



Injecting Related Injury Presentations at a Primary Health Service for People who Inject Drugs

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Plan:

- wound types
- clinical responses to wounds
- impact of psychosocial factors
- how Health Works offers support
- case studies
- reflection

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Health Works (HW)

- Innovative Primary Health Care Centre for people who inject drugs in the Western suburbs of Melbourne
- Western Region Health Centre (WRHC)
- Consists of:
 - Health Care Team
 - NSP & Education Team



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Most common wounds:

- acute traumatic
 - accidental injury (eg. cut), trauma injury (eg. stab)
- chronic ulcer/abscess
 - injecting related with or without cardiovascular disease
- surgical wound
 - surgical debridement of abscess



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Clinical responses to wounds

- can come in again in a short period?
 - topical antimicrobial
 - simple dressing (cost effectiveness)
- not sure when will be able to return?
 - oral antibiotic course
 - waterproof dressing

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Psychosocial factors that impact

- nutrition status
- exercise/lifestyle
- housing status
- harm reduction education re: injecting techniques/equipment
- self management of wound
- ABI/mental health issues
- fear of stigma and discrimination

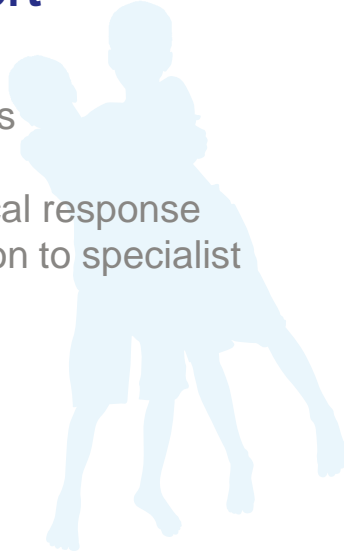
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How HW can support

- brokerage for scripts
- small supply of dressings
- transportation to HW
- a non-judgemental clinical response
- referral and transportation to specialist services



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Case Studies

- osteomyelitis
 - cellulitis
 - transported to ED
 - fasciotomy + vancomycin beads
 - HW dressings every second day
 - supported through recovery



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Case Studies (cont'd)

- repeated venous ulcers/abscess
- past Hx ABI
- injecting methadone, poor vein access
- brought to HW by RDNS for dressings
- initial issues with infection control
- 'taught' to assist with dressings



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Reflection

- avoid blame language
- bring psychosocial picture into clinical picture
- emphasis on client's own ability to manage and resolve
- education

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THANKYOU.

QUESTIONS??

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