

Evaluation of Proshield Plus in Nursing Homes for inclusion onto Formulary in a Healthcare Trust

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Introduction

From January to March 2012, an evaluation across Nursing Homes in one Trust was completed. The aim was to assess the efficiency of Proshield Plus; a product for both intact and injured skin associated with incontinence. Seven parameters were assessed over the three months and the results are discussed below.

Background

Proshield Plus is a skin protectant which has the added benefit of application to injured skin (e.g. Excoriated and partial thickness associated with incontinence). It can also be used on areas vulnerable to intertrigo from moisture and sweat and for clinically dry skin as it is a super moisturiser.

Successful use by Community Nurses in the Trust, led to a wider and formalised evaluation in identified Nursing Homes.

Method

A list of Nursing Homes was obtained and an initial letter and product information was sent before Christmas 2011 to participants. In January and February each Nursing Home was contacted and training meetings were set up.

- During each training meeting, the following were discussed:
- Development of IAD, intertrigo and category II pressure ulcers
- Use of Proshield in these areas including moist and wet lesions
- Use of Proshield in providing protection from friction and shearing forces
- Application (including over topical fungal treatments) and removal
- Ingredients

Residents who had injured skin were identified by the staff. Consent was asked for in each case and the majority of residents had Proshield applied to broken areas which were mainly on the sacral/perineum area. Some residents with intertrigo were identified and some also with clinically dry skin.

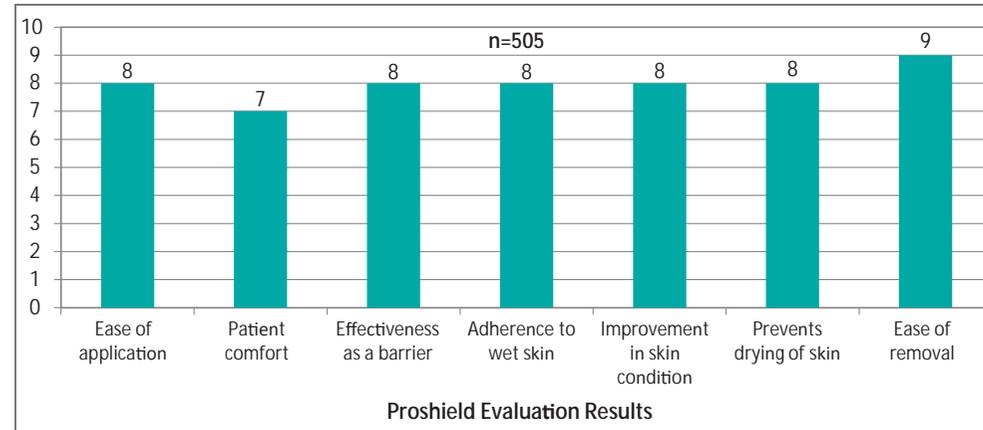
Initially, sample products were left along with clinical data and application guides, and details for obtaining further product.

Nursing Homes were then followed up on a regular basis; initially seven days after the first training and then every two to three weeks with either a phone call or a visit.

In all, 56 Nursing Homes took part in the evaluation and 90 evaluations were obtained.

Results

As the evaluations were returned, the data was fed into a spreadsheet, and at the end of the trial the results were put into graph form (below).



The results shown echo the feedback that was given during visits and some Nursing Homes changed their ordering completely after seeing the results. Comments such as: **'much better and healed quickly; past history of healing slowly with dressings'**, **'more effective than other protectants'** and **'very effective and easy to use. Results seen immediately'** were common.

Of all the Nursing Homes who replied to whether they wanted to see Proshield Plus on formulary, only one did not. On investigation, this home was using Proshield Plus only as a moisturiser on dry skin and whilst this is a minor indication, for evaluation purposes, injured skin is a better indicator of efficacy.

During the trial, there was a necessity in one Nursing Home to carry out further training on the application and removal of Proshield to ensure that product instructions were followed and to ensure the use of thicker layers on broken skin. They went on to have very successful results, and subsequently ordered for more residents.

Discussion

It was evident from the evaluations that training on the appropriate usage and the pathologies involved in injured skin associated with incontinence and moisture was vital to the evaluation's success.

Interestingly some carers assumed that Proshield Plus would prevent pressure ulceration instead of it preventing friction, shear and moisture associated skin damage, and this is something that further education will support.

Conclusion

In all, 56 Nursing Homes took part in the trial most of them submitted evaluation forms. Comments from both carers and residents were very positive.

Proshield Plus has successfully been added to the Nursing Home Formulary and a designated Clinical Specialist has been employed by the distributor to assist with training and to ensure on-going correct and appropriate use. This will ensure that both existing staff and new recruits are instructed in usage on both intact and injured skin and that appropriate amounts of the product are being applied in both cases. There is a big distinction here as a thin transparent layer, whilst appropriate for prophylaxis, is not enough for an injured skin area which requires a thicker, opaque layer.