**Request for Information – Feedback Summary Sheet**

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| **Request made by:** | | Linda Baldwin | | **Responses to be sent back to:** | [Linda.Baldwin@elht.nhs.uk](mailto:Linda.Baldwin@elht.nhs.uk) |
| **Date request made:** | | 27/01/2017 | | **Date sent out:** | 30/01/2017 |
| **Details of Request:** | | At our Pressure ulcer prevention meeting, we have been discussing the use of incontinence pads. At present we only use the blue procedure pads, we feel that these are contributing to patients having moisture lesions. Would you be able to ask the other units in our area and if possible further afield if they use incontinent pads and which sort. We have also started to use medi-honey as a barrier cream and the opinion of most of our staff is that it is ineffective do you know if other units use it and their experience with it ? Thanks in advance for your help. | | | |
| **No.** | **Response Received From:** | | **Details of Response:** | | |
| 1 | *Claire Horsfield – Quality Improvement Lead Nurse*  *Lancashire and South Cumbria Critical Care Network*  *Trust HQ, Chorley District General Hospital,*  *Preston Road, Chorley, Lancs.* | | The procedure pads you mention are not suitable for skin protection against moisture, they are purely designed to protect the bed sheets! and we had a presentation from Tena at one of our QuIL meetings last year demonstrating this fact extremely well. Linda Gregson may still have some information from the meeting. LTH did move over to Tena pads but they are more costly as they do a completely different job to the procedure pads, hence they must be used appropriately.  The company representative is called Ashley and her details are below so you can contact her directly, she has always been extremely helpful. Good luck. | | |
| 2 | Catherine Plowright Consultant Nurse Critical Care                   C/O Anaesthetic Department                                     Medway NHS Foundation Trust Windmill Road Gillingham Kent ME7 5NY | | Our whole hospital banned these blue procedure pads yonks ago  We use Attends countors | | |
| 3 | **Sarah Lewis**  **Tissue Viability Clinical Nurse Specialist, UCLH** Mobile 07985 613840  Ground floor West Wing, 250 Euston Road, London NW1 2PG | | We do not advocate the use of blue procedure pads for the same reasons as stated below.  This is documented in our Pressure Ulcer Prevention Policy (page 20).  It is taught regularly on our SSKIN buddy study day, NA induction programme, S/N induction programme and NA specials training.  We do not use Medi honey as a barrier product.  (LBF skin barrier range is on the UCLH wound product formulary) . | | |
| 4 | Ifor Evans RGN, RMN, MSc.Econ, MBA  Wales Critical Care and Trauma Network Manager  Rheolwr Rhwydwaith Gofal Critigol a Thrawma Cymru | | In Hywel Dda, we also use the incontinence pads, but we use tenna mousse to clean, which we have found has improved our moisture damage and our tissue viability have also suggested Epaderm which you add to water to wash with. | | |
| 5 | JACKSON, Andy (ROYAL DEVON AND EXETER NHS FOUNDATION TRUST) <andrew.jackson18@nhs.net> | | We use Medline Ultrasorb pads for the reasons you describe below regarding the procedure pads. | | |
| 6 | Anne Williams  Lsil Macclesfield  01625 663490 | | Here at Macclesfield we don’t use the medi-honey so can’t comment on that product, the barrier cream used is sorbaderm.  Incontinence pads are not used on the unit. | | |
| 7 | Nicky Freeman-Fielding  Matron for Critical Care, Surgery Head & Neck  Level 6 Critical Care (Ward A600)  Bristol Royal Infirmary  BS1 3NU  0117 3427124 / wifi phone Ext 27110  [Nicola.Freeman-Fielding@UHBristol.nhs.uk](mailto:Nicola.Freeman-Fielding@UHBristol.nhs.uk) | | Here in Bristol we use ‘Attends – Cover-dri’ incontinence pads.  We still get moisture lesions but not a level tat causes us alarm.  We use Proshield for anyone with a pressure sore / excoriated bottom otherwise we use Honey or Secura barrier cream.  I hope this is helpful. | | |
| 8 | Claire Jones (Aneurin Bevan UHB - Critical Care Unit) <Claire.Jones16@wales.nhs.uk> | | I am a Band 7 Sister in ICU in Royal Gwent Hospital,  South Wales.  We use incontinence pads when necessary, usually for leaking open abdomens, when appropriate we use faecal management systems. We try to encourage pad avoidance where possible, as  you say I believe they contribute to moisture lesion formation.  Our current practice from Tissue Viability is to was any moisture lesions with Hydromol and we use Cavilon wipes which have had a dramatic improvement in decreasing our incidence of moisture lesions. If you need further information please feel free to email me.    Kind regards    Claire Jones  Sister  Royal Gwent Hospital. | | |
| 9 | Rowan Patricia (RQ6) RLBUHT <Patricia.Rowan@rlbuht.nhs.uk> | | We never use the blue procedure pads as an incontinence device as too many problems in the past. We use anatomical pads Id Expert form from Ontex Healthcare UK and for specialist beds/mattress we use Dri-flo air permeable pads from arjo huntleigh. We use Cavilon cream and metaniun cream for excoriation. As a rule we try to avoid using any pads but obviously they are needed at times and we aim to check areas 2 hourly. If a flexiseal is used we have cavillon wipes for the surrounding areas. These have proved to be a really good product.  Trish Rowan  LSIL  RLUHT | | |
| 10 | **Jo Snow | Lead Nurse | Intensive Care Unit  | Surgery & Anaesthesia Clinical Business Unit | Foundation Wing | Barnwell Floor | Kettering General Hospital NHS Foundation Trust | Rothwell Road | Kettering | NN16 8UZ** | | We use the following incontinence pads    Ultrasrbe6191 - 61cm x 91cm - Case of 70 at £47.88  Ultrasrbe4561 - 45cm x 61cm - Case of 60 at £27.36    Thanks  Jo | | |
| 11 | Prosho KerryAnne - Sister / Charge Nurse <kerryanne.prosho@uhl-tr.nhs.uk> | | Hi,  We stopped using Attends-cover dri Plus procedure pads under patients quite a few years ago as they were indeed contributing to the development of moisture lesions. They weren’t designed to wick away moisture from the patient and it was just held against their skin for an extended amount of time.  If we need to put a pad under our patients for any reason, we use Tenna Comfort pads that our incontinence nurse advised us to use.  In extreme cases we use an Eclipse pad/dressing under the patient (when we have vac dressings that leak constantly).  We had until recently used Cavilon cream as a barrier cream (which I would recommend) but it has been removed from our trust recently. This has been replaced with Epimax emollient cream (not for excoriated areas). We use Cutimed sticks for broken skin.  I hope this helps.  Kind regards  Kerry Anne Prosho  Senior Sister & Tissue Viability Link Nurse  AITU  LRI | | |
| 12 | **Lisa Swan**  Matron Critical Care and Pain service  **Ext** 3742, **Blp** 4384  cid:image001.png@01D1D924.2A3213B0  Northampton General Hospital NHS Trust  Cliftonville, Northampton NN1 5BD | | We stopped using blue pads some time ago as it was felt it contributed to moisture and use them only now for procedures (e.g.line insertions)  We now use Ultrasorbs by Medline (2 sizes available). There are still moisture lesions but less frequently.  We use zerobase as a cream to improve skin integrity and have no experience of using medi-honey.  I hope this is of help  Kind Regards  Lisa | | |
| 13 | Caroline Allison  Joint Lead Nurse  Critical Care  East Surrey Hospital  Surrey and Sussex NHS Trust  Tel. 01737 231669 | | Hi,  We are using Medline ultrasorb pads at the moment and cavilon barrier cream. We still see a fair number of moisture lesions, and I am coming to the conclusion that there is not a substitute for 2 hourly turning, though I have yet to prove that!  Kind Regards  Caroline | | |
|  | Gill   |  |  |  | | --- | --- | --- | | **Royal Berkshire *NHS*  Foundation Trust**  Trust Education Centre,  Craven Road,  Reading  Berkshire  RG1 5AN |  | Gill Leaver  MA, RGN  Sister, Intensive Care  Tel: +44 (0) 118 322 7257  Email: gillian.leaver@royalberkshire.nhs.uk | | | Hi,  We have stopped using pads for the same reason and use “nappies” now which are more absorbent and wick away the fluid, also recommended by our TV team. | | |
|  | **Lorraine Smith**  **Matron**  **Intensive Care Unit**  **Kettering General Hospital NHS Foundation Trust**  **Rothwell Road**  **Kettering NN168UZ**  **Telephone:01536491525/2760**  **Email:** [**lorraine.smith@kgh.nhs.uk**](mailto:lorraine.smith@kgh.nhs.uk) | | Dear Linda, Please be advised that at Kettering we have just gone over to the following products following a trial and audit by our TVN specialist:-  Ultrasorbs Dry Pad 46cm x 61cm NH Supplies No. - VJD3121  Patient Wet Continence barrier cloth (minimal wipes to be used to be effective – we used to use Cavilon cream as a barrier but this is not required with these single patient use wipes) NHS Supplies No. -  VJT188  We have never used medi-honey so I cannot comment on this.  Hope this helps with your network enquiry.  Kind Regards  Lorraine | | |
|  | Shelley Goodyear  Matron Critical Care/Outreach/Pain/Anaesthetics Cross County  Worcestershire Acute Hospitals NHS Trust  Mobile:contactable via switchboard  Alexandra Hospital ext 42090 Bleep 0271  Worcester Hospital ext 30561 Bleep 392  Email:shelley-ann.goodyear@nhs.net | | Move to ultrasorb pads small medium large  Had them 4 years same as burns units  No skin issues rare  See technology with them .. | | |
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