

Dealing with an Uncooperative Patient

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When a patient is regarded as uncooperative (*non-compliant* is the less acceptable term), care outcomes are less than desirable. Several factors play a role in a patient not following care recommendations. Commonly, non-cooperation may be related to inability to obtain supplies due to insurance, cost, or other supply chain issues. It also can be a result of pain associated with care or the inability to have a caregiver available at certain times of the day as prescribed. Other issues, such as the patient's employment situation, also may impair the patient's ability to adhere to the treatment plan. A National Quality Forum Report¹ examined the impact of patient cooperation with medication; results suggest that care adherence should be assessed at each patient encounter. Simply asking, "Are you having any problems taking care of your wound?" may be enough to elicit a diatribe of issues that prevent the patient or caregiver in following through on the plan of care. The literature abounds with evidence that if patients with diabetes are empowered to take charge of their health, outcomes improve. Wound care patients can be managed in a similar fashion.

Clinicians must be mindful that healthcare professionals may contribute to the problem, often forgetting to communicate among themselves. Quality measures of provider-focused interventions that encourage written, oral, or visual instructions must be identified and provided to colleagues and patients in a non-judgmental manner. Patient cooperation requires clinician patience. - OWM

References

1. <http://www.qualityforum.org/pdf/reports/medications>.

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Commentary from Ferris Mfg. Corp.

PolyMem® QuadraFoam® dressings encourage patients to cooperate with the treatment program for three specific reasons. First, the PolyMem dressing change process is easy to teach to clinicians, patients, and caregivers. Clinicians around the world teach their team members, caregivers, and patients to change the dressings in the same way so everyone involved in the circle of care reinforces the same change procedures, reducing confusion.

Second, PolyMem QuadraFoam dressings are designed to be easy for the patient and caregiver to use. These dressings are "indicator" dressings – the patient and caregiver can be taught how to view the top of the dressing and determine if it needs to be changed. [The dressing is changed when exudates visible through the impervious top of the dressing reach the approximate wound margin.] Also, usually wound cleansing is unnecessary during dressing changes – the dressing can be changed simply by removing the old dressing and applying a new dressing without disturbing the wound bed.

Third, PolyMem helps relieve wound pain because it reduces the spread of the inflammatory response into the surrounding undamaged tissues.¹ PolyMem also eliminates procedure-related wound pain because the dressings are non-adherent. Easy-to-use dressings that provide pain relief support patient cooperation.

PolyMem QuadraFoam dressings are ideal for patients and caregivers. Once the dressing change procedure has been taught and a return demonstration done, patients and caregivers change the dressings the same way from initiation of care to closure; their involvement is assured.

1. Beitz AJ, Newman A, Kahn AR, Ruggles T, Eikmejer L. A polymeric membrane dressing with antinociceptive properties: Analysis with a rodent stab wound secondary hyperalgesia. *J Pain*. 2004;5(1):38-47.

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