

## International Insights into Wound Care

### Challenges in Brazilian Wound Care in the Pandemic



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In Brazil, the first case related to the 2019-nCoV or Sars-Cov-2 virus occurred in February this year and, soon after, the World Health Organization (WHO) declared a pandemic. Initially, the epicentre was the city of São Paulo, followed by Fortaleza and Manaus and, with the rapid spread of the virus in the country, changes were made in the public health services.

In our teaching hospital, located in the city of Campinas, State of São Paulo, measures for dealing with the management of the disease began in March. As well as the suspension of elective surgeries, there was a restructuring in the management of the hospital and an increase in the number of beds to provide specific isolation areas for patients with Covid-19 symptoms, as well as for semi-intensive and intensive beds for hospitalization of these patients.

In the outpatient clinics, the activities of all the clinical specialities were suspended, including those of the outpatient clinic for the care of patients with diabetes and wounds. This discontinuity in care occurred unexpectedly and hindered the monitoring of these patients, who had to stay at home to remain safe.

Neither Healthcare Professionals nor patients were prepared for the latter to be away without treatment and the weekly consultations, in which the wound was assessed, changes in the care plan management were carried out by the medical or nursing staff, and messages to the patient of the importance of safe wound care and self-care were reinforced.

Unfortunately, the telemedicine resource used by many countries is not accessible to the population

served at our hospital, which have, on average, less than four years of formal education and a low income, which limits access to mobile phones and the internet. However, admissions to the diabetic foot care outpatient clinic were authorized during this period for patients who came to the Emergency Unit with infections, gangrene and or an indication for amputation. For these patients, return visits happen weekly, and whenever possible they are scheduled for every two weeks, so that the development of the wound can be assessed by a reduced team of professors and nursing and medical professionals, who follow strict safety protocols, including the use of Personal Protective Equipment (PPE), including masks, goggles, gloves and protective gowns.

This period will have serious consequences for patients with diabetic foot treated at our outpatient clinic, as the absence of weekly / biweekly reinforcement to the patient of the need for careful care of the wound and management of their diabetes itself, may lead to low adherence to treatment and, consequently, to the worsening of the clinical condition.

In Brazil and, more specifically in our region, the maintenance of social isolation is still necessary, since we are experiencing a weekly increase in patients in need of hospitalization due to Covid symptoms, especially in intensive care beds. This lack of an expected return to normal working will cause even more significant costs to public health services and patients with diabetic foot, a burden that is not only physical, but also psychological and social.