It is well documented that elderly patients with reduced mobility have an increased risk of lower leg ulceration. It is therefore no surprise that nursing home residents are more likely to develop skin changes, chronic oedema and leg ulceration.

Warwickshire nursing homes, as in many other counties, do not have access to Tissue Viability Services, training or study leave. This poster describes case studies of 2 patients referred to Warwick Leg Ulcer Clinic from Galanos House, a local nursing home. It highlights difficulties experienced by nursing homes when managing leg ulcer care and describes how Galanos House, Warwick Hospital Wound Care team and commercial wound care companies collaborated to initiate an educational programme to benefit the residents, and increase nursing staff confidence in the management and prevention of leg ulceration.

Galanos House is a private nursing and residential care home situated in a small market town in the heart of the Midlands countryside. The nurses at the home are enthusiastic, dedicated and experienced in the care of elderly patients - each one having individualised care plans, named nurses and key workers.

**Case study 1**

Mrs B is an 85 year old lady presenting with a 3 month history of extensive, non-healing trauma injury to her left lateral gaiter. Past medical history includes osteoarthritis severely limiting her mobility with transfers only from wheelchair, hypertension and she is registered blind. On examination her feet were warm, pink and well perfused with Ankle Brachial Pressure Index (ABPI) of 0.7 bilaterally. The wound base was shallow with surrounding, inflamed excoriation with high levels of exudate requiring daily dressings.

**Plan**

Mrs B was placed on Warwickshire Leg Ulcer Pathway; shared care in Dermatology Day Unit/Galanos House, with weekly reduced compression bandaging, topical steroid and emollient, ankle exercises and rest on her bed for 2 hours after lunch, with leg elevation.

**Outcome**

Ulceration healed. Galanos House nurses independent at preventing recurrence with Class 1 hosiery and daily skin care.

**Case study 2**

Mrs F, 80 year old lady, presenting with 11x11cms shallow ulcer to left lateral gaiter. Wound base 80% healthy granulation. Very painful requiring 580mg Morphine Sulphate daily! Sleeping in chair with poor mobility. Past medical history cardiac disease, previous vascular consultation from 5 years earlier indicating arterial disease, managed with analgesia only. Also unconfirmed cancer of pancreas.

On examination foot warm, pink, well perfused, good nail growth, healthy toe nails. No tissue loss to foot/ankle. No clinical sign of infection. Ankle brachial Pressure Index in assessment clinic 0.9!

**Plan**

Discussed with Dermatology Consultant; reduced compression bandages applied with caution, commenced on Warwickshire Leg Ulcer Pathway, shared care Dermatology/ Galanos House. Leg elevation, emollient, plus a pain relieving and absorbent dressing*

**Outcome**

5 months later ulcer almost healed, analgesia reduced to 240mg daily. Galanos House staff independently managing ongoing wound, skin care and future prevention.

On referral to the Leg Ulcer Clinic the staff at Galanos house recognised that, despite their enthusiasm, they had limitations regarding the continuing management of these patients. Initially a plan of shared care was established with the Dermatology Day Unit. Galanos House developed an education programme for all staff, including health care assistants, which was delivered at the nursing home by wound care company. Representatives provided educational support and advice in emollients (Alliance), compression hosiery (Activa) and compression bandages (Activa and Urgo) also incorporating prevention of oedema, recognising skin changes and leg exercises.

The Dermatology Day Unit specialist nurses liaised with verbal and written information and, as the Galanos House staff confidence and competence increased, the balance of clinical care was exchanged until the Home were able to independently continue the pathway. This reduced hospital visits and disruption to the elderly, frail residents - achieving holistic care in their home environment in association with wound healing.

**Discussion**

It is the author’s experience that nursing home staff confidence in wound care and leg ulcer management is often limited. Thus, this may result in a reluctance to refer or, equally, to refer from the hospital to nursing homes in the knowledge that the care plan cannot be implemented.

Private nursing homes have a responsibility to residents to provide holistic care. It is within their professional competencies to have an understanding of conditions relevant to their client group such as chronic leg oedema, recognising ulceration and skin changes. Galanos House have demonstrated that wound care companies have the resources, knowledge and teaching skills to deliver researched based education in these areas, providing valuable education to all staff working in the independent sector.

As a result of the described teaching program, staff at Galanos House now have a greater understanding of both wound care and leg ulcer management. This enables all staff to make a difference - not only to the residents highlighted in the case studies, but to future residents, whilst promoting individual nurse confidence and also confidence in the professional profile of the home.

* ActiFormCool® from Activa Healthcare.