Best Practice Recommendations Update 2016

By Katie Bassett, BMus, and Heather L Orsted, RN, BN, ET, MSc

est practice recommendations (BPRs) are documents developed by experts in a given clinical field as resources based on the most up-to-date research findings (including expert opinion). The goal of these documents is to better inform patient care across all health-care settings. In 2000 and 2001, the Canadian Association of Wound Care (CAWC) published its first best practice recommendation articles. The topics covered included wound bed preparation, prevention and treatment of pressure ulcers, diabetic foot ulcers and venous leg ulcers. 1,2,3,4 These articles have been used by clinicians not only in Canada but also around the world as guides to support best practice.

The collection of BPR articles has since been expanded and updated and now covers the original topics as well as the basic principles of wound healing, open surgical wounds and skin tears. ^{5,6,7,8,9,10,11} Each paper includes a Pathway to Best Practice algorithm, a Quick Reference Guide (QRG), which provides a short outline of the recommendations and their levels of evidence, and a detailed discussion of the evidence that supported each recommendation.

Updating the BPRs

Starting this year, the CAWC is undertaking a comprehensive review and update of all the previously published articles.

The Pathway to Best Practice algorithm, which guided the flow of the original papers, has evolved to become the Wound Management Cycle. The updated articles will follow the five key steps outlined in the cycle to support best practice. These are:

- Assess and/or reassess the patient, the environment and system
- Assemble an integrated team, including the patient, family and caregivers
- Set goals addressing skin integrity, wound healing and additional factors
- Establish and implement a plan of care addressing factors, co-factors and local wound care
- Evaluate outcomes and ensure sustainability

In each of the articles, these five steps are broken down into topic-specific best practice recommendations and are accompanied by the evidence that supports them.

In 2016 the updates will include:

 Two foundational articles to lay the groundwork for future clinically specific papers:



- Anatomy and Physiology of Skin and Its Underlying Structures
- Clinical Pathway to the Prevention and Management of Wounds
- Four clinically specific papers that address:
 - · Diabetic foot ulcers
 - Pressure ulcers
 - Skin tears
 - Surgical wounds

Additional BPRs will be updated and created in 2017. Stay tuned for topics and timing.

The CAWC believes these revised best practice recommendation articles will continue to assist clinicians in providing the best possible care to their patients.

Beyond the Bedside

The CAWC also plans to use the information in these articles as the basis for revisions to CAWC educational programs and materials to ensure our information is up to date and consistent across all delivery methods.

As always, our goal is to use the most recent evidence as a foundation of support for our efforts to raise awareness about chronic wounds and to highlight the need for co-operation between health-care leaders and government policy makers. In doing so, we hope to ensure that preventing and managing wounds is not only efficient but also successful and sustainable.

Katie Bassett, Education
Co-ordinator at the CAWC, has a
keen interest in the neuroscience
behind auditory perception, sound
organization and musical development.

Heather L. Orsted, Director of Education and Professional Development at the CAWC, is an experienced adult health-care educator, program developer and

For a sneak peak at a small section of the Anatomy and Physiology of Skin and its Underlying Structures article, please see page 10.

author with a special interest in knowledge mobilization and wound prevention and management.

References

- Sibbald RG, Williamson D, Orsted HL, Campbell K, Keast D, Krasner D, Sibbald D. Preparing the wound bed—debridement, bacterial balance, and moisture balance. Ostomy Wound Management. 2000;46(11):14–22, 24–8, 30–5; quiz 36–7.
- Kunimoto B, Cooling M, Gulliver W, Houghton P, Orsted H, Sibbald RG. Best practices for the prevention and treatment of venous leg ulcers. Ostomy Wound Management. 2001;47(2):34–46, 48–50.
- 3. Inlow S, Orsted H, Sibbald RG. Best practices for the prevention, diagnosis, and treatment of diabetic foot ulcers.
 Ostomy Wound Management. 2000;46(11):55–68; quiz 70.
- 4. Dolynchuk K, Keast D, Campbell K, Houghton P, Orsted H, Sibbald G, Atkinson A. Best practices for the prevention and treatment of pressure ulcers. Ostomy Wound Management. 2000;46(11):38-52; quiz 53–4.
- 5. Orsted HL, Keast D, Forest-Lalande L, Mégie MF. Basic principles of wound healing. Wound Care Canada. 2004;9(2):4–12.
- 6. Sibbald G, Orsted HL, Coutts PM, Keast DH. Best practice recommendations for preparing the wound bed: Update 2006. Wound Care Canada. 2006;4(1):15–29.
- Burrows C, Miller R, Townsend D, Bellefontaine R, MacKean G, Orsted HL, Keast DH. Best practice recommendations for the prevention and treatment of venous leg ulcers: Update 2006. Wound Care Canada. 2006;4(1):45–55.
- 8. Orsted HL, Searles G, Trowell H, Shapera L, Miiller P, Rahman J. Best practice recommendations for the prevention and treatment of diabetic foot ulcers: Update 2006. Wound Care Canada. 2006;4(1):57–71.
- 9. Keast DH, Parslow N, Houghton PE, Norton L, Fraser C. Best practice recommendations for the prevention and treatment of pressure ulcers: Update 2006. Wound Care Canada. 4(1):31–43.
- 10. LeBlanc K, Christensen D, Orsted HL, Keast DH. Best practice recommendations for the prevention and treatment of skin tears. Wound Care Canada. 2008;6(1):14–30.
- Orsted HL, Keast D, Kuhnke J, Armstrong P, Attrell E, Beaumier M, Landis S, Mahoney J, Tokruk-Orchard M. Best practice recommendations for open surgical wounds. Wound Care Canada. 2010;8(1):6–34.



Canadian Association of Wound Care Association canadies du soin des plaies

Practice