studied that the incidence of bed sores was 0.4% to 38% within long term care, 2.2% to 23.9% and in home care, 0% to 17%. There was the same wide variation in prevalence 10% to 18% in acute care, 2.3% to 28% in long term care 0% to 29% in home care. There was a much higher rate of bedsores in intensive care unit because of immune compromised individual, with 8% to 40% of I.C.U patients developing bedsores.

Biography: Indrajeet kaur is working in Gov. Senior Secondary Smart School, Beluga India Professional of the Year 2019 by the Filipino Awards in UAE.

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