

COVID 19 - Advice in relation to Wound Care in Community Services

On 19th March 2020 NHS England and NHS Improvement issued advice on the [current priorities for providers of community services](#)¹ and how community services can release capacity to support the COVID-19 preparedness and response. In normal times, wound care is estimated to constitute around 50% of community nursing workload. Therefore, initiatives that reduce the amount of time spent on wound care have the potential to release significant community time to care. However, inadequate wound care will increase demand on community and hospital services due to delayed healing, increased incidence of uncontrolled exudate, wound infection and cellulitis.

The following guidance is based on the above advice and other resources.

- **For all patients with wounds**

- Where possible, offer opportunities for self-care to patients and carers. An example of [documentation for shared care for wounds](#) can be found on the National Wound Care Strategy Programme (NWCSP) [website](#) along with other information.
- Increase the use of telemedicine options when clinically safe to do so¹. NHS X has advised that [use of commercial apps for videoconferencing](#) to carry out consultations with patients and service users is permitted.
- Ensure patients are aware of possible issues of concern and know how to seek help.

- **Diabetic Foot Ulcers**

- Review of post-surgical high-risk diabetic foot ulcers in out-patient clinics should continue¹.
- Podiatry and podiatric surgery should continue for high risk vascular/ diabetic feet. Diabetic foot clinics should continue¹.
- Community nursing services should prioritise visits for people with diabetic foot ulcers.
- Patients with diabetes foot ulceration are at high risk of foot related emergency admission. Individual care plans can be formulated by the diabetes multi-disciplinary foot team to enable some dressings to be completed at home, to minimise need for outpatient clinic attendance.
- Tele triage could be utilised before any home visits¹.
- Aim to follow the [NICE Clinical Guideline \(NG19\) for Diabetic Foot problems](#).
- Follow the [FDUK advice on lower limb amputation prevention](#)

¹ NHS England and NHS Improvement *COVID-19 Prioritisation within Community Health Services* <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0145-COVID-19-prioritisation-within-community-health-services-1-April-2020.pdf> 19 March 2020 (Accessed 03.04.20)

- **Pressure Ulcers**
 - Continue to offer pressure ulcer prevention care in line with employers' guidelines and the [NICE Clinical Guideline \(CG 179\) for Pressure Ulcers](#).
 - Signpost patients and carers to information and advice about pressure ulcer prevention such as the [React to Red](#) resources

- **Leg Ulcers**
 - Community nursing services should prioritise care where there are immediate concerns for the patient's condition such as:
 - Infected wounds
 - Heavily exuding wounds
 - Compression bandaging that has been in situ for more than 7 days¹.
 - Community nursing services should prioritise visits for people requiring complex wound care¹. (Leg ulceration is a type of wound that requires complex wound care).
 - For people with leg ulcers with an adequate arterial supply, increase self-care opportunities by offering compression hosiery or wraps, rather than compression bandaging. Information for patients and carers about [application of different types of compression](#) and other topics relating to self-care for leg ulceration can be found on the [NWCSP website](#).
 - Where possible, undertake assessment and care as recommended in the [NWCSP Lower Limb recommendations](#). If this is not possible, providing there are no 'Red Flags' (see recommendations p4) commence first line mild graduated compression (see recommendations p4)

- **Surgical Wounds**
 - Where possible, offer opportunities for self-care to patients and carers. An example of [documentation for shared care for wounds](#) can be found on the National Wound Care Strategy Programme (NWCSP) [website](#) along with other information.

- **Lymphoedema**
 - For people with pre-existing lymphoedema, advice can be found on the [British Lymphology Society advice sheet](#).
 - Where possible, offer opportunities for self-care to patients and carers.

- **Service adaptation relevant to wound care**
 - Podiatry staff could be redeployed to provide wound care¹.
 - Agree roles across health and social care to avoid duplication of segmentation¹
 - Consider support for homeless and rough sleepers who cannot self isolate¹
 - Consider how to support care homes more fully¹
 - Specialist nurses should consider using Pharma nurses who may be able to offer more support for the care of specialist appliances¹ (e.g. negative pressure wound therapy).