

Combining nursing and podiatry for successful outcomes in a community setting

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Situation

Patient

- 76 year old lady
- Systemic Pneumococcal infection and was in ICU for 6 weeks
- Now being treated in community nursing and podiatry care.

Previous history

- Cancer, left breast radiation and chemotherapy
- 9 toes from both feet affected with necrosis (Figure 1, 2 & 9). Fingers and left breast also affected.

Action(s) taken/treatment provided

Patient had black, hard necrotic toes which required debridement of tips, nail beds and removal of exposed dead bones. Toes are difficult to dress and required moisture for autolytic debridement. Patient also required a solution which will relieve pain.

It was decided that a combined treatment of community nursing and podiatry would deliver the best outcome for this patient.

- **Podiatry:** Sharp debridement, removal of nails and removal of protruding dead bony toe phalanges
- **Community nursing:** Debridement with monofilament fibre debridement lolly* (in combination with sharp debridement) and dressings for autolytic debridement and pain relief (Figure 3 & 10)

The chosen dressings were ionic gel dressing**, Biocellulose hydrobalance dressing*** and wound contact layer****.

The ionic gel dressing and the biocellulose hydrobalance dressing provide pain relief on contact and autolytic debridement. Both dressings are mouldable and easily applied. They can be cut and wrapped around digits.

* Debrisoft® Lolly (Lohmann & Rauscher)

** Suprasorb® G (Lohmann & Rauscher)

*** Suprasorb® X (Lohmann & Rauscher)

**** Lomatuell® Pro (Lohmann & Rauscher)

Left foot

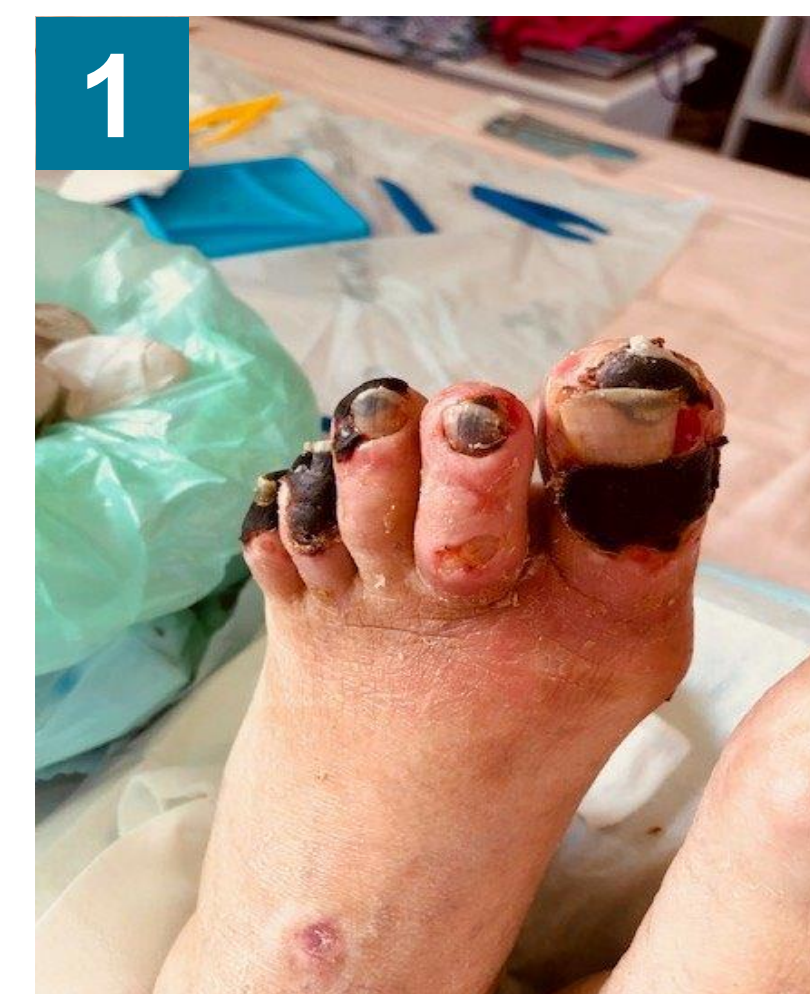


Figure 1: On presentation



Figure 2: Big toe with nail removal



Figure 3: Toes with dressings



Figure 4: 2 weeks of treatment



Figure 5: 2 weeks of treatment



Figure 6: 4 weeks of treatment



Figure 7: Clean wound bed showing dead bone for removal and granulation to cover top of toe



Figure 8: Debrisoft Lolly in use

Right foot



Figure 9: On presentation



Figure 10: 2 Toes with dressings used



Figure 11: 2 weeks of treatment

Outcome(s)

Left foot

After 2 weeks of treatment, black necrotic tissue has been softened to allow for further debridement (Figure 4 & 5). Nail bed on big toe was down to bone with hypergranulation.

After 4 weeks of treatment, big toe almost healed, no evidence of hypergranulation and small amount of nail bed regrowth (Figure 6).

Right foot

After 2 weeks of treatment, evidence of granulation and epithelialisation of toes and nail bed areas. (Figure 11 & 12).

Lesson(s) learned

Working as a multi-disciplinary team alongside allied health is vital for the healing process and can help to achieve the best possible clinical and patient outcomes, particularly for complex wounds.



Figure 12: 2 weeks of treatment: nail bed re-growth under old black nail