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The Canadian Association of Wound Care is a non-profit organization of health-care professionals, industry participants, patients and caregivers dedicated to the advancement of wound care in Canada.

The CAWC was formed in 1995, and its official meeting is the CAWC annual conference held in Canada each year. The association's efforts are focused on five key areas: public policy, clinical practice, education, research and connecting with the international wound-care community. The CAWC works to significantly improve patient care, clinical outcomes and the professional satisfaction of wound-care clinicians.

L'Association canadienne du soin des plaies est un organisme sans but lucratif regroupant des professionnels de la santé, des gens de l'industrie, des patients et des membres du personnel soignant fortement intéressés à l'avancement des connaissances pour le soin des plaies au Canada.

Fondée en 1995, l'ACSP organise, chaque année, au Canada, un congrès qui lui tient lieu de réunion officielle, le Congrès annuel de l'ACSP. L'association consacre ses efforts dans cinq domaines particuliers : les politiques gouvernementales, la pratique clinique, la formation, la recherche et la création de liens avec la communauté internationale directement impliquée dans le soin des plaies. L'Association canadienne du soin des plaies vise une amélioration significative du soin donné au patient, des résultats cliniques et de la satisfaction professionnelle des spécialistes en soin des plaies.

CLINICAL PRACTICE

Best Practice Recommendations for Preparing the Wound Bed: Update 2006

Features

Best Practice Recommendations for Preparing the Wound Bed: Update 2006

**Best Practice
Recommendations for
the Prevention and
Treatment of Pressure Ulcers:
Update 2006**

By Diane M. Karch, MA, CRRN, Nursing Care, TTUHSC-Brownsville, Brownsville, TX; and Barbara J. Borchert, PhD, RN, CRRN, University of Texas Health Science Center at San Antonio, San Antonio, TX

Abstract

As of 2007, the incidence of pressure ulcers (PUs) continues to decline, but the rate of new cases remains high. The incidence of PUs in the United States is estimated to be 2.5 million annually, and the cost of care is approximately \$10 billion. The incidence of PUs in the United States is estimated to be 2.5 million annually, and the cost of care is approximately \$10 billion. The 2006 panel of experts has updated the recommendations for the prevention and treatment of pressure ulcers. The recommendations are based on the best available evidence and clinical expertise.

Keywords: pressure ulcer, prevention, treatment, guidelines

Address correspondence to: Diane Karch, MA, CRRN, Nursing Care, TTUHSC-Brownsville, 1201 W. University, Box 20000, Brownsville, TX 78520-20000; e-mail: dkarch@utmb.edu.

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Best Practice Recommendations for the Prevention and Treatment of Venous Leg Ulcers: Update 2006 . . .

Best Practice Recommendations for the Prevention and Treatment of Venous Leg Ulcers: Update 2006

**Best Practice
Recommendations for
the Prevention, Diagnosis and
Treatment of Diabetic Foot Ulcers:
Update 2006**

By Michael J. Lavery, MD, FRCR, University of Colorado, CO; Michael J. Pfeifer, MD, University Hospital, St. Louis, MO; and Michael J. Pfeifer, MD, University Hospital, St. Louis, MO

Abstract Diabetes is the leading cause of nontraumatic lower extremity amputations in the United States. The incidence of diabetic foot ulcers (DFUs) has increased over the past two decades. The incidence of DFUs in patients with type 1 diabetes mellitus is approximately 1% per year, while the incidence in patients with type 2 diabetes mellitus is approximately 2% per year. The risk factors for DFUs include peripheral neuropathy, peripheral vascular disease, and foot deformities. The prevention of DFUs is based on the identification and treatment of these risk factors. The diagnosis of DFUs is based on clinical presentation and imaging studies. The treatment of DFUs is based on the principles of wound care, infection control, and surgical intervention. The prognosis for patients with DFUs is poor, with a 5-year survival rate of approximately 50%. The mortality rate for patients with DFUs is approximately 20% per year. The cost of managing DFUs is high, with an estimated annual cost of \$1 billion in the United States.

Keywords: Diabetes, foot ulcer, prevention, diagnosis, treatment, update, 2006

Introduction Diabetes is the leading cause of nontraumatic lower extremity amputations in the United States. The incidence of diabetic foot ulcers (DFUs) has increased over the past two decades. The incidence of DFUs in patients with type 1 diabetes mellitus is approximately 1% per year, while the incidence in patients with type 2 diabetes mellitus is approximately 2% per year. The risk factors for DFUs include peripheral neuropathy, peripheral vascular disease, and foot deformities. The prevention of DFUs is based on the identification and treatment of these risk factors. The diagnosis of DFUs is based on clinical presentation and imaging studies. The treatment of DFUs is based on the principles of wound care, infection control, and surgical intervention. The prognosis for patients with DFUs is poor, with a 5-year survival rate of approximately 50%. The mortality rate for patients with DFUs is approximately 20% per year. The cost of managing DFUs is high, with an estimated annual cost of \$1 billion in the United States.

Conclusion The best practice recommendations for the prevention, diagnosis, and treatment of DFUs are based on the latest evidence and guidelines. These recommendations are intended to help healthcare providers manage DFUs effectively and improve patient outcomes.

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Editor/Rédactrice
Sue Rosenthal

E-mail: WCCeditor@cawc.net

Associate Editor/Rédactrice adjointe
Catherine Harley

Translation/Traducteur
Claude Tremblay

Scientific Advisor/
Conseiller scientifique

Heather Orsted, RN, BN, ET, MSc

Publisher/Éditeur

BCS Communications Ltd.
101 Thorncliffe Park Drive
Toronto, ON M4H 1M2

Editorial Advisory Board/
Comité consultatif de rédaction

Louise Forest-LaLande, RN, MEd, ET
Pamela Houghton, BScPT, PhD
David H. Keast, MSc, MD, FCFP

Advertising Sales/Publicité et vente

Steinman and Company
Phone: 416-782-2350

E-mail: WCCadvertising@cawc.net

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PRATIQUE CLINIQUE

RECOMMANDATIONS DES PRATIQUES EXEMPLAIRES POUR LA PRÉPARATION DU LIT DE LA PLAIE : MISE À JOUR 2006

Méthode
L'objectif de ce document est de proposer des recommandations pour la préparation du lit de la plaie. Il s'agit d'un document destiné aux professionnels de la santé qui traitent les plaies et qui doivent préparer le lit de la plaie pour optimiser la guérison. Les recommandations sont basées sur une analyse critique des meilleures preuves cliniques disponibles et sont destinées à aider les professionnels de la santé à prendre des décisions éclairées dans leur pratique quotidienne.

Préparation du lit de la plaie

```
graph TD
    A[Nettoyage et débridement] --> B[Assécher la plaie]
    B --> C[Appliquer un pansement]
    C --> D[Contrôler la tension et la douleur]
    D --> E[Assurer l'hydratation et la nutrition]
    E --> F[Assurer la circulation et la pression]
    F --> G[Assurer la sécurité et la mobilité]
```

Recommandations des pratiques exemplaires pour la préparation du lit de la plaie : Mise à jour 2006

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RECOMMANDATIONS DES PRATIQUES EXEMPLAIRES POUR LA PRÉVENTION ET LA PRISE EN CHARGE DES ULCÈRES DE PRESSION : MISE À JOUR 2006

Méthode
L'objectif de ce document est de proposer des recommandations pour la prévention et la prise en charge des ulcères de pression. Il s'agit d'un document destiné aux professionnels de la santé qui traitent les patients à risque d'ulcères de pression et qui doivent prendre des mesures pour les prévenir et les traiter efficacement. Les recommandations sont basées sur une analyse critique des meilleures preuves cliniques disponibles et sont destinées à aider les professionnels de la santé à prendre des décisions éclairées dans leur pratique quotidienne.

Recommandations des pratiques exemplaires pour la prévention et la prise en charge des ulcères de pression : Mise à jour 2006

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RECOMMANDATIONS DES PRATIQUES EXEMPLAIRES POUR LA PRÉVENTION ET LE TRAITEMENT DES ULCÈRES VEINEUX DE LA JAMBE : MISE À JOUR 2006

Méthode
L'objectif de ce document est de proposer des recommandations pour la prévention et le traitement des ulcères veineux de la jambe. Il s'agit d'un document destiné aux professionnels de la santé qui traitent les patients atteints d'ulcères veineux de la jambe et qui doivent prendre des mesures pour les prévenir et les traiter efficacement. Les recommandations sont basées sur une analyse critique des meilleures preuves cliniques disponibles et sont destinées à aider les professionnels de la santé à prendre des décisions éclairées dans leur pratique quotidienne.

Recommandations des pratiques exemplaires pour la prévention et le traitement des ulcères veineux de la jambe : Mise à jour 2006

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RECOMMANDATIONS DES PRATIQUES EXEMPLAIRES POUR LA PRÉVENTION, LE DIAGNOSTIC ET LE TRAITEMENT DES ULCÈRES DU PIED DIABÉTIQUE : MISE À JOUR 2006

Méthode
L'objectif de ce document est de proposer des recommandations pour la prévention, le diagnostic et le traitement des ulcères du pied diabétique. Il s'agit d'un document destiné aux professionnels de la santé qui traitent les patients diabétiques et qui doivent prendre des mesures pour prévenir, détecter et traiter les ulcères du pied diabétique. Les recommandations sont basées sur une analyse critique des meilleures preuves cliniques disponibles et sont destinées à aider les professionnels de la santé à prendre des décisions éclairées dans leur pratique quotidienne.

Recommandations des pratiques exemplaires pour la prévention, le diagnostic et le traitement des ulcères du pied diabétique : Mise à jour 2006

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Nous tous à *Wound Care Canada* et à l'Association canadienne du soin des plaies reconnaissons le dur travail et la diligence des auteurs, des rédacteurs invités, des membres du Comité de rédaction, et des traducteurs qui nous ont aidés à produire ce numéro spécial. Sans la contribution de ces bénévoles indispensables, ce numéro n'aurait jamais vu le jour.



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[†]In vitro testing, using simulated wound fluid model.

Reference: 1. Bowler PG, Jones SA, Walker M, Parsons D. The spectrum of activity of an antimicrobial Hydrofiber[®] dressing against potential wound pathogens. Poster presented at: the 16th Annual Symposium on Advanced Wound Care; April 2003; Las Vegas, Nev.



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