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Pharmacist Working to Full Scope in Acute Minor Wound Care

**Accreditation, Implementation
and Practical Considerations**



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Pharmacist Acute Wound Care: What's New?

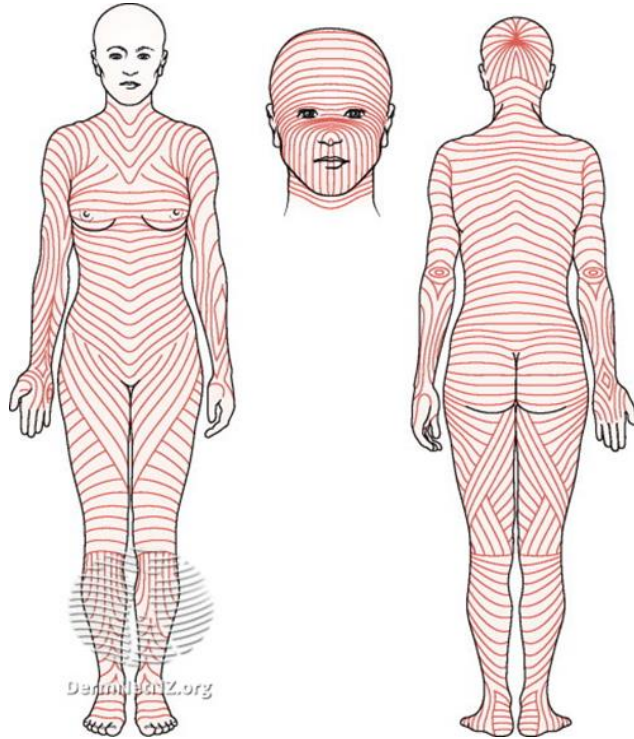
- Wound cleaning – local anesthetic administration
- Wound Closure
- Post Exposure Vaccination
- Presumptive, Prophylactic and Empirical Antibiotic Treatment

Local Anesthetic Administration

Administration of up to 10mL of 1% lidocaine without adrenaline to assist wound cleaning and closure

Lidocaine - maximum dosage 3mg/kg

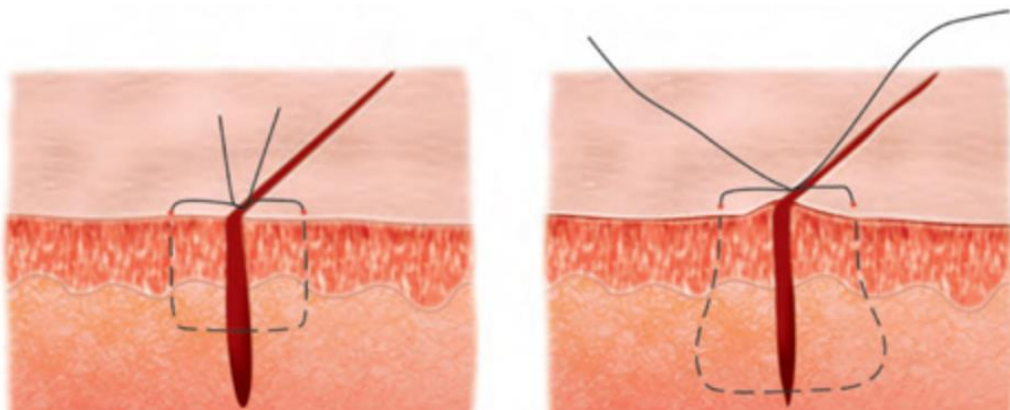
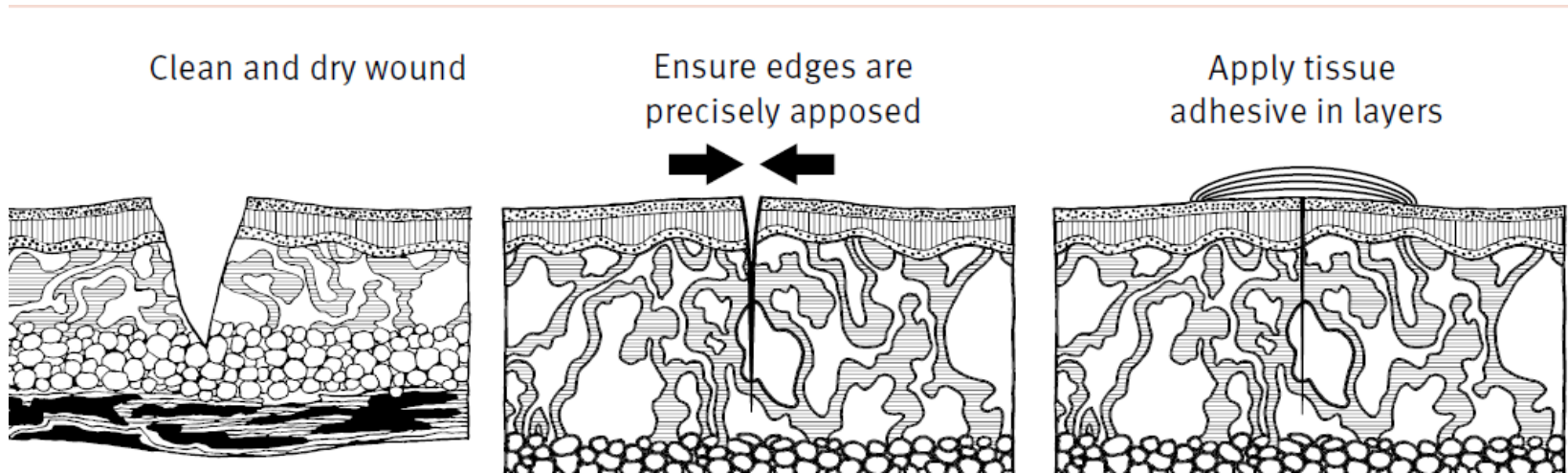
Wound Closure



Wound Adhesives – suitable for wounds 3cm or less, with minimal tension.

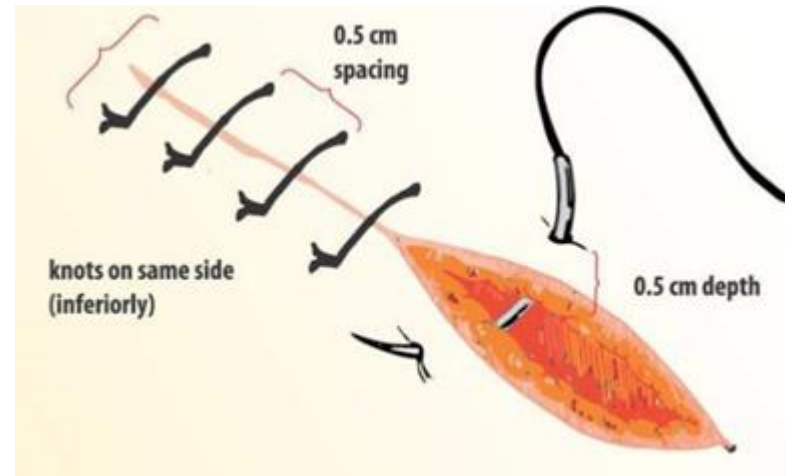
Sutures – suitable for longer wounds or wounds under significant tension

Lines of Langer's indicate the tension lines of the skin



X

✓



Post Exposure Vaccination

Tetanus vaccination may be administered when appropriate as post-exposure prophylaxis.

Requirement is based on wound type, time since previous vaccination and number of lifetime doses.

History of tetanus vaccination	Time since last dose	Type of wound	DTPa, DTPa combinations, dT, dTpa, as appropriate	Tetanus immunoglobulin
≥3 doses	<5 years	Clean, minor wounds	No	No
≥3 doses	<5 years	All other wounds	No	No (unless person has immunodeficiency) ^a
≥3 doses	5–10 years	Clean, minor wounds	No	No
≥3 doses	5–10 years	All other wounds	Yes	No (unless person has immunodeficiency) ^a
≥3 doses	>10 years	Clean, minor wounds	Yes	No
≥3 doses	>10 years	All other wounds	Yes	No (unless person has immunodeficiency) ^a
<3 doses or uncertain ^b	Uncertain	Clean, minor wounds	Yes	No
<3 doses or uncertain ^b	Uncertain	All other wounds	Yes	Yes

Antibiotic Therapy

Presumptive Antibiotics - for bites (including marine bites) and clenched fist injuries

Prophylactic Antibiotics – for significantly contaminated water immersed traumatic wounds

Empirical Antibiotics – post-traumatic wound injections

Pharmacist Training Full Scope of Practice Pilot (QLD)

12 months of post graduate training.

3 components

- Safe prescribing and quality use of medicines
- Clinical Practice training
- Aboriginal and Torres Strait islander Cultural Competency Training



Additional Training Considerations

Suturing a skill that needs practice to master.

Additional practice is required in addition to the training provided.

Implementing A Full Scope Acute Wound Care Service

Consultation Room

Equipment and Consumables

Marketing and promotion

Equipment and Consumable Considerations

Walk through the procedure, what do you need for each step? Do you have it?

Suppliers

- Smith and Nephew – wound closure strips, primary or secondary dressings, hydrogels.
- Medical suppliers – Gold Cross endorsed supplier, Team Medical – suture packs, sutures, suture removal, wound adhesive, PPE.
- Pharmacy Wholesaler – local anesthetic, needles, syringes, saline for irrigation, dressing packs

Storage space – is it accessible?



Dressing Considerations

Primary Dressings

- Wound closure strips
- Low-adherent dressings
- Island dressings – fabric and film
- Film dressings
- Hydrogels
- Foam dressings

LEUKOSTRIP[®]
Wound Closure Strips

Cuts & Surgical Wounds

3 pouches of 3 strips
Size: 6.4mm x 76mm

See back of pack for actual dressing size

Holds wound edges together
Reduces risk of scarring
Stretches with wound
Allows movement

MELOLIN[®]
Absorbent Dressings

Cuts, Grazes & Minor Burns

3 dressings
Size: 10cm x 10cm

See back of pack for actual dressing size

Absorbs excess fluid away from wound
Cushions
Protects

PRIMAPORE[®]
Flexible Fabric Dressings

Cuts, Grazes & Stitches

5 dressings
Size: 8.3cm x 6cm

See back of pack for actual dressing size

Highly absorbent
Comfortable
Low-allergy adhesive
Soft

OPSITE[®] Post-Op
Waterproof Dressings

Cuts, Grazes & Stitches

5 dressings
Size: 6.5cm x 5cm

See back of pack for actual dressing size

Absorbent
Protective
Flexible
Bacteria-proof

SOLOSITE[®]
Cooling, Soothing, Hydrating Gel

Promotes moist wound healing
Helps to reduce the risk of scarring
Colour-free gel

Minor Burns, Sunburn, Cuts & Grazes

50g

ALLEVYN[®] Life
Silicone Gel Adhesive Dressing

Sensitive Skin, Minor Burns & Skin Tears

2 small dressings
Size: 10.3cm x 10.3cm

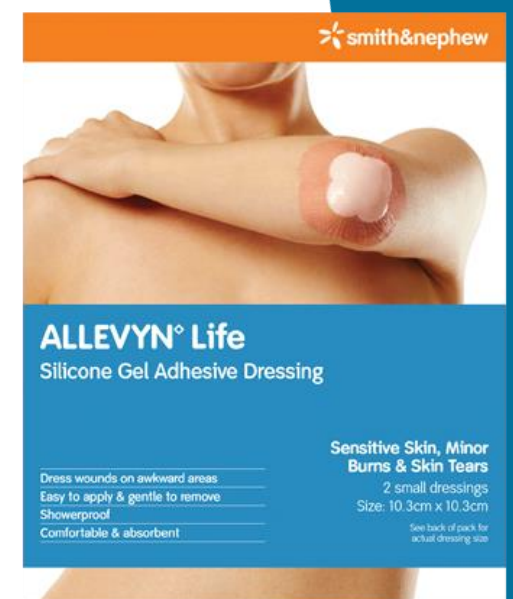
See back of pack for actual dressing size

Dress wounds on awkward areas
Easy to apply & gentle to remove
Showerproof
Comfortable & absorbent

Dressing Considerations

Secondary Dressings

- Low-adherent dressings
- Island dressings – fabric and film
- Film dressings
- Foam dressings



Promoting an Acute Wound Care Service

- **In-store promotion** – posters, flyers, tent cards, wobblers and most importantly, your team.
- **External advertising** – social media, catalogues, online, traditional media

Opportunity for joint marketing ventures – brand partnerships

Pharmacy Guild of Australia QLD Branch marketing collateral

Photo of Wound Clinic Room and Consumables



Case Study 1:

Female, 26 years

Chef

2cm laceration on hand

Background:

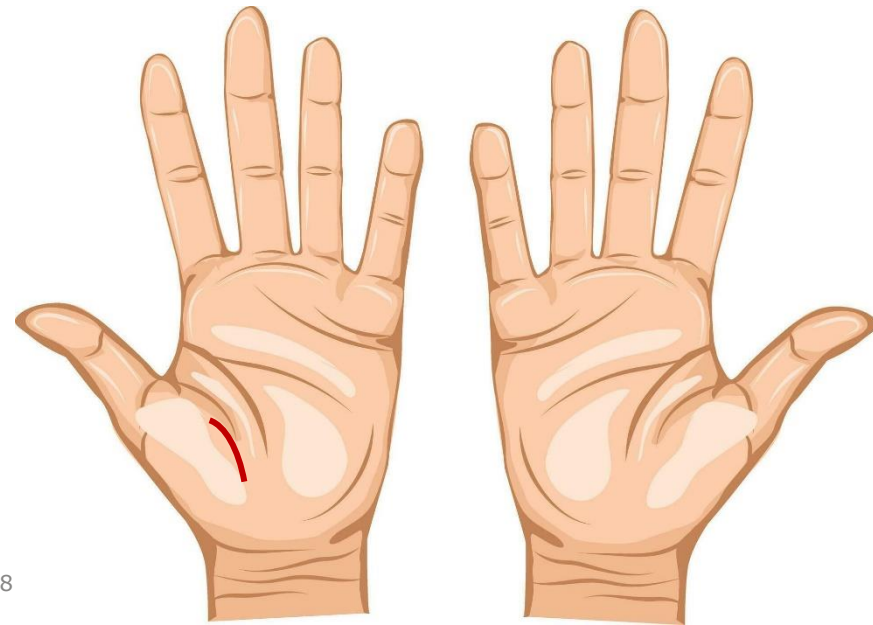
Cut hand with knife while cutting vegetables

5-10 minutes ago

Applied pressure with towel

Bleeding stopped/slowed

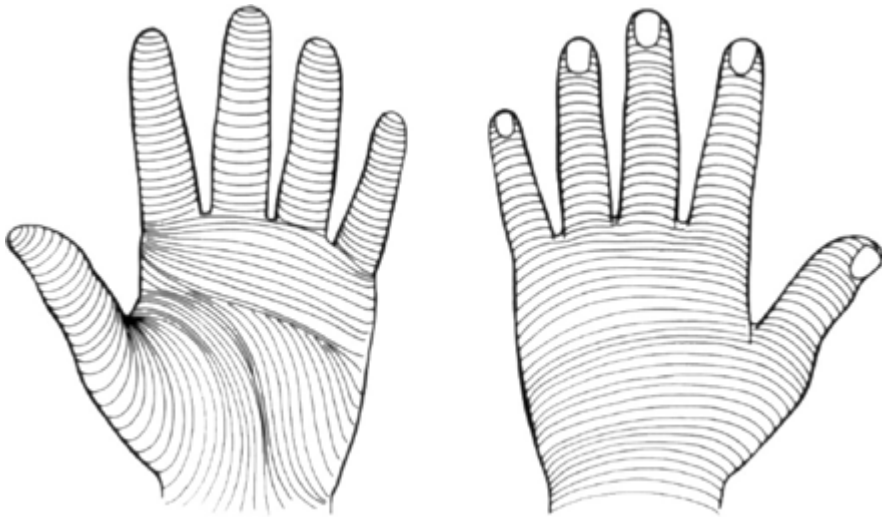
Unsure of tetanus vaccination status



Management

Standard Pharmacist Care Vs

Full Scope Pharmacist Care



Assessment:

2 cm laceration – along Lines of Langer's

Not full depth

No skin flap

No debris visible

Standard Pharmacist Care:

Clean wound – saline wash

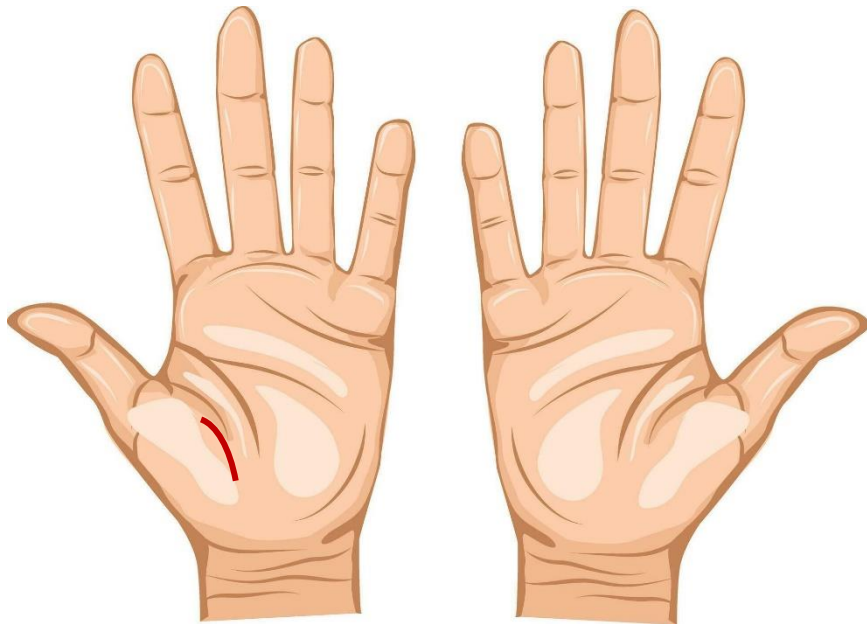
Apply wound closure strips

Apply secondary dressing

+/- tetanus vaccine (pending state legislation)

Management

Standard Pharmacist Care Vs Full Scope Pharmacist Care



Full Scope Pharmacist Care:

- Clean wound – saline wash
- Apply skin adhesive
- Apply secondary dressing
- Administer tetanus vaccine

Case Study 2:

**Male, 54 years
Farmer**

**7cm laceration on back of
upper right arm**

Background:

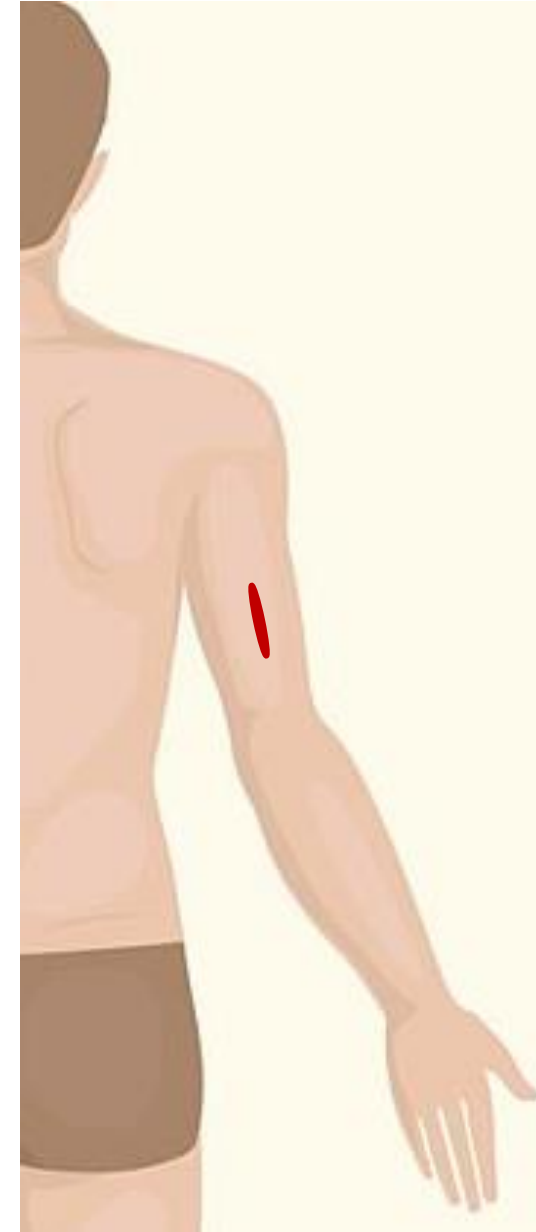
Issues with tractor while harvesting
While working on tractor, injured arm
on another engine component.

About 1 hour ago

Applied pressure with towel

Last tetanus dose 12 years ago as per
AIR, >3 lifetime doses given.

Patient is covered in dirt/sweat from
farm work



Management

Standard Pharmacist Care Vs

Full Scope Pharmacist Care



Assessment:

7cm laceration – transects Lines of Langer's

Wound gaping

Edges of wound are clean

Not full thickness

Visibly contaminated

Standard Pharmacist Care:

Basic first aid

Patient referred to emergency department

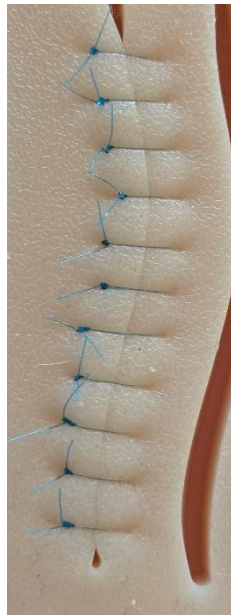
+/- tetanus vaccine (pending state legislation)

Management

Standard Pharmacist Care

Vs

Full Scope Pharmacist Care



S+N

Full Scope Pharmacist Care:

Administer 10mL of 1% lidocaine via wound infiltration

Clean wound using aseptic technique – 350-700mL of Saline solution

Close wound using sutures

Apply secondary dressing

Administer tetanus vaccine

Set follow-up appointment



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Life Unlimited