

# Complexity of care: Mitigating insidious infection

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To add to our President and President Elect's message and in acknowledging the ongoing influence of Florence Nightingale on modern medicine and nursing Nightingale not only expounded the benefits of 'best care' she recounted "Wise and humane management of the patient is the best safeguard against infection"<sup>1</sup>. Further, Ayello on her reflections of Nightingale's principles for practice reiterates Nightingale's belief in the importance of skin health whereby, "in almost all diseases, the function of the skin is, more or less, disordered; and in many most important diseases nature relieves herself almost entirely by the skin"<sup>2</sup>.

There are many variables that contribute to the development of wound infection; the person, the type and origin of the wound, environmental factors, whether the wound is acute or chronic as well as the specific characteristics of causative organisms and what treatments may be available to prevent or treat infection<sup>3</sup>.

A common theme within all articles presented here is infection, either as a primary cause of skin infection or a secondary complication of wound healing. The challenges of diagnosing and differentiating between superficial and deep infection in the sternal wounds of paediatric cardiac surgical patients and implementation of wound management pathways and staff education in conjunction with early intervention strategies to manage these wounds are described by Kumar et al.

Shukalek et al use case histories to demonstrate the complexity of diagnosing cellulitis in their third essay on skin and soft tissue infections and other conditions that may mimic cellulitis. The clinical manifestations, pathogenesis, microbiology, differential diagnosis, and prevention of cellulitis are discussed.

The use of negative pressure wound therapy (NPWT) to manage severe infection in the presence of retracted stomas is described by Cwaliński et al. They report on seven patients where severe peristomal infection failed to respond to conventional local treatment using ostomy appliances or specialist dressings and were consequently and successfully treated with NPWT preventing the need for further corrective stoma surgery.

The historical and current use of sugar and variations of dressings for treating wound infection and stimulating wound

healing in resource limited settings is outlined by Haesler. Specifically, how granular white sugar is thought to work in reducing wound exudate, facilitate autolytic and mechanical debridement and lessening peri-wound oedema. Sugar's ability to inhibit bacterial growth is also discussed.

In combatting infection, as described in the above articles, are that an interprofessional and holistic approach are two key elements essential to the prevention, assessment, diagnoses and treatment of infection.

It is always a delight to recognise those who have contributed to the advancement of medical or nursing practice in the same way as we continue to acknowledge Florence Nightingale. On behalf of the Editorial Board I would like to offer our congratulations to Dr Elizabeth A Ayello, PhD, MS, BSN, ETN, RN, CWON, MAPWCA, FAAN for being the recipient of two prestigious awards: the NPIAP JoAnn Maklebust Lifetime Achievement Award for her contribution to the prevention and treatment of pressure injuries and the International Academy of Nursing Editors' Margaret Comerford Freda Award for Editorial Leadership in Nursing Publication. These awards are exceptionally well-deserved accolades. Dr Ayello's advice will continue to resonant with current and new practitioners for many years to come.

Best wishes to you all, Jenny.

## REFERENCES

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