

Access to information regarding management of pressure injuries in South Africa during the COVID-19 pandemic: A nurse's perspective



Author:
Susan de Wet

Worldwide, nurses were faced with a major influx of COVID-19 patients in 2020. South Africa was not spared from this surge. As a South African nurse, I experienced first-hand that not only did nurses have to suddenly care for an incursion of patients' diagnoses with a novel virus, but consequently had to also deal with the devastating effects of the virus, one of which presented as pressure injuries. It was evident that some critically ill, yet mobile patients admitted to the COVID-Intensive Care Unit (ICU), experienced pressure injuries.

This was unlike critically ill patients who were bedridden for long periods and, as a consequence, developed pressure injuries. It was obvious that patients with COVID-19 infection developed pressure injuries, despite not being confined to a bed. This phenomena was new, and required nurses to gain access to information regarding the management of pressure injuries that was easily attainable, up to date and evidence-based, as well as cost-effective.

Nurses searched for advice to manage pressure injuries, in particular, COVID-19 patients. However, by typing 'pressure sore' or 'pressure injury' into any search engine, nurses received a multitude of information. The information accessed referred to general pressure injury care, excluding COVID-19 infected patients. In the main, the information was theoretical and not in summarised guidelines. Due to the influx of patients admitted with COVID-19, and many admitted to the ICU, all nurses were required to work in the units, despite their wound care experience. Therefore, being time-bound but eager to nurse the patients optimally, reading through long articles and Cochrane reviews regarding wound care, were not conducive. Nurses needed practical information that was evidence-based; it was perceived as a vital need for the nurses to be able to implement appropriate nursing care.

For the purpose of this study, the focus was on the author's own experiences as a wound care professional re pressure injuries. A subsequent article will be written about moral injuries in nurses working in extra-ordinary circumstances relevant to wound care. Moral injury is referred as the feelings

the wound care provider experiences in the wound care setting during the current pandemic.

As an experienced advanced wound care professional nurse, I experienced exactly the same: I observed my colleague's frustrations and moral injury regarding management of pressure injuries in a novel infection. I realised that a resource must be made available to provide relatable and relevant information in the South African healthcare system on the topic of pressure injuries. My vision was to make a resource available with information that was practical yet evidence-based, referring to products and services available in South Africa, while not actively marketing one particular product.

The goal was ultimately to make practical guidelines available in a one-stop-resource that could be accessed with any electronic device. Most nurses have access to technology, either on smartphones or electronic devices at work. The resource developed into a website that was accessible by any healthcare professional, although the original aim was to reach nurses involved in the day-to-day wound care of COVID-19 patients. The website <https://susandw.wixsite.com/pressureinjury-covid> was born and provided information sourced by a nurse, for nurses. The website summarises evidence-based research in the form of guidelines to prevent and manage pressure injuries in particularly COVID-19 patients, not excluding general pressure injuries. This resource can be easily accessed in the palm of the nurses' hand or with one easy click of a button.

Due to the influx of COVID-19 patients, resources were running dangerously low. Nurses had to improvise and focus on low-tech yielding high-impact management. This included the basics of repositioning, skin care and pressure relief described and illustrated in the website. The resource provides practical information like solutions that can be prepared in the ward for wound care if none is available at the care facility. In addition, aftercare of pressure injuries and healthy diet tips to encourage wound healing are made available on the website. Lastly, the website prompts the nurses to their responsibilities as prescribed by South African Nursing Regulations.

Susan de Wet is Nurse Specialist in Wound Care and Independent Consultant, Cape Town, South Africa

Nurse shortages

Before the COVID-19 pandemic, THE ICU patient to nurse ratio in the private sector was usually 1:1. But amidst the pandemic, the patient: nurse ratio overextended to 3:1 generating nurses who became depleted and overworked and eventually turned out to become seriously ill or contracting COVID-19 themselves. It was hard for nurses to give their patient the care that they needed, nursing care changed to crisis management mode and not the care they were used to be giving.

South Africa is known to have experienced a nurse shortage prior to the Covid pandemic, and having ICU qualified nurses was a luxury. When COVID-19 struck, it seemed easy to shift the blame on nurses when pressure injuries occurred. I observed that nurses did not have the time to focus on basic nursing care if their patients were dying. Damage control nursing occurred and the main goal was to hand over a live patient to the next shift, despite the patient's clinical condition, all the more reason to have systems in place to guide nurses to manage pressure injuries. I think it would be greatly beneficial to have preventative systems in place in all hospital settings to manage pressure injuries. Feelings of despondency and shame could be reduced when a nurse feels she is doing the best she can for her patient in the current situation. In order to assist nurses, the website provides suggestions regarding repositioning of patients in the South African setting to relief pressure, as recommended by Ramalho et al (2020) and Team et al (2020). However, it is noteworthy that the website refers to repositioning-teams as 'flip squads', a uniquely South African term.


The patient

In my experience, many patients present with sacral and abdominal pressure injuries, as confirmed by the VHA Center for Engineering & Occupational Safety and Health (2015). However, I found these pressure injuries to be more severe after discharge from the COVID ICU than the pre-COVID pressure injuries. Normally, it was the patient who may be at the end of life, frail, immobile and perhaps a

chronic disease who presented with a pressure injury. But this time, patients being acutely ill with COVID-19, both middle-aged and younger, admitted to the ICU, presented more rapidly with severe pressure injuries.

With the patient profile and disease pattern changing, I realised that ICU nurses needed help with regards to information in preventing and managing pressure injuries in South Africa. The patients were not only suffering pressure injuries because of temporary immobility, infection and hypoxia, but the idea of a crushing injury had to be considered. Crushing injuries of the pannus during the COVID ICU stay mostly occurred when an obese patient was prone to maximise oxygenation and ventilation.

Conclusion

Healthcare providers in South Africa, and especially nurses on the front line, experienced moral injury. Nurses working in ICU administering wound care needed a resource with concise, up-to-date guidelines regarding prevention and management of pressure injuries. I developed a resource, as a nurse, for nurses, as a practical tool to minimise the devastation of pressure injuries. Nurses need support to optimally nurse COVID-19 patients in the ICU with pressure injuries. Having access to a resource that provide information relevant to nurses working in South Africa is reassuring, might reduce nurse burn-out and ultimately ensure better patient health outcomes. 

References

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