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Commentary on ‘Nurses reported practices and knowledge of wound assessment, assessment tools and documentation in a selected hospital in Lagos, Nigeria’

I applaud the authors of this article on the write up. Wound assessment is an essential part of wound care that is often misunderstood, improperly done and sometimes totally neglected by health worker. This is reflected in the dearth of literature on the subject in the setting of the study as noted by the authors. Properly done, wound assessments provide the foundation of the plan of care and are the only means of determining the effectiveness of interventions [1]. Wound assessment in conjunction with patient history is used to formulate goal of care and plan of care [2]. Wound care is an interprofessional undertaking where different professionals contribute expertise toward a common goal of wound healing.

Surgeons are passionate about healing of wound they create on regular basis or wounds that present to them in their daily practice. Their training therefore requires demonstration of deep knowledge about wounds for certification and ultimate decision making in wound care. Nurses play a pivotal role in wound care. They serve as important guide to decision making on wound and wound care. It is important to have synergy between these cadres of healthcare givers alongside other professional in order no to cause a derailment of the wound healing train.

A resent survey of perception of wound care practices among different wound care professionals in my practice centre revealed that even though knowledge of wound care is quite high, there are gaps in practice that should be filled. Respondents were quite interested in acquiring more knowledge and skills in wound care and advocated for introduction of wound care course. The process of establishing this course is already ongoing.

In our efforts to improved wound care practices, my colleagues and I noted that there was no standard wound assessment method in place. Practitioners only carried out wound inspection instead of wound assessment and reported their findings as wound is improving, wound is better or wound is worse. These actions do not equate wound assessment and the reportage fell short of standard that can guide practice. Even when an assessment tool was introduced, there was inertia among staff who have been used to the traditional practices. Unlike the report of the authors of this article, we are unable to determine if number of years of practice influenced ability to change practice.

When a structured assessment tool was eventually implemented in parts of our hospital, its use led to noticeable change in practice. Proper assessment of wounds resulted in standardization of wound reviews and replaced subjectivity with objectivity [1].

However, caution should be exercised while introducing assessment tools because a single assessment tool cannot be adequate for all classes of wounds. The first step in assessing a wound should be to classify the wound [2]. Wounds can be classified into acute and chronic , and can also be classify wounds before interventions has been demonstrate in the observed differences with regards to best microbiological specimens to obtain for diagnosis wound infections [3]. These differences may extend to other aspects of wound decision making.

Finally, nurses play crucial role in wound care practice. They therefore need to acquire knowledge and skills required to play the crucial role expected [4]. As the authors noted in their report, poor knowledge base reported in this paper may be dependent on the setting of the study. Physicians are the one who assess and take decisions on wounds in the setting where this research was done. This may have impacted negatively on the drive of the nurses to develop themselves in this field. Nurses should therefore seek further knowledge; collaborate with physicians and other health workers in order to achieve better outcomes in wound care.

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