

Wound and Pressure Care

DID YOU KNOW:

That if someone is at high risk of developing a pressure wound, they can develop a stage 1 sore within 30 minutes if they don't have the correct equipment in place. It's a scary fact!

Who is at risk?

- People with incontinence issues
- Anyone that spends a long time lying or sitting in the same position
- People that have reduced feeling (particularly in their legs, back or bottom)
- People that are overweight OR underweight
- People that have poor circulation (particularly people with diabetes, spinal cord injuries or progressive neurological conditions)

Why is this important?

Pressure wounds are not only a medical emergency if left untreated, they are also a debilitating condition as they take a really long time to heal!

NDIS changes to wound and pressure care management:

The NDIS confirmed that it is moving towards an "early intervention" program for pressure care.

This means that they will be including improved daily living funds for Occupational Therapists and Physiotherapists to develop a pressure wound prevention program. If a person is identified as being "at high risk," funding will be included for regular reviews (every 6 – 12 months) of their pressure management plan.

Even though the NDIS is moving towards an early intervention/prevention model, they will still fund wound care supports (usually from a nurse) where required.

The NDIS has also confirmed that lymphoedema machines and assistance with the use of equipment will be funded by the NDIS.

How can we help?

At Better Rehab, we have highly trained Physiotherapists and Occupational Therapists who can assist with the development pressure management plans. These plans may include, education to the carers, participants and family members on pressure wound prevention and prescription of AT equipment (such as heel guards, pressure cushions, pressure mattresses, etc.).

Some devices, such as heel guards may be purchased through the participants consumable budget. For more specialized items (cushions, mattresses, etc.), the clinician will have to complete an AT form and report, as per the normal NDIS pathway.

What you need to do:

Make sure you let us know the referral is for a pressure care assessment. If the participant has an active wound (area is red, skin is broken or the muscle or bone is exposed), please highlight this, and we will escalate the referral.