Negotiation to achieve healing and decrease environmental contamination using Eclypse®

Patient History

Mark has a 25 year history of opiate dependency. Many years ago he worked in a factory manufacturing veterinary products and more recently selling antiques. He has been intermittently homeless for 20 years, approximately a year ago he moved into accommodation in the city centre; funded by a charity that provides accommodation and support to homeless men and women.

This facility is in private grounds close to the city centre, it has 35 bedrooms, meeting and counseling spaces as well as education, health, fitness and community facilities. This welcoming and inspirational space offers clients not only a place to stay but also the chance to make positive changes in their lives.

To aid this lifestyle change and to aid healing of wounds there is Multidisciplinary team involvement - GP specialising in care of homeless people Nurse specialising in care of homeless people, Key worker, Care manager, Compass, Dermatology & Vascular Consultants, Tissue Viability Specialist Nurses, District nurses, Housing Associations, Pharmacist and Podiatrist. Family members also visit regularly.

"Crawling through a hedge" was the cause of the wound left leg not injecting according to Mark. Within a few weeks the area enlarged and was cared for by the nurse specialising in homeless people with a subsequent referral to TVN , dermatologist and vascular surgeon. Obtaining a true history of the wound has been difficult - the podiatrist recalls a leg wound being managed by Mark with newspaper and T-shirts a few years ago.

Despite having access to a shower Mark still appears unkempt and despite one hospital admission no member of staff has been able to assess any other area of skin except the left lower leg. During the admission angiograms were refused, larvae applied were removed, Mark left the ward and missed consultant rounds.

Obtaining blood samples required Mark to take his own sample due to difficulty accessing areas and blood vessels.

Prescribed Medication

Methadone, Oxycodone, Gabapentin and Penicillin

Issues in relation to verbal abuse

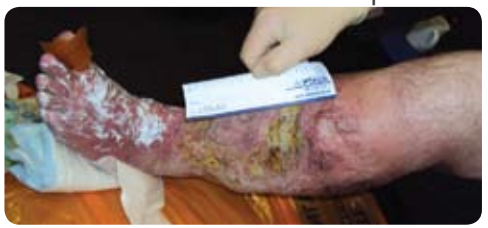
"All those working to provide NHS care have the right to work in an environment free from the fear of violence or aggression Patients and the public should also expect to receive NHS care in a safe and secure environment." For many years the nurse specialising in care of homeless people provided care for Mark on a one-to-one basis. But this deteriorated due to a very distressing out burst of verbal abuse from Mark. This led to 2 members of nursing staff being present for the daily dressings and all subsequent episodes of wound care.

Mark was also exposed to verbal comments from fellow residents about aroma from the wound and there were concerns about Marks' safety expressed by staff at the home.

Contract

There was a period of time where Mark did not come to the treatment room or when he did he refused care as planned. He then had an episode of uninvited larvae and was so concerned about response by fellow residents.

A written contract was created and agreed-the contract included a specific appointment time with the expectation that Mark had taken his methadone and was willing to have his dressing changed. Mark was going to A&E and the Walk-In Centre instead of getting out of bed for the appointment. His mobility decreased so he became "housebound" except for



walking across the road to the chemist for his methadone.

No decision about me without me

Mark always insists in removing and reapplying the dressings in his own way at his own pace. During each procedure staff negotiate assistance and encourage leg soaks. Various dressings and compression methods have been discussed over the months but Mark determines assertively that he cannot tolerate compression, will not soak or cleanse the left leg.

Due to exudate soaking through the bandage Mark accepted a change of product for fluid management to Eclypse® (Advancis Medical). He now accepts 3 x 20cm x 30cm dressings being folded

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around his leg. An Eclypse Boot® (Advancis Medical) was applied but he did not tolerate walking on the moist gel crystals in the dressing and was forcefully concerned that the gel may come into contact with the wound.

Mark will only accept certain dressings and each time a new product has been suggested to deal with removal of slough, management of exudate, aroma/bacterial load most have been refused.

Mark always managed to obtain a piece of tubular bandage for his right foot but would not allow any member of the MDT to see the area. We are concerned that there is another wound but cannot obtain consent to see the area.

Negiotiation with Mark

Over a 6 month period dressings were vanishing from the treatment room, it was agreed that the home staff would not allow Mark to change dressings in his room due cleanliness issues, inability of staff to assess the wound, waste of staff time as he had already re-dressed the wound, and inability to manage stock effectively and stop the forceful discussions when no stock was left.

- *To wash his hands and apply non sterile/ sterile gloves for the dressing procedure. Only minimal intervention during the procedure.*
- *He would allow his leg to be washed*
- *That he would not swear or verbally abuse staff.*
- *He would arrive for the daily appointment on time after taking the methadone.*

Current situation

Eclypse® is absorbing the exudate, Prontosan wash to deslough and Aquacel AG as the primary layer with reduced compression bandaging.

References

The NHS security management service charter with the primary care NHS professional representation bodies – Working Together -The way forward (2005)

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