Emergency measures

It could happen to you

This is one of those typical Newsnight/Channel 4 debate issues that drag us all in and leave us feeling self-righteous and shouting at the TV.

This type of ethical ‘good versus bad’ (you had sex last night and now it’s time for purgatory) issue sits on the fringes of most people’s lives until you find yourself in that purgatory.

It is not the contraception that is either good or bad, but rather the values we attach to underage sex or people who forget, take a chance, or are ignorant. The answer belongs to everyone who finds themselves in a predicament and not only to privileged groups attempting to moralise over the behaviour of others.

Dean-David Holyoake is a clinical nurse specialist in Birmingham

The risks involved

Would you allow your 13-year-old daughter to enter a chemist’s and purchase a powerful and potentially dangerous drug to enable an abortion?

In an ideal world, she would not be in this position. This non-ideal world is compounded by the beliefs, prejudices and greed of health professionals, politicians and pharmaceutical companies who do not enable young people to discuss sex or contraception in a meaningful way.

Emergency contraception has its place, but there should not be unqualified access because of the risks involved. Sadly, qualified access in the current climate will also lead to disaster due to incompetent or biased advice.

Steve Flatt is a primary care specialist in Liverpool

Will advice be reliable?

Making emergency contraception available over the counter is giving women access to a service previously unavailable. When the GP was the main gatekeeper, women may have felt embarrassed asking someone they knew. Now they can choose an anonymous pharmacy.

But how good will the advice from a pharmacist be? Will the assistant check the purchaser’s age and other medications? We should discourage emergency contraception as a main method of birth control, but is it in the interests of the pharmacist to give this advice?

When pharmacists and primary care teams work together there should be none of these problems.

Carol Singleton is a research and evaluation manager in Wakefield

Deborah Ralph explains how a continuing professional development article helped her update on wound care

Dressing for effect

Wound care has become increasingly complicated as my nursing career has progressed. In my student days we used egg white and oxygen to treat pressure sores. The biggest problem I faced was trying to separate the yolk from the white. I heaved a sigh of relief when egg went out and ready-made preparations came in.

For the next few years solutions such as merocchrome – which left an alarming bright red trail wherever it went – were mainly used. I also remember eusol, although I had reservations about it after I spat some on a blue paper towel and it promptly turned pink. If it did that to paper, what would it do to wounds and healthy skin? Research has subsequently shown us.

Luckily the world has moved on since then and research has highlighted factors that optimise or discourage wound healing. A warm, moist environment, for example, has been proven good for wound healing, dispelling the ‘let the air get to it to dry it up’ theory.

I studied this article to ensure my practice reflected modern research findings. I wanted to develop more understanding of the rationale behind dressing selection and application.

I work on a medical assessment unit where assessment and documentation of wounds on admission is vital. I followed up the article’s references relating to wound description and measurement.

The section describing the different modern dressings was informative and explained the rationale behind using each one. Although much of the information was familiar, I had not fully appreciated the dangers of applying alginate dressings to a wound with insufficient exudate, for example.

I have changed alginate dressings where a scab has formed on the wound underneath at the time I didn’t fully understand why it had happened.

The section of the article on research evaluation was interesting, and I have visited the recommended website (www.smtl.co.uk) to find out more about the products we stock.

The hospital employs a tissue viability nurse who is a valuable resource and who is on hand to advise and discuss research-based wound care. I now contact her whenever I am unsure of the appropriate action to take.

I feel more confident about choosing wound dressings now that I understand the reasons for selections and the way each dressing works, and plan to promote greater awareness about wound assessment and management in my work area.

Deborah Ralph is a night sister in Eastbourne

Continuing education points (CEPs)

You can gain ten CEPs by reading a Nursing Standard continuing professional development article and writing a practice profile. Turn to page 45 for this week’s article and on page 54 you can find out how to present and submit your practice profile.