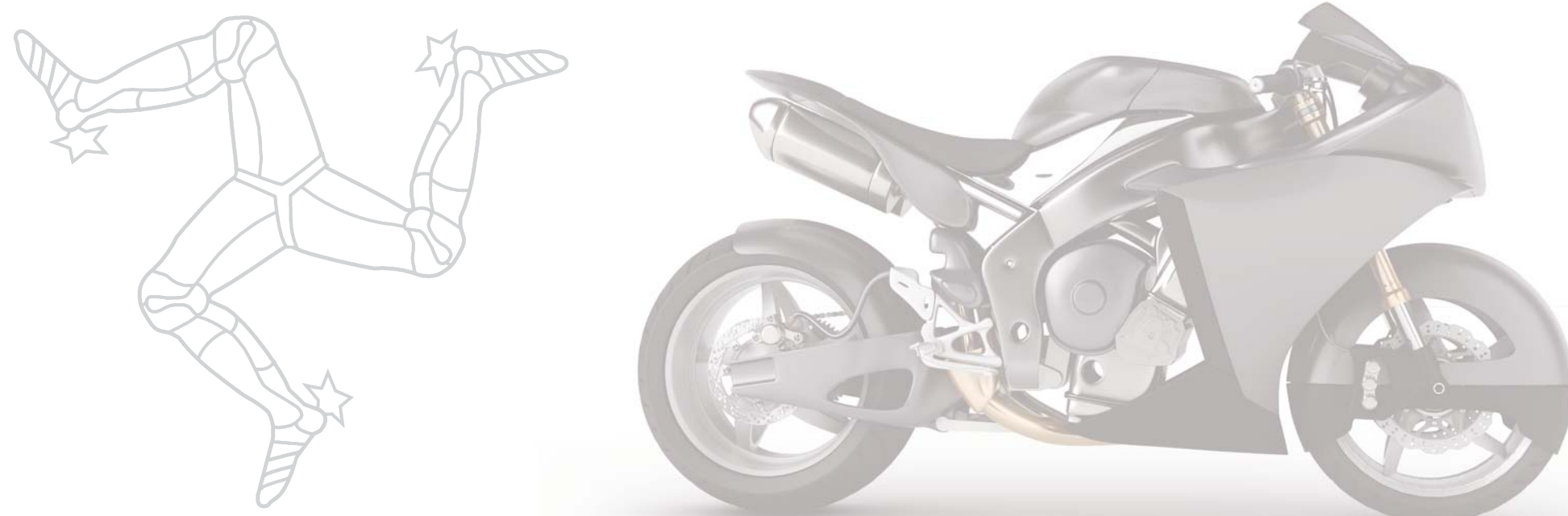


Rash Decisions – A new solution to the management of ‘gravel rash’

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Background

- Noble’s Hospital Accident and Emergency Department has over 30,000 attendances annually
- World famous TT and Grand Prix motorcycle races
- Gravel rash is a common injury following a cycle or motorcycle accident



Results

Results from 11 patients with gravel rash or abrasions - 9 males and 2 females

- Time taken for treatment mostly between 0-5 minutes
- Pain scores (VAS)
 - 7 patients score 0, 1 or 2
 - 3 patients score 3-4
 - 1 patient score 6
- 1 patient was a 6 year old boy and the grit was removed with very little trauma or emotional upset



David Sewell would like to acknowledge his team from the A&E department for their help and support with this evaluation.

Historically



- Gauze
- Scrubbing brush
- Picked out by hand
- Painful and time consuming
- Topical lignocaine
- Multiple attendances
- Higher risk of wound infection as some grit left in for longer

New solution



- Mechanical debridement*
- Single ‘sweeps’ removed most grit
- Quick and simple
- Wound bed clearly visible
- Reduced patient pain and discomfort, simple analgesics only e.g. Paracetamol
- No further grit, therefore single attendance in all 11 cases

you wouldn’t have got near me with a scrubbing brush

it soothes the site of the wound whilst cleaning

The active debridement system* removed lots of gravel, more than was initially visible