



## **Feedback: New Zealand Wound Care Society - Call for Comment on Draft Pan Pacific Clinical Practice Guideline for Pressure Injury Prevention and Management**

### **Submission to:**

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## Pan Pacific Clinical Practice Guideline for the Prevention and Management of Pressure Injury feedback.

### General Guideline comment:

Excellent guideline put together using academic rigour and utilising existing literature and research. The layout is clear and the questions, evidence, practice and recommendations are clear and easy to follow for each section. It is also easy to isolate a particular issue and find the recommendations for practice without having to scan through the whole document, and this should make it user friendly.

### Background:

Very clear and concise without being too long; sums up the problem as a whole

### Guideline Development Process:

Congratulations to the group and this rigorous approach. Clearly defines why the chosen existing guidelines are utilised and how any disputes between reviewers were handled. Uses existing guidelines incorporated with up to date expert consensus to produce a user friendly document.

### Pressure Injury Risk Assessment.

Well defined and discussed. I thought that Norton was specifically devised for the care of the elderly population, but it does not say this anywhere? A very good section on paediatric risk assessment which can often be neglected.

### Prevention of Pressure Injuries.

A comprehensive review of one of the most controversial areas; amazing the lack of evidence around seating! Do we have medical grade sheepskins in New Zealand? If not this is a gap we need to address given the use of sheepskins over here; very good mattress selection section.

### Assessment and Monitoring of Pressure Injuries.

Very good section – the use of healing evaluation tools need to be promoted more and let's hope this document achieves that. Grading system clear. If Australia succeeds in changing codings to meet NPUAP/EUAP gradings, and we manage to do this in all Pan Pacific areas, it will create opportunities for really seeing the size of the problem (at least in terms of who presents at hospitals).

### Addressing Pain associated with pressure injuries.

Well covered. There is mention of patients, who are unable to communicate pain, but it is brief and I feel these should be mentioned as a specific group nearer the beginning of this section.

**Quality of Life:** Some excellent references to this and the impact pressure injuries have on clients. Particularly like the mention of issues for patients who have not been involved in planning their own care - ? this could be stressed as well in the prevention stage.



### **Interventions for the treatment of pressure injuries.**

Very good section – discusses most frequently used anti-microbial and related evidence. Re-enforces when not to use as well as when to use products and antibiotics.

### **Organisation and cost implications.**

A good section for people wanting increased funding. In NZ? we could use this to kick start some extra funding for Rest Homes for their vulnerable hospital level care clients.

### **Interventions not currently recommended.**

Excellent and will help those of us working to improve practice at the ground roots.

### **Interventions for which there is insufficient evidence.**

As above

### **Emerging treatments.**

Good idea and a section which will surely grow.

### **Implications for further research.**

Very comprehensive, let's hope people start to work on these.

### **Appendices:**

Very comprehensive, also found the glossary really good and will help to ensure all users know correct definitions for terms.

Once out of draft it will fall to those of us in practice to ensure that these become widely known and implemented so that all the work is put to maximum use for the benefit of clients.

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