



By working together we can improve the standard of paediatric wound care, say **Guido Ciprandi, Marco Romanelli, Corrado Durante, Mona Baharestani and Martin Meuli**

Both skill and sensitivity are needed for paediatric patients

wounds of varying aetiologies? Most of our wound care practices are based on an adult model of care, which forces us to compromise by using wound care products not approved for children.

Even from an epidemiological standpoint, data on chronic ulcers, such as pressure ulcers, are inadequately captured among children, as adult data collection tools and methodologies are used.

Independent of race, ethnicity and social class, acute and chronic wounds, as well as those related to disease, continue to be the leading cause of morbidity and mortality among children worldwide.

In recent years, Bambino Gesù Children's Hospital in Rome, Italy, has witnessed a dramatic increase in the number of children admitted with wounds. Pressure ulcers, medical device-related injuries, as well as trauma cases, have grown exponentially.

In response to this rising volume of cases and the obvious need for specialised paediatric wound care services, the first Italian wound care paediatric surgical centre has been created. This centre provided the impetus behind the creation of the first International Symposium on Paediatric Wound Care, held in Rome in October, 2011.

This symposium brought together multidisciplinary leaders in diverse fields that included paediatric wound care, paediatric plastic surgery, dermatology and pain management.

The conference, held at the Angelicum Congress Center, Pontificia Universitas San Tommaso D'Aquino, was attended by 425 delegates from 23 countries. Ninety presentations were delivered by invited speakers, and

there were 20 oral abstracts and 20 scientific posters.

This event and the formation of the International Society of Paediatric Wound Care (ISPeW) were organised by Guido Ciprandi, Marco Romanelli and Corrado Maria Durante.

The goals of ISPeW are to:

- **Set global standards for the assessment and treatment of paediatric wounds of varying aetiologies**
- **Provide a forum for international and interprofessional collaboration among healthcare professionals, researchers, educators and industry leaders dedicated to the care of paediatric wounds**
- **Promote and support clinical research focused on the prevention, assessment and treatment of paediatric wounds**
- **Collaborate with wound care organisations worldwide on paediatric wound care issues**
- **Provide evidence-based paediatric wound care education for clinicians, parents and lay carers.**

Working together we can elevate the standard of wound care for vulnerable paediatric patients through research, the development of age-appropriate products, education and evidence-based practice guidelines.

The ISPeW Board looks forward to seeing you at the 2nd International Symposium on Paediatric Wound Care, which will take place in Autumn 2013 in Las Vegas, USA, and will be chaired by Dr Mona Mylene Baharestani.

For more information visit: www.ispew.eu/

Children, of course, have very different needs to adults, especially when it comes to health care.

This is particularly true of wounds. Treating a paediatric wound as you would an adult wound risks ignoring the level of vulnerability, the potential for congenital malformations and the physical complexities, which are unique to children.

Clinicians require a wide breadth of knowledge and sensitivity when dealing with the unique physiology, cognitive abilities and psycho-emotional needs of paediatric patients. Clinicians also require a variety of skills to treat patients whose ages range from prematurity to late adolescence.

If healthcare can be a daunting environment for adults, stripping them of control, invoking fear and instilling a feeling of helplessness, imagine the emotions of parents who must entrust their wounded child to the world of medical technology. As clinicians, we must be sensitive to the family's anxieties, while at the same time exercising technological skill.

But to what extent are we prepared to provide evidence-based care for