

Professional practices and recommendations / Pratiques professionnelles et recommandations

Which medical device and/or which local treatment for prevention in patients with risk factors of pressure sores in 2012. Towards development of French guideline for clinical practice

Quel dispositif médical et/ou quel médicament local choisir pour un patient à risque d'escarre pour assurer la prévention en 2012. Vers l'élaboration de recommandations françaises pour la pratique clinique

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Abstract

Introduction. – Implementation of a prevention strategy after the identification of risk factors is essential at the entrance in a care unit or in a medical-social unit.

Objectives. – Determine which medical devices and which treatments may be used in order to prevent pressure sore in 2012.

Method. – Systematic review of the literature using databases: Pascal, Biomed, PubMed, and Cochrane library between 2000 and 2010.

Results. – Nursing care including use of soft product, non-irritating for the cleaning, hydration of the skin with emollients, protection of fragile skin in case of incontinence by applying a skin protector and application of dressings in front of bony prominences to reduce shear forces, remain valid (level C).

Discussion. – Nursing cares and use of dressing in patients with high risks of pressure sores are the responsibility of the nurses. The engagement of health care teams involves screening of risk factors and the knowledge of treatments and local devices.

Conclusion. – Local preventive treatment in a patient with risk factors of pressure sore is of great interest at entrance in a care unit or in a medical-social unit.

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Keywords: Pressure sore; Prevention; Local treatment; Device; Dressing; Guidelines; Evidence based medicine

Résumé

Introduction. – La mise en œuvre d'une stratégie préventive après identification des facteurs de risque est indispensable à l'entrée dans une structure sanitaire et/ou médicosociale.

Objectifs. – Déterminer quels dispositifs locaux en dehors des supports et quels médicaments utiliser en matière de prévention d'escarre(s) en 2012.

Méthode. – Revue systématique de la littérature avec interrogation des bases de données PASCAL Biomed, PubMed et Cochrane Library entre 2000 et 2010.

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Résultats. – Les soins de nursing incluant l'utilisation de produits doux, non irritants pour le lavage, l'hydratation de la peau avec des émoullients, la protection des peaux fragilisées par l'incontinence par application d'un protecteur cutané et l'application de pansements en regard des proéminences osseuses pour réduire les forces de cisaillement restent d'actualité (Grade C).

Discussion. – Les soins de nursing et l'utilisation de pansements chez les patients à risque d'escarre sont du ressort du rôle propre infirmier. La mobilisation des équipes soignantes passe par le dépistage des facteurs de risque et par la connaissance des médicaments et dispositifs locaux.

Conclusion. – Il y a un intérêt à la mise en œuvre du traitement préventif local chez un patient à risque d'escarre dès l'admission en milieu hospitalier et/ou médicosocial (Grade C).

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Mots clés : Escarres ; Stade ; Prévention ; Traitement local ; Pansements ; Dispositifs ; Guidelines ; Médecine fondée sur les preuves

1. English version

1.1. Introduction

A pressure ulcer (PU) is a skin wound of ischemic origin connected with the compression of soft tissue between a hard surface and a bony prominence. Implementation of a preventive strategy following identification of risk factors is indispensable on admission to a sanitary and/or medico-social structure for all patients whose cutaneous condition is intact yet considered to be at risk. The strategy may also be aimed at avoiding occurrence of a new sore in subjects already affected [13]. It is of importance to all health professionals. Organization of a prevention program (risk scale, support, change in position, nutrition and education) diminishes the likelihood of sores and, consequently, the costs of possible hospitalization [12]. In order to be efficient, the strategy must be implemented quite early, and some authors have demonstrated that after 48 hours, its application takes place too late [11].

The aim of this article is to determine in view of the existing literature the local medical devices other than support surfaces to be used and the drugs to be taken, as of 2012, in the framework of pressure sore prevention.

1.2. Material and methods

Drawn up by the SOFMER [19], the method employed involves three main steps: a systematic review of the literature, a compendium of prevailing professional practices and validation by a multidisciplinary panel of experts.

1.2.1. Systematic review of the literature

1.2.1.1. Study selection. A systematic review of the literature appearing from 2000 through 2010 was carried out by two professional documentarians. The English-language key words were: pressure sore, pressure ulcer, dressing, bandage, stage, prevention and control, local wound care, wound healing, therapy, practice guidelines, devices, evidence-based medicine and evidence-based nursing. The French-language key words were: *escarres*; *stade*; *prévention*; *traitement local*; *pansements*; *dispositifs*; *guidelines* and *médecine fondée sur les preuves*.

They were proposed by a medical bibliography selection committee composed of doctors representing “Prevention education Research Pressure Sore Care” (PERSE), SFGG,

French French-speaking wound healing society (SFFPC) and SOFMER. The databases employed were: PASCAL Biomed, PubMed and Cochrane Library. The material chosen for review was limited to articles in English and French pertaining to adult human subjects and containing an abstract. An initial selection of summarized articles was carried out independently by the same committee in order to pinpoint those relevant to the general theme. The complete articles in an electronic or paper format were then transmitted to two experts, one from the French association PERSE and the other from the SFFPC. A second selection was then performed by the two experts with the objective of retaining for review articles dealing with preventive treatment after having read the “material and methods” paragraphs of the previously selected articles. Lastly, the apparently pertinent abstracts of the articles cited as references in the publications retained were analyzed.

The methodological quality of the articles retained for analysis was established on the basis of the ANAES grid [19] classifying studies according to four different levels. Studies particularly lacking in methodological quality (inadequate randomization, insufficient number of subjects, imprecision with regard to the intervention) were excluded.

1.2.1.2. Criteria of evaluation. The four types of criteria retained for application were:

- criteria of deficiencies;
- criteria of associated comorbidities;
- criteria of evaluation of pressure sore risk on the basis of validated risk scales;
- criteria of a medico-economic nature such as length of stay, or analysis of the costs incurred in care management.

1.2.1.3. Data analysis. Data analysis was independently carried out by two “blinded” readers working on behalf of two distinct French associations, PERSE and SFFPC.

1.2.2. Compendium of prevailing professional practices

The compendium of professional practices dealing with predictive factors for pressure ulcers was drawn up with a representative sample of the participants in the nationwide congresses of the PERSE, SOFMER, SFGG and SFFPC medical societies in the form of a yes/no or multiple-choice questionnaire (Appendix 1), with the replies being recorded through an electronic system.

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