NURSES FOR EXPO

Il ruolo degli infermieri a favore dell'alimentazione e della salute: alcune esperienze e dati italiani.

Prevenzione e trattamento delle lesioni da pressione: sono importanti gli aspetti nutrizionali?

Prove di efficacia dalla letteratura

AISLeC

Angela Peghetti

Presidente A.I.S.Le.C.

Lesioni da pressione ....

NCBI MeSH

MeSH (Medical Subject Headings) is the NLM controlled vocabulary thesaurus used for indexing articles for PubMed.

Pressure Ulcer

- An ulceration caused by prolonged pressure on the SKIN and TISSUES when one stays in one position for a long period of time, such as lying in bed. The bony areas of the body are the most frequently affected sites which become ischemic (ISCHEMIA) under sustained and constant pressure.

Stansby G, et al Prevention and management of pressure ulcers in primary and secondary care: summary of NICE guidance. BMJ. 2014 Apr 23;348:g2592.

Preoccupar ci?

Quantifichiamo il problema:

Indagine nazionale di prevalenza
AISLeC

2010

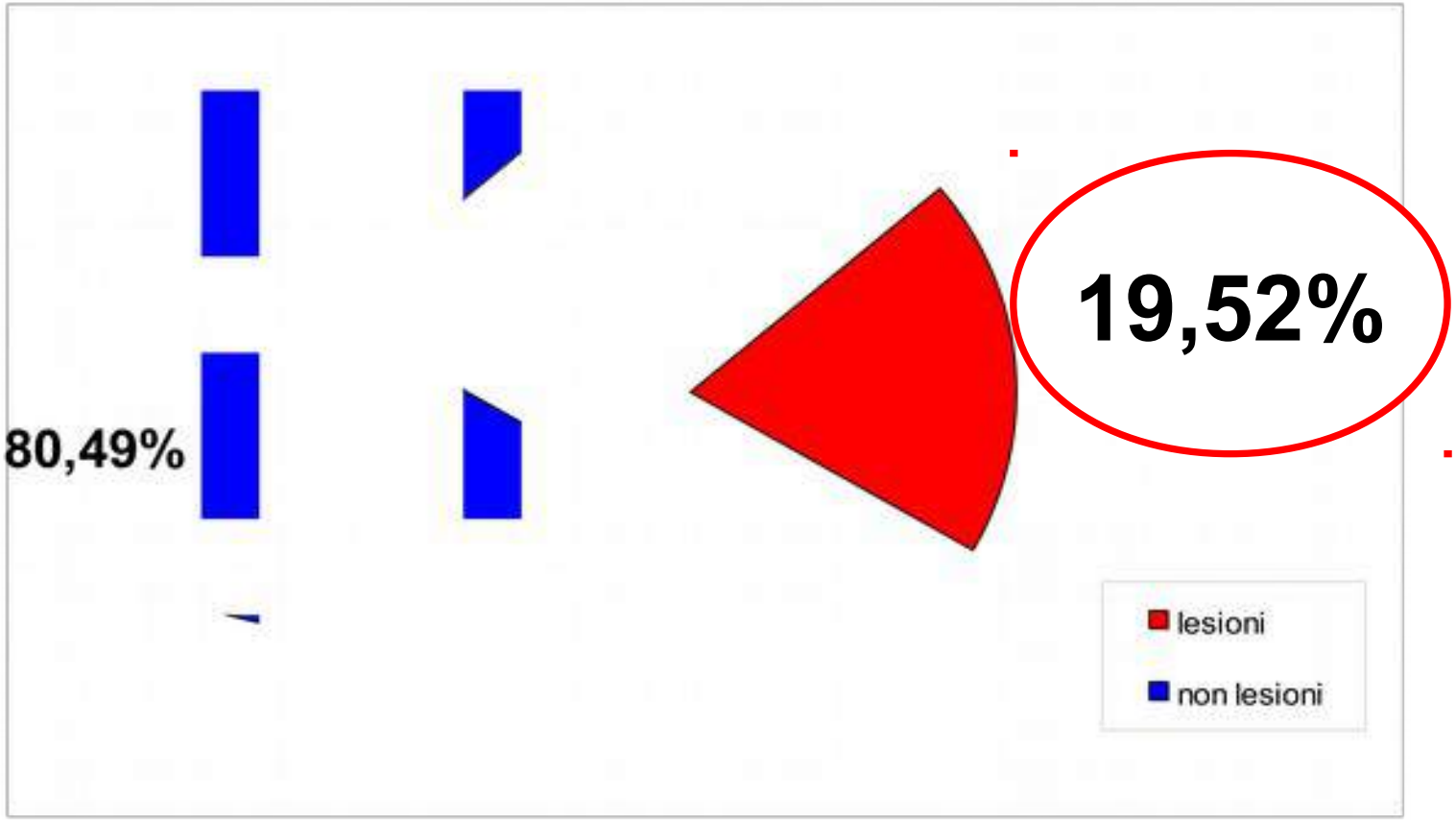
3.420 pazienti

50 ospedali

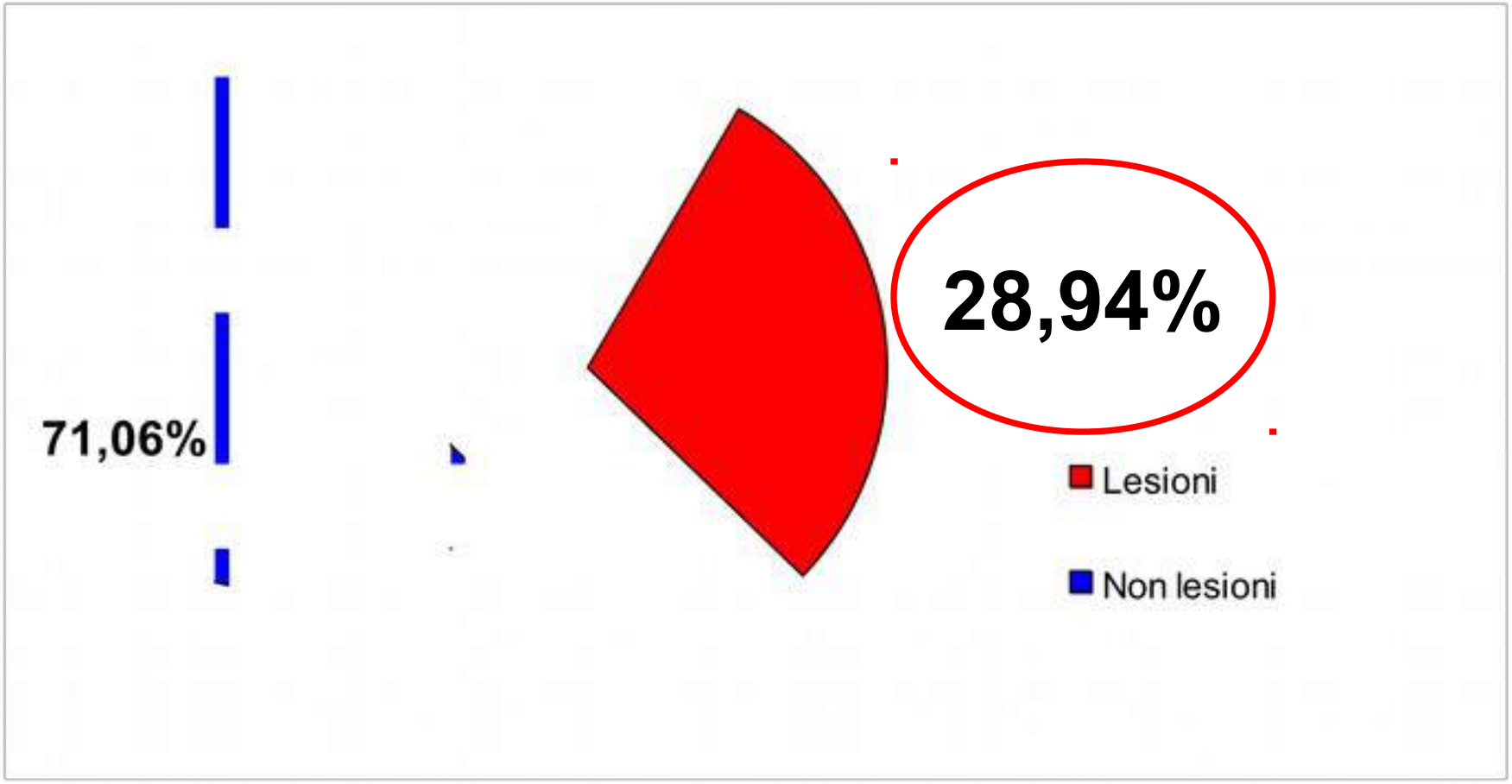
112 reparti di medicina

55 reparti di area intensiva

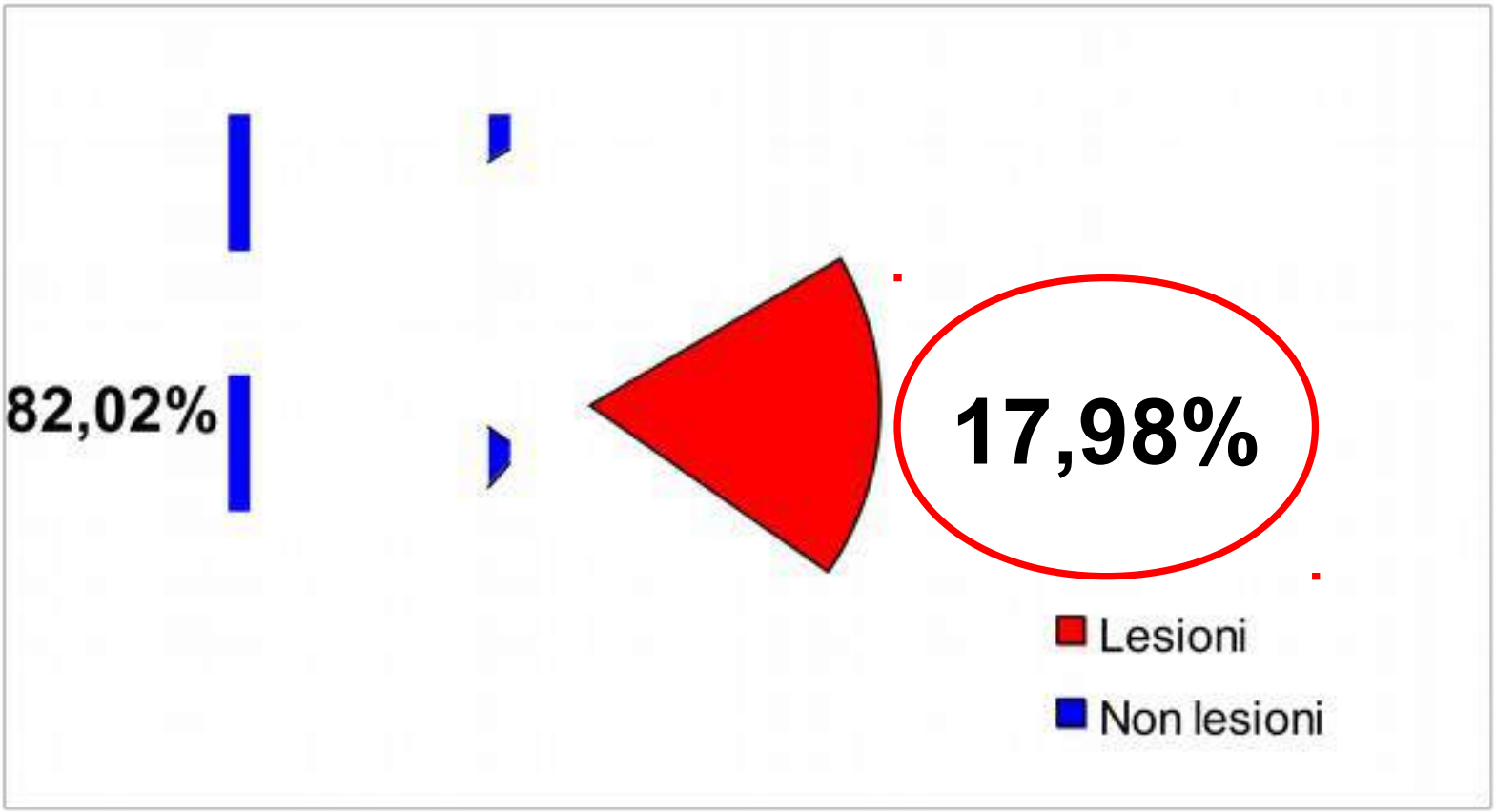
Prevalenza complessiva



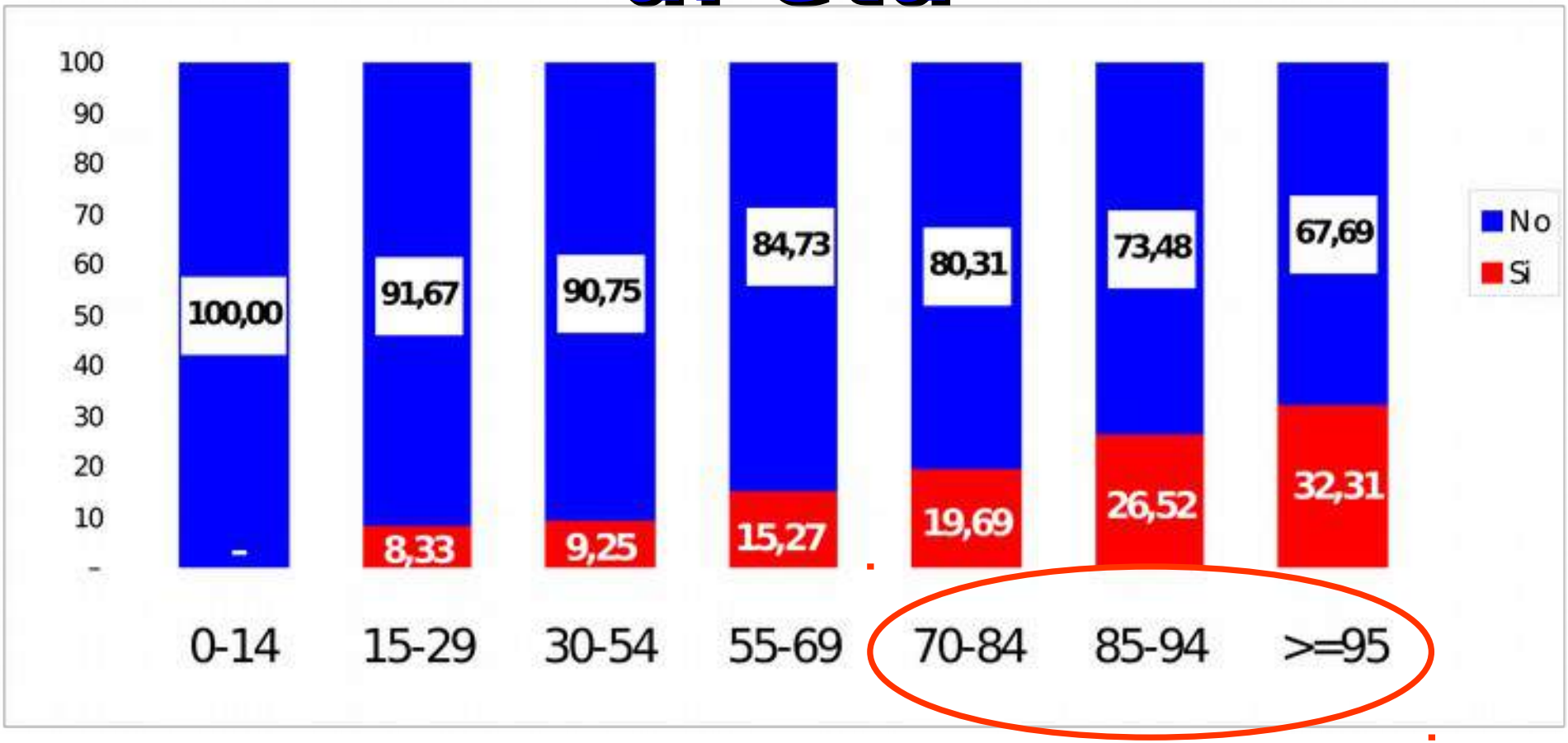
Prevalenza generale per setting assistenziale: TI/Rianimazione



Prevalenza generale per setting assistenziale: medicina/lungodegenza

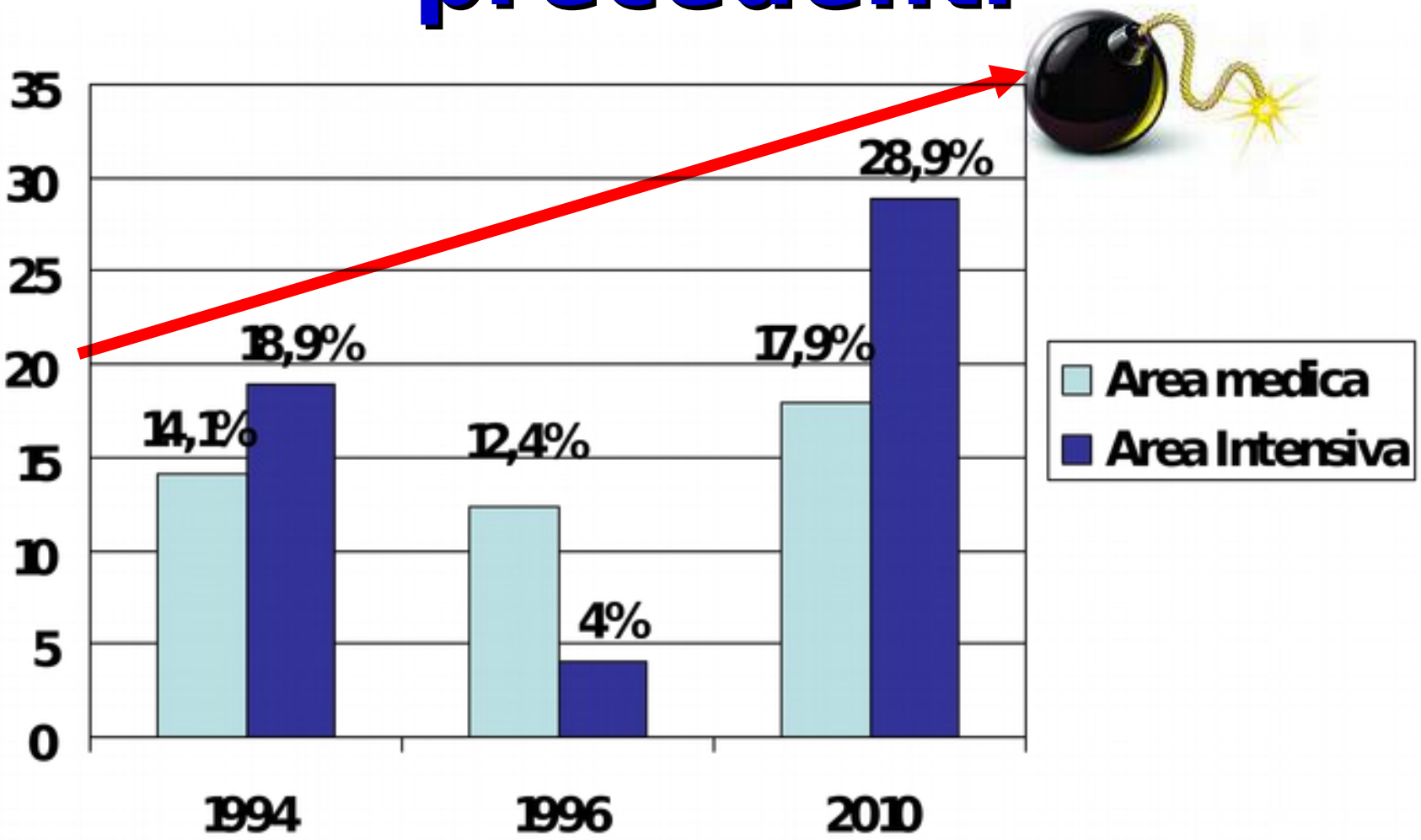


Prevalenza per classi di età



78,52%

Comparazione con gli studi precedenti



Ma come e quanto sono nutrite le persone a rischio o con LdP?

Fino ad alcuni anni fa …..

Ed in alcuni casi ancora ora …

"I'M AFRAID THERE WERE COMPLICATIONS."

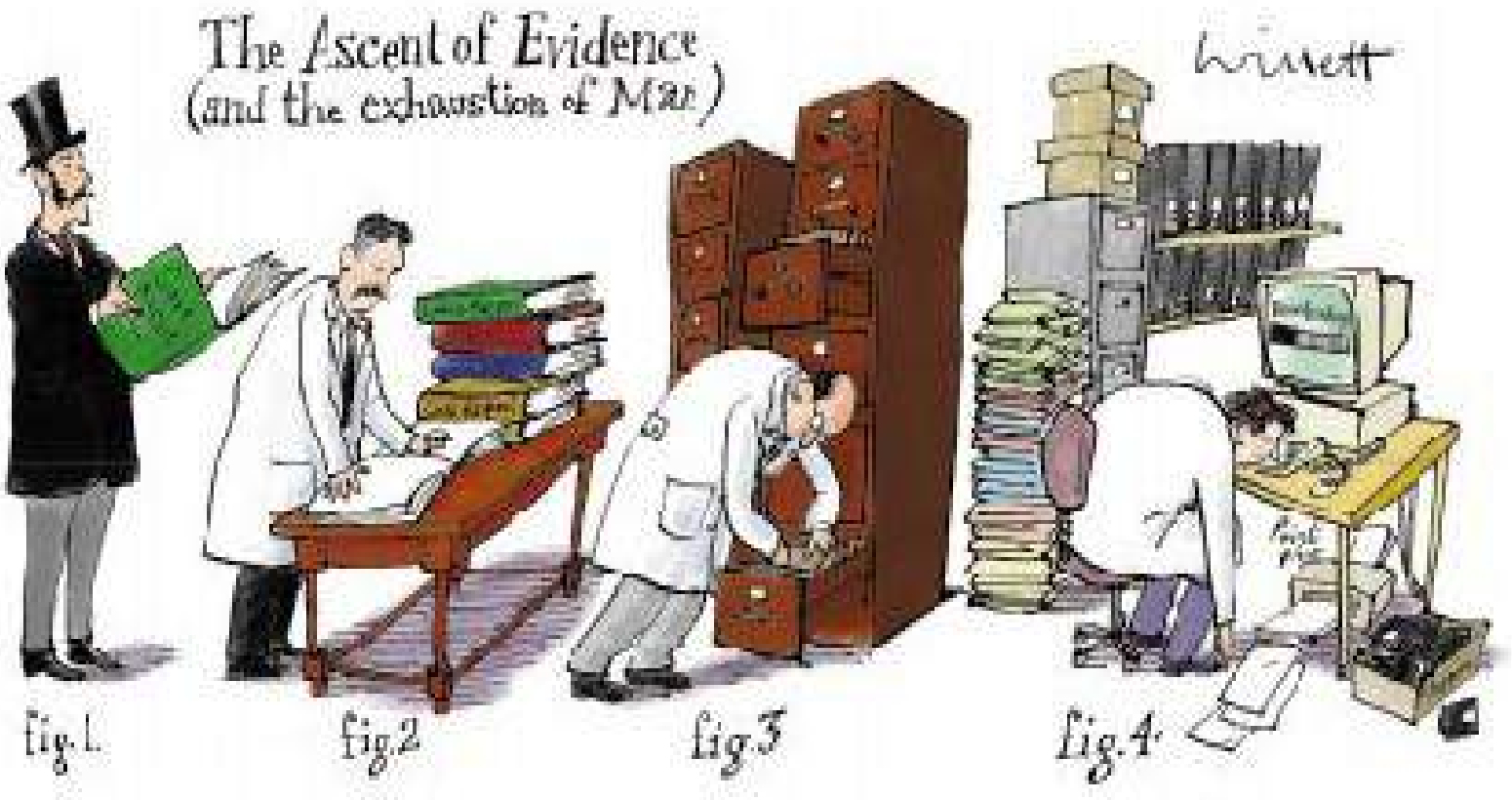
Quindi ....

- Vediamo pure cosa dice la letteratura .....

MOSES DOWNLOADS TEN COMMANDMENTS

- Stante che .....

Questo perché:



The Ascent of Evidence
(and the exhaustion of man)

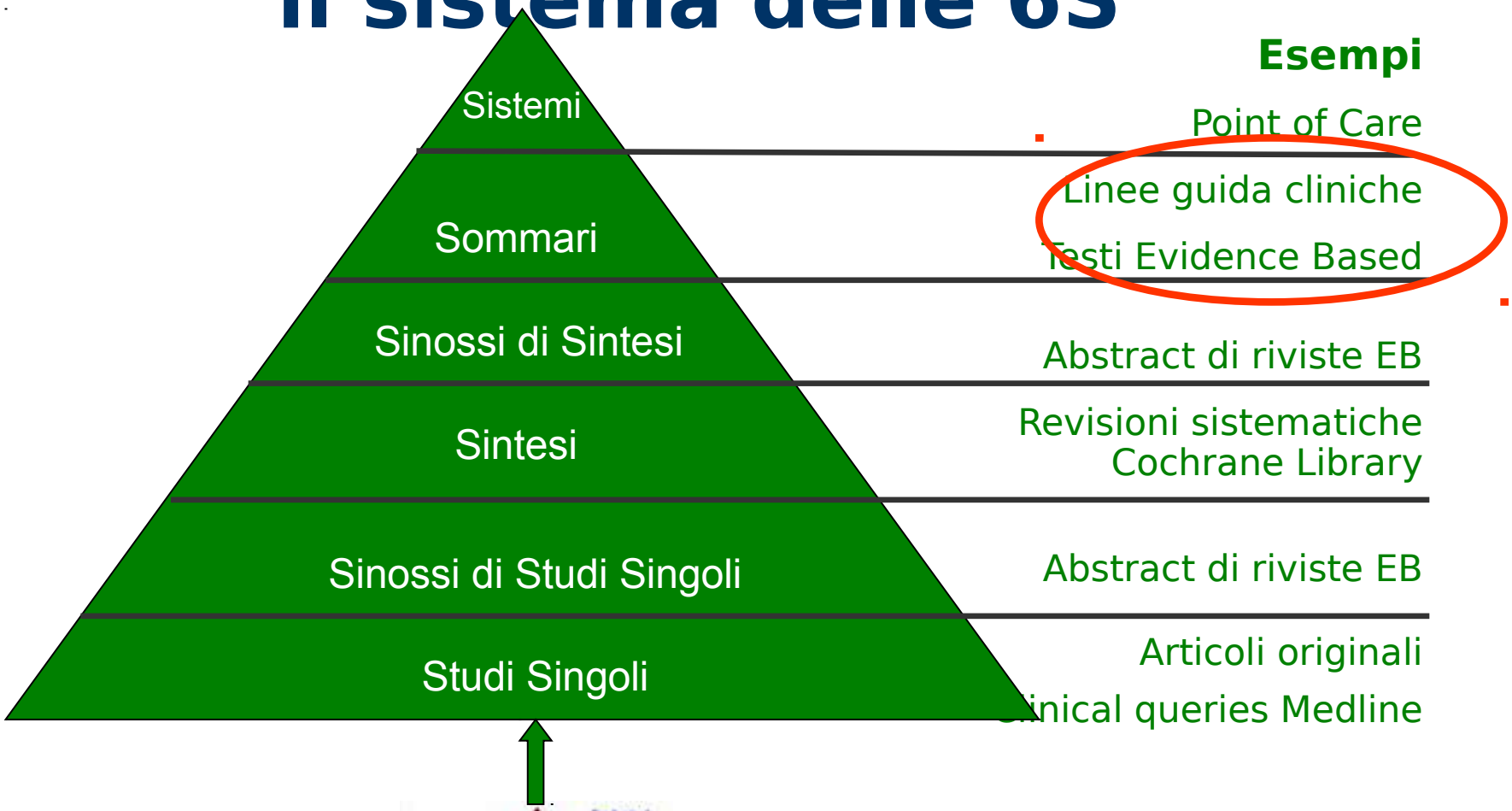
Le evidenze ….

Criticità … la triste realtà con cui ci si scontra ….

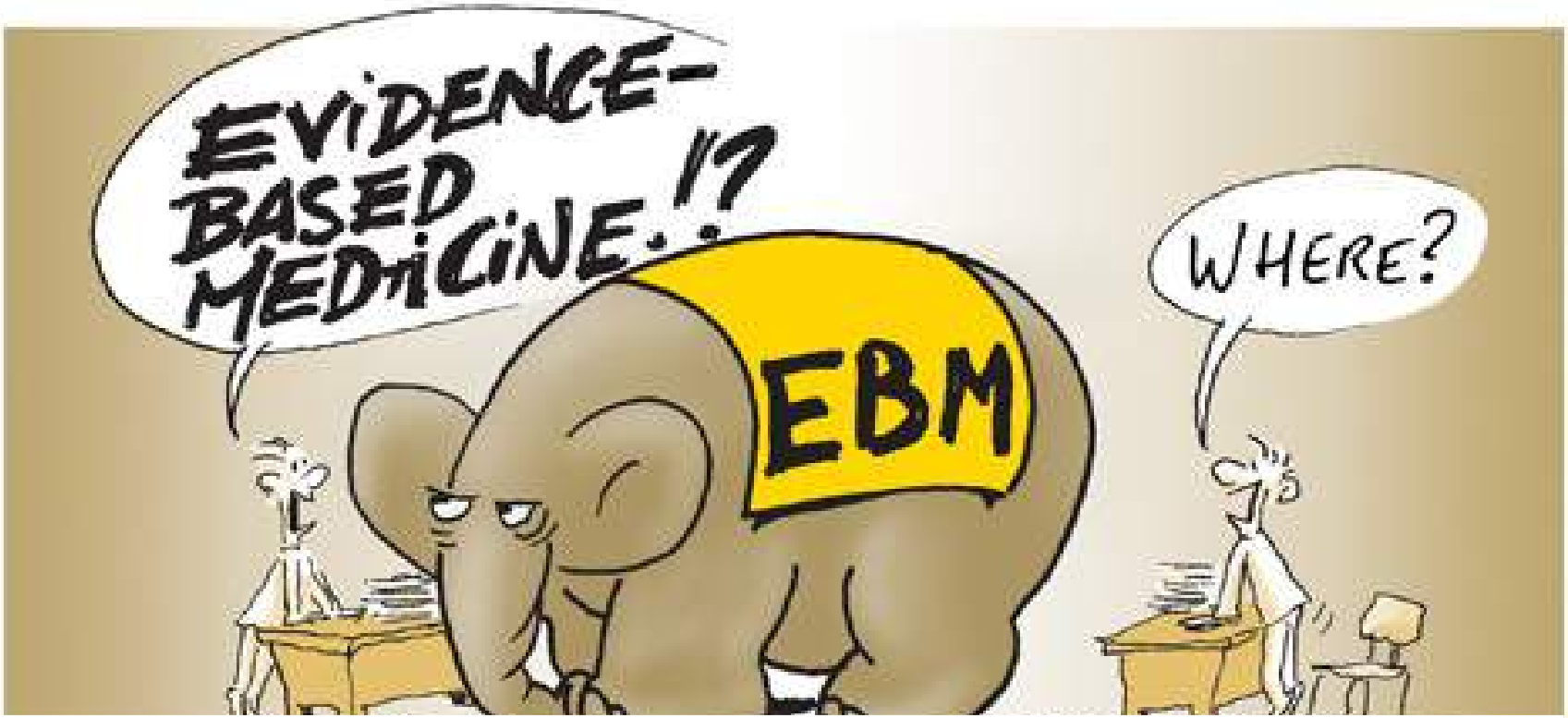
modello di Alberto Apostoli modifi

La soluzione:

Gerarchia delle evidenze pre-processate: il sistema delle 6S



A. DiCenso, L. Bayley, B. Haynes Accessing pre-appraised evidence: fine-tuning the 5S model into a 6S Model EBN October 2009



ATTENZIONE ALLE “LINEE GUIDA”
G.O.B.S.A.T.

Le nuove raccomandazioni:

1. Stansby G, et al **Prevention and management of pressure ulcers in primary and secondary care**: **summary of NICE guidance**. BMJ. **2014** Apr 23;348:g2592.

2. NPUAP - EPUAP and Pan Pacific Pressure Injury Alliance. **Prevention and Treatment of Pressure Ulcers** Emily Haesler (Ed.). Cambridge Media: Perth, Australia; **2014.**

NICE National Institute for Health and Care Excellence

Pressure ulcers: prevention and management of pressure ulcers

Issued: April 2014

NICE clinical guideline 179

guidance.nice.org.uk/cg179

Issued: April 2014

NICE has accredited the process used by the Centre for Clinical Practice at NICE to produce guidelines. Accreditation is valid for 5 years from September 2009 and applies to guidelines produced since April 2007 using the processes described in NICE's 'The guidelines manual' (2007, updated 2009). More information on accreditation can be viewed at www.nice.org.uk/accreditation

NICE accredited

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Pressure ulcer management Stakeholders

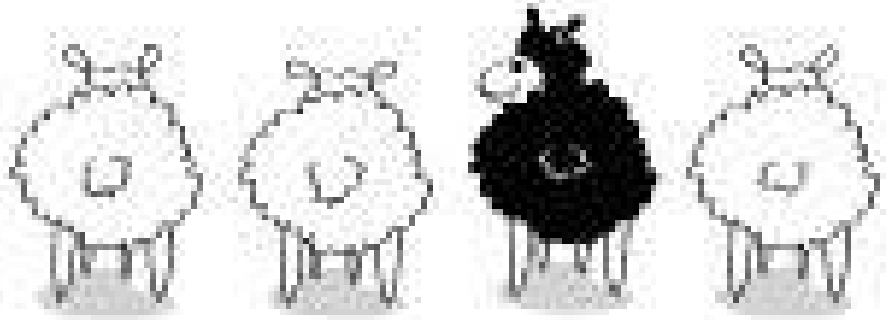
3M Health Care UK
Abbott Laboratories
Aguettant Limited
Alder Hey Children's NHS Foundation Trust
All Wales Dietetic Advisory Committee

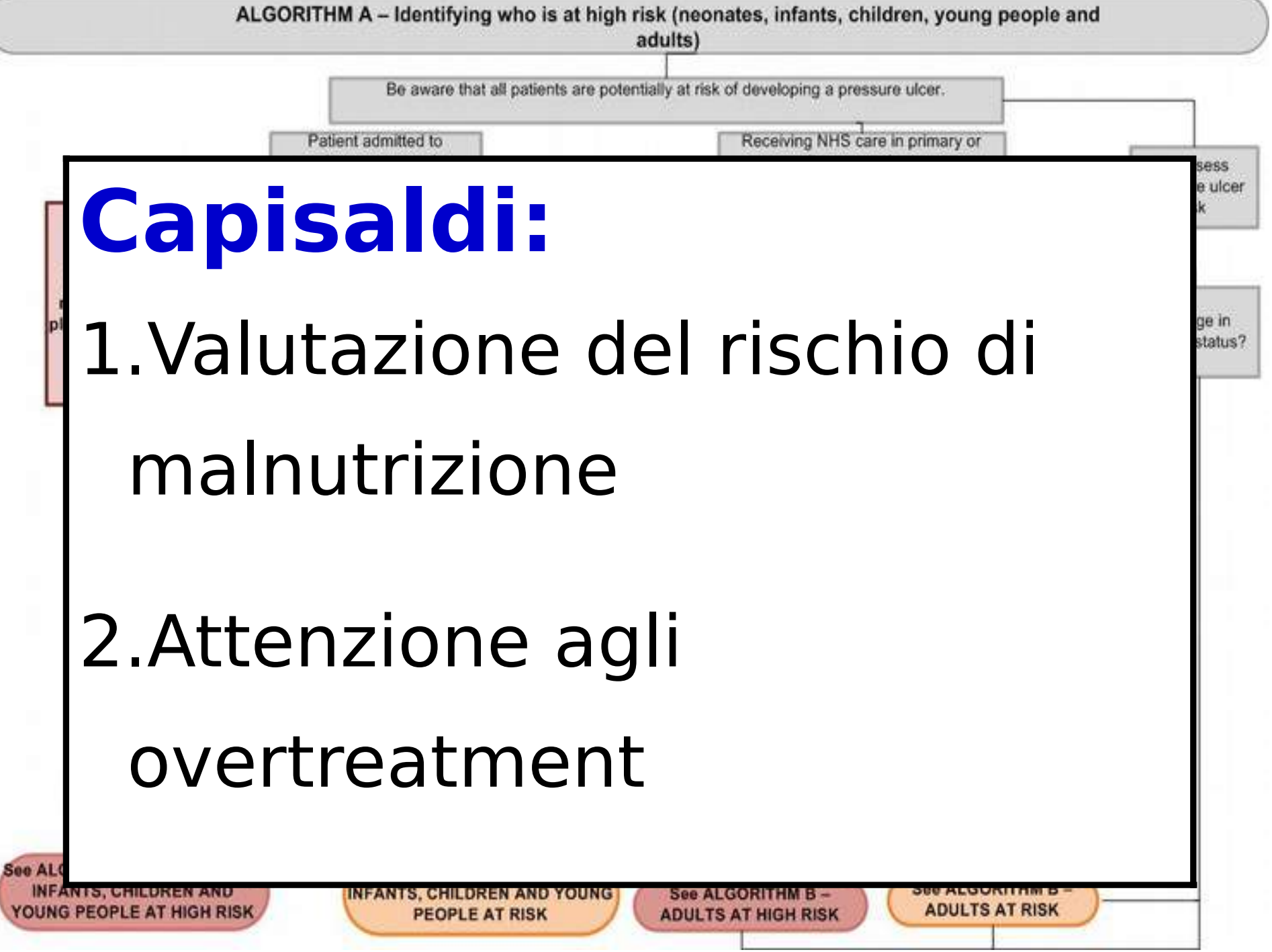
Associazione Infermieristica per lo Studio delle Lesioni Cutanee

Ashford and St Peter's Hospitals NHS Trust
Aspen Medical Europe
Association for Perioperative Practice
Association of Anaesthetists of Great Britain and Ireland
Association of British Healthcare Industries
Association of Chartered Physiotherapists in Neurology
Association of Surgeons of Great Britain and Ireland
Associazione Infermieristica per lo Studio delle Lesioni Cutanee
B. Braun Medical Ltd
Barchester Healthcare
Barnsley Hospital NHS Foundation Trust
Basildon and Thurrock University Hospitals NHS Foundation Trust
Baxter Healthcare
Bedfordshire and Hertfordshire Tissue Viability Nurses Forum
BES Rehab Ltd
Birmingham Community Healthcare Trust
Bradford District Care Trust
Bristol Community Health
British Academy of Childhood Disability
British Association for Parenteral & Enteral Nutrition
British Association of Dermatologists
British Association of Plastic Reconstructive and Aesthetic Surgeons
British Association of Prosthetists & Orthotists
British Dietetic Association
British Geriatrics Society
British Healthcare Trades Association
British Infection Association
British Medical Association
British Medical Journal
British National Formulary
British Pain Society
British Psychological Society
British Society for Antimicrobial Chemotherapy
British Society of Rehabilitation Medicine

BSN Medical

La prevenzione …





Capisaldi:

1. Valutazione del rischio di malnutrizione
2. Attenzione agli overtreatment

Il trattamento

Valutazione dello stato nutrizionale

Garantire un corretto apporto nutrizionale quando necessario

Raccomandazioni ad

- Offer adults with a pressure ulcer a nutritional assessment by a **dietitian** or other healthcare professional with the necessary skills and competencies.

- Offer nutritional supplements to adults with a pressure ulcer who have a nutritional deficiency.

- Do not offer nutritional supplements to treat a pressure ulcer in adults whose nutritional intake is adequate

Raccomandazioni adu

- **Provide information and advice to adults with a pressure ulcer and where appropriate, their family or carers, on how to follow a balanced diet to maintain an adequate nutritional status,** taking into account energy, protein and micronutrient requirements

- Do not offer subcutaneous or intravenous fluids to treat pressure ulcers in adults whose hydration status is adequate.

Raccomandazioni bambino

- Offer an age-related nutritional assessment to neonates, infants, children and young people with a pressure ulcer. **This should be performed by a paediatric dietitian** or other healthcare professional with the necessary skills and competencies.

- Discuss with a paediatric dietitian (or other healthcare professional with the necessary skills and competencies) whether to offer nutritional supplements specifically to treat pressure ulcers in neonates, infants, children and young people whose nutritional intake is adequate.

Raccomandazioni bam

- Offer advice on a diet that **provides adequate nutrition for growth and healing in neonates, infants, children and young people** with pressure ulcers.
- Discuss with a **paediatric dietitian** whether to offer nutritional supplements to correct nutritional deficiency in neonates, infants, children and young people with pressure ulcers.
- Assess fluid balance in neonates, infants, children and young people with pressure ulcers.
- Ensure there is adequate hydration for age, growth and healing in neonates, infants, children and young people. If there is any doubt, seek further medical advice.

- Consider the impact of the following factors on an individual's risk of pressure ulcer development:
  - perfusion and oxygenation;
  - poor nutritional status; **and increased skin moisture**.

(Strength of Evidence = C; Strength of Recommendation =)

- **Have a nutritional screening policy** in place in all health care settings, along with recommended frequency of screening for implementation.

- Thomas DR. **Role of Nutrition in the Treatment and Prevention of Pressure Ulcers.** Nutr Clin Pract. 2014 Jun 24;29(4):466-472.

- Litchford MD et al. **Malnutrition as a Precursor of Pressure Ulcers** Adv Wound Care (New Rochelle). 2014 Jan 1;3(1):54-63.

- Pimiento JM, Echeverri S. **Pressure ulcers and malnutrition: a devastating and common association**. Nutrition. 2014 Mar;30(3):370-1

- Posso P et al. **Efficiency at the resident's level of the NABUCCOD nutrition and oral health care training program in nursing homes.** J Am Med Dir Assoc. 2014 Apr;15(4):290-5

Warming

Non-healing wounds

- **Not all skin breakdown is preventable**. Individuals with cachexia, metastatic cancer, multiple organ failure, sarcopenia, severe vascular disease and terminal illness may develop skin breakdown despite competent nursing care and optimal nutrition.

- **Accoglienza e umanizzazione**
  - Nasce con la finalità di limitare i disagi conseguenti al rapporto del cittadino/paziente con la struttura sanitaria. Su segnalazione dei caposala delle divisioni di degenza, i volontari assicurano ai pazienti calore umano e dialogo oltre che aiuto concreto (**imboccare**, accompagnare, ecc.), garantendo la presenza nei punti "nevralgici" ….

Che la forza sia con noi ....
Grazie!!

Da tutta l'AISLeC!

AISLeC