



# A Day in the Life: A Pharmacist's Role in Wound Care



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It is now well established that the management of wounds and other chronic diseases is best practised by an organized inter-professional team that can offer support through self-management of the condition.

In fact, strategies that promote self-management through self-management support and education along with collaborative interprofessional team-based care have evidence for improved outcomes. The question then becomes: how can a pharmacist contribute to the interprofessional team in the management of wounds?

In this article, I hope to share some of my experiences and how I see the role of the community pharmacist integrating into a patient's wound care team. I work in a small-town community pharmacy where we service both walk-in patients and residents living in retirement homes or long-term care. This article will follow the organized approach to chronic disease management as outlined by the 5Rs in the Organization of Care Chapter of the Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada.<sup>1</sup> These 5Rs are helpful tips that can easily be applied to the pharmacist's role in wound management.

## Recognize:

Pharmacists are often the first point of entry into the health-care system. Whether an interaction is patient-initiated (such as when a patient

approaches me to inquire about over-the-counter products to treat a wound) or pharmacist-initiated (such as when I proactively observe signs of venous insufficiency in a patient with poorly controlled diabetes and hypertension), pharmacists need to be able to recognize those patients who are at high risk for wounds and poor wound healing and then educate and/or refer appropriately.

## Register:

While it might be beneficial to develop a registry of all patients who have or have had wounds in one's practice, this topic is beyond the scope of this article. Readers are referred to [www.guidelines.diabetes.ca](http://www.guidelines.diabetes.ca) (keyword search: register, click on Register) for more information.

## Resource:

Community pharmacists are key resources who can support the patient's self-management. One of the most fundamental roles of a community pharmacist is to sit with a patient and/or patient representative to conduct a medication review. The medication review service meets several needs:

1. It helps to educate the patient so the patient is knowledgeable about the medications s/he is taking and why s/he is taking them.
2. It works to map each medication to an existing condition, thereby reducing medications that might no longer be needed.

3. It helps ensure each medication is being optimized for appropriate time of day administration, potentially optimizing medication efficacy with consideration of pharmacokinetic and pharmacodynamics characteristics and decreasing drug-drug interactions, including medication and over-the-counter drug interactions.
4. It works to optimize medication management by asking the patient about adherence to medication and, where possible, determining strategies such as switching medications to once-daily extended-release medications and/or combination products when appropriate and possible. Other strategies include dispensing the patient's medication in a multi-dose blisterpack system.
5. In more complex situations involving several medications and co-morbid conditions, a

pharmacist will work to prevent medications from interacting with, or causing, other disease states and minimize unwanted effects from medications being inadvertently prescribed to manage unwanted effects from existing medications.

In my practice, it is often during these comprehensive medication reviews that I am able to assess the patient's risk factors for wounds and note any early signs of venous compromise. These interactions give me the opportunity to discuss early interventions to improve general health, including preventing wounds through self-management education.

### Medications and Local Wound Care

More specifically with respect to the prevention and management of wounds, pharmacists can serve as a useful resource when applying a best

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practice approach to the management of all wounds. The most obvious contribution of a community pharmacist would be in the management of local wound care, specifically the management of inflammation and infection control.

Many antibiotics will interfere with other medications, including over-the-counter medications. For example, fluoroquinolones, such as ciprofloxacin, will bind to calcium, magnesium and iron in the gastrointestinal system and reduce the absorption and efficacy of the antibiotic. Pharmacists need to advise patients to stop their multi-vitamins and/or antacids when taking fluoroquinolones, or to take the products at separate times of the day.

### Patient-centred Concerns

Pharmacists can also be instrumental in assessing patient-centred concerns. Community pharmacists are often in contact with the patient or patient's representative frequently as the patient tends to return to the pharmacy several times a month for a variety of health-care needs. I find my relationships with my patients can often facilitate the ability to monitor adherence to the plan of care, to understand patient factors and assess quality of life.

I recall one of my patients who was quite familiar to me as I had been seeing her for insulin adjustments to support her in her diabetes self-management.



She had recently had surgery for breast-cancer and had a wound that developed an infection. She was on her third course of antibiotics when she confided in me that her high-dose oral antibiotics were causing her such gastrointestinal distress that she was considering discontinuing the antibiotics. In this situation, I was able to speak with her family physician by phone. We increased her proton-pump inhibitor medication to afford her potentially more gastrointestinal protection, and I started her on probiotics for the duration (and a little extra duration) of the antibiotics.

### Relay:

Pharmacists need to work collaboratively and effectively within the patient's health-care team. Many times, this can be particularly challenging as community pharmacists, working in their pharmacies, are generally off-site from the rest of the interprofessional team. Nonetheless, when information, such as non-adherence to therapy and complicating patient factors, is identified, it should be managed and com-

municated to all team members. Communication may take place via fax, phone or by sending a note along with the patient back to the wound care nurse or primary care provider.

In my small town, my community pharmacy is blessed with the closeness of inter-professional relationships.

There are times when I have collaborated with the home-care nurse to co-ordinate the measurement of compression stockings with dressing and compression wrap changes. Similarly, the relay of information has served to improve patient outcomes when co-ordinating care for in-hospital patients. We also service residents in long-term care and retirement homes. This affords the opportunity to care for patients as they transition from their home to retirement and/or long-term care living, as well as when they transition in and out of the hospital.

### Recall:

Self-management of any chronic disease can be challenging. Pharmacists can be particularly helpful in the management of wounds by engaging a patient into the health-care system and by securing those patients who have been lost from follow-up. Even a simple follow-up phone call to a patient to support adherence to compression therapy is a form of recall. By recognizing venous skin changes (for example), knowing when to refer patients to their primary



care providers and recognizing the patient's readiness to change, pharmacists can play an integral role in supporting the timely review and reassessment of wounds.

## Overcoming Barriers to Best Practice

The prevention and treatment of wounds is complex, often multi-factorial in origin and best practised through an organized, interprofessional team approach. This collaborative approach poses challenges such as facilitating communication when team members are physically located in separate offices and work different hours. Moreover, the priorities (and management plans) of the patient can change rapidly and drastically, particularly in the complex case of wounds where there are several concurrent



co-morbid conditions.

I encourage any pharmacists who are interested in more proactive, interprofessional collaboration in the management of wounds to become members of the Canadian Association of Wound Care (CAWC) and take the Foundations of Wound Care Program through the CAWC. Other health-care professionals seeking to engage a pharmacist as a more active member of the interprofessional team are

encouraged to refer patients to their community pharmacist for specific tasks, such as a referral for a complete medication review, thereby opening communication. Pharmacists have the skills and opportunity to play an integral role in the prevention and management of wounds. Ultimately, our goal must be to collaborate effectively with the interprofessional team to support the patient in his/her self-management. 🤝

## References

1. Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. Canadian Diabetes Association 2013 clinical practice guidelines for the prevention and management of diabetes in Canada. Can J Diabetes. 2013;37(suppl 1):S1-S212. Retrieved from: <http://guidelines.diabetes.ca/Browse/Chapter32>.



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The program has demonstrated the effectiveness of peer educators, who work in partnership with the diabetes health-care community and empower people living with diabetes to adopt self-management behaviours that can help them prevent foot complications by increasing their knowledge of risk factors and linking them to resources in their communities.

For more information on the PEP Talk program, please visit <http://diabetespeptalk.ca/en/diabetes>.

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