Day in the life

Each issue of *Wounds International* features a typical day in the life of a different wound care clinician from around the world. This series looks at the variety of techniques that are required in different settings and asks clinicians about the type of conditions they work in, the types of wounds they see and the challenges that they face when providing wound care to patients.

Margaret Mungai (centre) with her team.

This issue features Margaret Mungai, a wound care nurse at Moi Teaching and Referral Hospital in Kenya.

Can you outline where you practise?

I practise at Moi Teaching and Referral Hospital, which is the second largest referral hospital in Kenya. The comprehensive diabetic clinic was established after three of us enrolled for the International Interdisciplinary Wound Care Course 2010 at Stellenbosch University, South Africa.

Previously, our hospital had a once-a-week diabetic clinic on Fridays where we provided insulin, diabetic health education and routine follow-up.

By 2009, we were seeing numerous people with diabetes, which required an increase in clinic days to three days per week (Tuesday, Thursday and Friday). The supply of insulin was initially erratic, although this improved after our hospital collaborated with a manufacturing company that agreed to provide regular insulin for our patients.

Before we enrolled on the course, diabetic wound care was often neglected when patients were referred for 'dressing' at the common outpatient dressing room. The Comprehensive Diabetic Clinic now offers integrated home care, glucose monitoring, nutritional advice, insulin provision, diabetic wound care, diabetic foot care, diabetic health information and orthotic care (off-loading), as well as education.

Can you explain the make up of your team?

The team comprises of three nurses, one physician, one orthopaedic surgeon, one clinical officer, one medical officer, one nutritionist and one orthotic technician.

What types of wounds do you regularly see?

Now that we have a dedicated clinic for diabetes patients, we encounter neuropathic wounds, ischaemic wounds, pressure ulcers, traumatic wounds (eg thorn pricks or cuts), cellulitis, venous ulcers and burns.

What are the main types of equipment, dressings and techniques that you use on a day-to-day basis?

We have the basic equipment, including dressing packs, handheld Doppler for ankle-brachial monitoring, monofilaments, glucometers and crepe bandages. The techniques used include sharp debridement, enzymatic debridement, mechanical debridement using wet/dry gauze, off-loading with modified shoes, irrigation, cleaning with normal saline and application of cream (especially for burns), metrogyl gel (for malodorous wounds), and diluted povidone-iodine solution.

What is the most unusual wound you have seen recently and how did you manage it?

This was a middle-aged male with a stage-two neuropathic foot ulcer, extensive callosity and necrotic tissue around his heel.

Management included callous removal, sharp debridement, enzymatic debridement, off-loading with a modified shoe, and glycaemic control. We followed this up with daily dressing changes and later with changes on alternate days. Under this treatment protocol, the wound healed after four months.

What equipment/resource/education would make the most difference to your everyday work?

Considering that the number of people with diabetes in Kenya is increasing, there are various things that would help us, including an advanced wound care course with an emphasis on diabetic foot care and increased diabetic health education generally.

Similarly, the equipment necessary to treat the above challenges would go a long way in improving our services. Establishing a diabetic centre in our institution would also make a big difference.