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4th Edition
NURSING CONCLAVE 2026

Theme: From Assessment to Healing: Nursing Leadership in Wound Care

12th June 2026

The Park, Kolkata

The 4th Edition of the BCCI Nursing Conclave, scheduled on 12th June 2026 in West Bengal, is centered on the theme **"From Assessment to Healing: Nursing Leadership in Wound Management."** This initiative aims to empower nursing professionals to play a pivotal role in wound assessment, management, healing, and continuity of care beyond the hospital setting.

Nursing leadership in wound management is essential for driving the implementation of evidence-based practices in the prevention and treatment of various types of wounds. Nurses working at the bedside must possess a sound understanding of wound staging, anatomical considerations, and the physiological processes involved in wound healing. Healthcare organizations are increasingly encouraging nurses to pursue specialized training in wound care, recognizing the significant impact of this expertise on patient outcomes.

Specialized wound care nurses, often known as **Tissue Viability Nurses**, play a critical role in patient care. They are accountable for conducting regular wound assessments, participating in daily patient rounds, advocating for the selection of appropriate wound care products, and guiding caregivers in making informed decisions that promote faster healing. Their contributions enhance patient comfort, reduce complications, and facilitate early discharge from healthcare facilities.

Key Leadership Responsibilities in Wound Care

1. Standardization of Assessment Processes

Accurate wound assessment and staging form the foundation of effective wound management. Nurse leaders establish and implement standardized assessment protocols, such as the **TIME Framework (Tissue, Infection/Inflammation, Moisture Balance, and Edge of Wound)**, ensuring consistent and systematic wound evaluation across all care settings and shifts. This standardization enables timely interventions and improved clinical outcomes.

2. Driving Nursing Education and Competency Development

Nurse leaders identify knowledge and skill gaps among nursing staff and facilitate continuous professional development through education and competency-based training. This includes advanced wound care interventions such as **Negative Pressure Wound Therapy (NPWT)**, appropriate dressing selection, infection prevention strategies, and emerging wound care technologies.

3. Promoting Evidence-Based Practice and Research

Nurses play a vital role in advancing wound care through research and the application of evidence-based practices. Nurse leaders encourage clinical inquiry, support research initiatives, and contribute to the development and dissemination of guidelines for the prevention and management of pressure injuries, diabetic foot ulcers, venous leg ulcers, and other chronic wounds. Their efforts help shape

best practices and improve patient outcomes globally.

4. Leading Interdisciplinary Collaboration

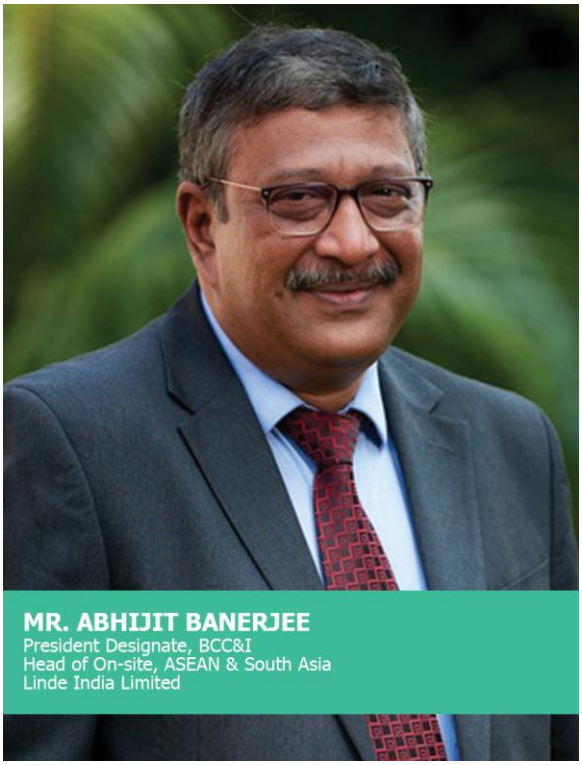
Effective wound management requires a multidisciplinary approach. Nurse leaders serve as a vital link between frontline nursing staff, physicians, plastic surgeons, dietitians, physiotherapists, and other healthcare professionals. By fostering collaboration and communication among team members, they ensure comprehensive, holistic, and patient-centered care that promotes optimal healing and quality of life.

Conclusion

As healthcare continues to evolve, nursing leadership in wound management remains instrumental in improving patient outcomes, enhancing quality of care, and promoting innovation in clinical practice. By empowering nurses with specialized knowledge, skills, and leadership capabilities, we can transform wound care from assessment to healing and ultimately improve the lives of patients and their families.

We are grateful to the chief guest, guest of honour, special Guest for gracing the occasion. We would like to thank you to extend our sincere gratitude to all the participants, sponsors, speakers, Chairpersons & Co Chair person, Volunteers who made this conclave possible.

Thank you



Distinguished guests, members of the medical fraternity, and corporate leaders, we are proud to welcome you to the 4th Edition of the Nursing Conclave 2026, organized by The Bengal Chamber of Commerce and Industry. Today, we convene around a theme that speaks to the core of patient-centric care: 'From Assessment to Healing: Nursing Leadership in Wound Care.'

This conclave is a vital ecosystem designed to elevate advanced wound management from a routine bedside application to an elite, evidence-based science. For our healthcare professionals, it acts as a platform to sharpen diagnostic precision, manage acute versus chronic challenges, and drive unparalleled patient safety.

True clinical transformation, however, does not unfold in isolation; it demands a symbiotic convergence with industrial and technological innovation. To move from assessment to definitive healing, clinical leadership must successfully intersect with cutting-edge industrial innovation.

Advanced wound management heavily relies on specialized environments, equipment, and medical gases that accelerate cell regeneration, maintain sterile

integrity, and power breakthrough therapies. When we discuss complex interventions—like managing diabetic foot ulcers, exploring the limits of mixed etiology ulcers, or administering negative pressure wound therapy—we are looking at therapies that depend entirely on precision engineering and clinical gas technologies. Industries which deal with medical equipments, gases and other supplementary supports provide the silent, foundational infrastructure that allows a nurse's clinical expertise to succeed. By pioneering safety, supply reliability, and technological innovation, our industrial partners empower frontline caregivers to reduce patient complications, minimize hospital stays, and achieve optimal healing outcomes.

This 4th Nursing Conclave stands as a powerful bridge where corporate pioneers and nursing leaders unite. It is a reminder that when clinical brilliance collaborates with industrial strength, the ultimate beneficiary is the patient.

Let us use this platform to build a future of interconnected excellence, shifting seamlessly from precise assessment to profound healing.

Thank you, and wishing you all an inspiring and collaborative conclave.

It is my immense pleasure to welcome all the esteemed guests, dignitaries and participants for their kind presence at the 4th Edition of Nursing Conclave. As we gather today, we celebrate a magnificent milestone in a journey dedicated to knowledge, skill, and human care. We started the first edition with the theme- Empowering Nurses on Clinical Practice. For the second and third editions, the focus was more on skill enhancement along with empowerment of the nurses with the successive themes- Industry Expectations in New Era: Investing in Nurses on Up-skilling and New Edge in Critical Care Nursing, respectively.

The Bengal Chamber of Commerce and Industry (BCC&I) carries a legacy defined by - *Aiding Business since 1833*. Our true commitment has always extended far beyond industrial growth to the deeper fabric of societal progress. BCC&I has long recognized that a healthy society is the foundation of a thriving Nation, and at the core of that foundation stands the Healthcare sector. We believe that to empower Healthcare is to empower the nursing community. It is this deep-seated conviction that drives BCC&I to consistently

curate dedicated healthcare platforms like this Conclave—designed specifically to foster continuous learning, bridge clinical gaps, and cultivate institutional excellence. This year, BCC&I take great pride in bringing to the forefront a theme of vital clinical significance: **'From Assessment to Healing: Nursing Leadership in Wound Care.** A unique feature of BCC&I's Nursing Conclave is beyond the knowledge sharing. Nursing professionals get Continuing Nursing Education (CNE) points from West Bengal Nursing Council for attending the Conclave for the enhancement in nursing career.

Wound management is a delicate science that bridges precision with empathy. Through this platform, BCC&I aims to elevate and enhance the clinical capabilities of our nursing professionals by focusing on advancing practical skills, sharpening clinical judgement to manage complex clinical challenges, from the precision of Negative Pressure Wound Therapy to the critical responsibility of Antimicrobial Stewardship and enabling seamless multidisciplinary coordination to reduce patient complications, optimize hospital stays, and in bringing profound relief to the families under your care.

This Conclave is BCC&I's contribution to the Healthcare fraternity—a collaborative ecosystem where knowledge meets practice and practice transforms into healing. We are honoured to pave the way for the professional growth of our nursing professionals, and we thank you for your relentless dedication to the art of saving lives.

MESSAGES

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Date : 09/06/2026

MESSAGE

Warm greetings and best wishes on the occasion of the **4th Edition of the Nursing Conclave**, being held on **12th June, 2026** in Kolkata and organized by the Bengal Chamber of Commerce and Industry (BCC&I).

The theme of this year's conclave, ***"From Assessment to Healing: Nursing Leadership in Wound Management,"*** aptly highlights the pivotal role of nursing professionals in advancing patient care and clinical excellence. This important platform will undoubtedly foster meaningful discussions, knowledge-sharing, and innovation in the field of wound management.

My heartfelt congratulations to the entire organizing team for their dedication, vision, and tireless efforts in making this event truly remarkable. I wish the conclave every success and hope that it serves as a source of inspiration and professional enrichment for all participants.

Best wishes for a highly successful and impactful event.

9/6/2026

(Narayan Swaroop Nigam)
Principal Secretary
Health & Family Welfare Department
Government of West Bengal

Dr. Swapan Saren

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MESSAGE

It gives me immense pleasure to learn that The Bengal Chamber of Commerce and Industry is organizing the 4th Edition of the Nursing Conclave on 12th June 2026 , The Park, Kolkata.

The theme for this year's conclave, "From Assessment to Healing: Nursing Leadership in Wound Management," is both timely and of critical importance to our healthcare infrastructure. Nurses are the backbone of our medical system, and their role extends far beyond traditional bedside care. Effective wound management requires a high degree of clinical excellence, evidence-based practice, and strategic multidisciplinary coordination.

Empowering our nursing professionals to take leadership roles in specialized fields like wound care is essential. It not only ensures safe and efficient patient outcomes but also minimizes complications, reduces hospital stays, and enhances overall patient satisfaction. I commend The Bengal Chamber for consistently providing an excellent platform for education, skill development, and knowledge exchange for the nursing fraternity of Eastern India.

I extend my warmest greetings to the organizing committee, the distinguished speakers, and all the participating delegates. I wish the 4th Edition of the Nursing Conclave 2026 grand success.

07/06/26
Dr. Swapan Saren
Director of Health Services

It's an immense pleasure to announce 4th Edition of Nursing Conclave, From Assessment to Healing: Nursing Leadership in Wound Management" on 12th June 2026. Wound healing process repairs damaged skin and tissues through continuous and overlapping process. Evidence based Practice will be discussed and participants have opportunity to practice advanced clinical practices. Nurses are the pillar of Health Care delivery System and play leadership role with full accountability and authority in giving care to the clients. My best wishes to the organizers. Wishing all of you a great success.

It is an honor to welcome you to the 4th Edition of the Nursing Conclave. This year's theme is "From Assessment to Healing: Nursing Leadership in Wound Care".

True healing begins long before a dressing is applied. It starts with precise, meticulous assessment and documenting exactly what we see. We must be sharp in our risk assessments, identifying warning signs early to completely prevent complications before they worsen.

Wound management is fundamentally changing. It is a complex, evolving science that requires deep evidence-based practice, precision, and strategic coordination. As nurses, they are not just caregivers — they are the clinical leaders who bridge the gap between a painful injury and absolute healing.

The landscape of wound care is shifting. Today, nursing leadership in wound management essentially means understanding the nuances of acute versus chronic wounds and breaking old, outdated myths. It means expertly navigating modern advancements such as understanding the exact pros and cons of Negative Pressure

Wound Therapy, and knowing precisely how to select the right dressing for mixed etiologies.

This conclave serves as a vital platform to elevate wound management from a routine bedside task into an advanced, evidence-based clinical science. For every nurse present, it adds profound value by sharpening diagnostic precision, dispelling traditional myths, and fostering mastery over cutting-edge therapies. Ultimately, it empowers us to step into the role of clinical leaders, driving patient safety and accelerating the journey from assessment to definitive healing.
Wound care is a team triumph. It relies heavily on seamless multidisciplinary coordination, where the nurse acts as the central anchor. By elevating their skills, embracing innovation, and empowering patients and their families, we elevate the entire standard of healthcare.

Let this conclave be a highly enriching crucible for learning, sharing, and clinical empowerment and transition together — from precise assessment to definitive healing.

It gives me immense pleasure to extend my warm greetings on the **4th Edition of BCC&I Nurses Conclave**, being held on **12th June 2026 at The Park, Kolkata**.
The theme of this year's conclave, **"From Assessment to Healing: Nursing Leadership in Wound Management,"** is both timely and inspiring. In an era of rapid transformation in healthcare, nurse leaders play a pivotal role in building resilient healthcare systems, fostering innovation, and ensuring compassionate, patient-centered care.

Patients across healthcare settings present with a wide range of acute and chronic wounds. As frontline caregivers, nurses require a deeper understanding of wound inspection, assessment, intervention, and evidence-based management to promote faster healing, prevent complications, and enhance patient comfort. This year's conclave appropriately focuses on the latest advancements in wound assessment, management, and healing through innovative technologies, products, and clinical practices.

Today's nurse leaders are expected to empower nursing professionals to develop

specialized competencies such as **Wound Care Nurses, Tissue Viability Nurses, and Enterostomal Therapy Nurses**, thereby strengthening healthcare delivery and gradually shifting certain aspects of wound management from physician dependency to nurse-led practice. Nurses today are responsible and accountable for comprehensive wound care, including wound assessment, dress selection, utilization of advanced wound care products and technologies, and ensuring appropriate nutritional support to facilitate optimal healing outcomes. Their expanding role in diabetic wound management and podiatric care further highlights the growing significance of specialized nursing practice in healthcare.

As nursing science continues to evolve, the integration of advanced technologies, digital health solutions, and Artificial Intelligence must be balanced with the human touch, empathy, and compassion that remain the cornerstone of quality nursing care. This balance will define the future of effective nursing leadership.

I am confident that this conclave will serve as a vibrant platform for knowledge sharing, exchange of best practices, professional networking, and inspiration for nursing leaders committed to advancing excellence in wound care. I sincerely congratulate the organizing team of BCCI for their dedication and meticulous efforts in organizing this important academic event. I extend my best wishes for the grand success of the conclave and trust that it will have a lasting impact on all participants.

Wound Care is an integral part of day-to-day nursing practices. The wound care scope of practice involves a lot more than cleaning and dressing wounds. Chronic and acute wounds require the attention of experts equipped with the skills to monitor and assess the progress of wounds effectively. A wound care nurse might address on any given day:

Pressure injuries (PI): One of the most common type of wounds a nurse deals with as a wound care provider. Wound care nurses assess pressure injuries, identify treatment options and implement wound care best practices to prevent future injuries from occurring.

Foot care: Wound care nurses have the skills to manage foot ulcers in patients with diabetes. They also teach patients how to maintain a healthy foot care routine on their own, in many cases helping them prevent amputations.

Burn treatment: Wound care nurse treats burn depends on its severity location and size. All burns must be closely monitored throughout the healing process.

Traumatic wound care: All traumatic wounds (skin tears, lacerations and wounds that penetrates tissues, etc) must be cleaned and assessed. Comprehensive care plans to create with appropriate treatment measures to ensure the wound heals correctly.

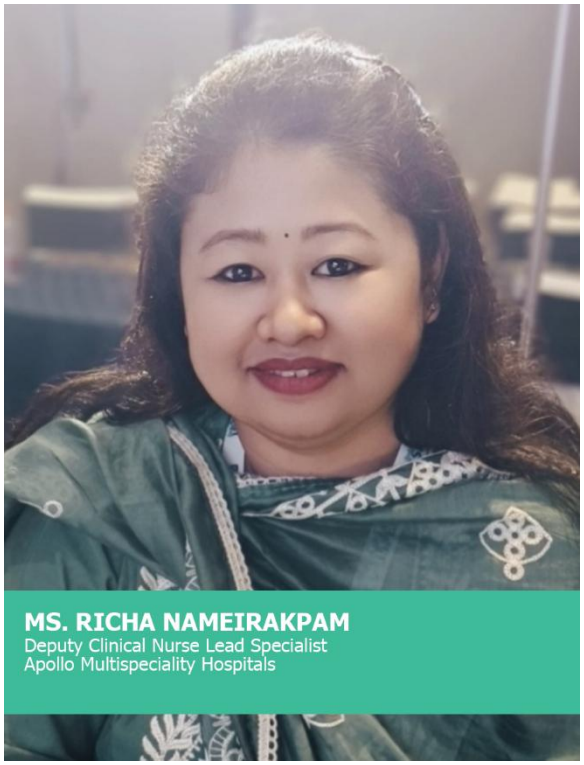
Educating patients and families: Education is one of the most important parts of any wound care nurse's job. Through verbal instruction and hands-on training and demonstrations, wound care nurses empower patients and their families with a sustainable, self-sufficient care routine which they can follow outside of a hospital setting.

It is essential to consider Nurse Specialist as a profession by Wound Care Nurses….

- Nurses considering a career in wound care must obtain a WOC Nursing Certification. Certifications are offered through various accredited programs.
- A wound care nurse is a registered nurse who specializes in treating wounds, ostomy and continence care. They ensure care for patients dealing with a variety of chronic and acute wounds, as well as more complex issues.
- The demand for nurses in both acute care and long-term care settings is at an all-time high. And with an increasing elderly population, specialized nurses are no exception.
- Specialized nurse as a **Wound Care Nurse** or WOC nurse (wound, ostomy and continence) is evolving even in India and in near future Nurses should be empowered to take it up as one of the parallel verticals.

A strong recommendation to Wound Care Society in India to fulfil the "Need of the hour" and to accomplish the demand for society at large across all settings. In addition, scenario-based skill stations can offer hands-on training, allowing participants to apply their knowledge in real-life clinical situations and enhance their practical skills. It helps nurses gain better understanding of wound assessment, dressing techniques, infection prevention, and the latest evidence-based practices. It also promotes critical thinking, early identification of complications, and appropriate interventions.

ABSTRACTS



Wound Assessment & Management Based on Algorithm

Effective wound assessment and timely management are essential components of quality patient care and prevention of wound-related complications. A systematic algorithm-based approach helps healthcare professionals in identifying wound characteristics, selecting appropriate interventions, and promoting optimal healing outcomes.

This topic highlights the importance of comprehensive wound assessment. The algorithm-guided management approach assists clinicians in making evidence-based decisions regarding wound cleansing, dressing selection, infection control, pressure redistribution, and patient education.

The session also emphasizes multidisciplinary collaboration, and documentation practices to improve patient safety and continuity of care. Algorithm-based wound management enhances clinical decision-making, standardizes care practices, reduces complications, and improves healing outcomes across various healthcare settings.

This presentation aims to strengthen the knowledge and practical skills of healthcare professionals in delivering structured and patient-centered wound care management.

Dressing Selection in Mixed Etiology Ulcers: Balancing Moisture, Perfusion & Infection in Complex Wounds

Background

Mixed etiology ulcers are complex chronic wounds with multiple coexisting factors causing conflicting wound characteristics, making accurate assessment and individualized dressing selection essential for effective healing and reduced complications**.**

Aim

This presentation aims to highlight evidence-based dressing selection strategies for mixed etiology ulcers by correlating wound assessment findings with modern wound care principles, advanced dressing technologies, and current clinical practices.

Content Overview

Wound Assessment

The presentation emphasizes "Assess Before You Dress" using the TIME Framework and Triangle of Wound Assessment. Key factors influencing dressing selection include tissue status, infection and inflammation, moisture balance, wound edge condition, peri-wound skin integrity, and vascular assessment.

Type of Ulcer

Mixed ulcers including venous-arterial ulcers, diabetic-arterial ulcers, pressure injury with moisture-associated skin damage, vasculitic-neuropathic ulcers, and malignant fungating ulcers are discussed along with their clinical challenges and advanced dressing options such as silicone foam, hydrofiber, superabsorbent polymers, collagen, silver dressings, hydrogel, calcium alginate, and biologic dressings.

Recent Advancement in Wound Care

Recent advancements include biofilm-targeted therapy, silicone atraumatic technology, Negative Pressure Wound Therapy (NPWT), collagen and biologic dressings, smart wound monitoring systems, AI-assisted wound measurement, oxygen-releasing dressings, and tele-wound care technologies.

Common Clinical Errors in Dressing Selection

Common errors include overuse of antimicrobial dressings, overhydration of ischemic wounds, failure to reassess wound progress, and neglect of peri-wound skin protection.

Nursing Implications

Nurses play a central role through wound assessment, dressing selection, infection surveillance, compression monitoring, patient education, and nutritional support.

Conclusion

Mixed etiology ulcers require individualized, patient-centered, evidence-based dressing selection guided by wound etiology and physiology rather than product preference alone. Accurate assessment remains the cornerstone of successful wound healing.

Risk Assessment and Early Detection to Prevent Worsening and Complication of Wounds

Wounds, whether acute or chronic, represent a significant healthcare burden worldwide and continue to challenge healthcare professionals across all clinical settings. Effective wound management is essential not only for promoting healing but also for preventing complications that may adversely affect patient safety, quality of life, and clinical outcomes. Delayed assessment, inadequate monitoring, and inappropriate wound care can lead to serious complications such as infection, cellulitis, tissue necrosis, osteomyelitis, sepsis, prolonged hospitalization, increased treatment costs, physical disability, and in severe cases, mortality. Therefore, early risk assessment and prompt detection of wound deterioration are fundamental components of quality patient care and successful wound management.

Several intrinsic and extrinsic factors influence wound healing and increase the risk of wound complications. Patient-related factors such as advanced age, diabetes mellitus, peripheral vascular disease, immobility, malnutrition, obesity, anaemia, dehydration, smoking, incontinence, immunosuppression, and chronic illnesses significantly impair tissue repair and delay healing. In hospitalized, critically ill, and bedridden patients, pressure injuries and surgical wounds can deteriorate rapidly without timely intervention. Additionally, factors such as poor hygiene, inadequate nutrition, prolonged pressure, friction, moisture, delayed dressing changes, and poor glycaemic control further contribute to wound worsening. Identifying these high-risk conditions at an early stage allows healthcare professionals to implement preventive strategies and reduce the likelihood of complications.

Comprehensive wound assessment is a systematic and continuous process that plays a vital role in early detection and effective management. Assessment should include evaluation of wound location, size, depth, tissue type, exudate, odor, surrounding skin condition, pain level, signs of inflammation or infection, and progression of healing. The use of standardized assessment tools and regular skin inspection helps clinicians identify subtle changes before the wound reaches an advanced stage. Early warning signs such as redness, swelling, warmth, discoloration, increased exudate, foul odour, localized tenderness, delayed granulation, fever, or tissue breakdown should never be ignored, as timely intervention can prevent severe tissue damage and systemic complications.

Nurses are at the forefront of wound prevention and management and play a critical role in risk assessment, early identification, continuous monitoring, documentation, and patient education. Evidence-based nursing interventions such as frequent repositioning of immobile patients, use of pressure-relieving devices, maintenance of skin integrity, aseptic dressing techniques, infection prevention measures, adequate hydration, nutritional support, pain management, and glycaemic control are essential in minimizing wound

complications. Educating patients and caregivers regarding wound care practices, warning signs, mobility, nutrition, and hygiene further enhances healing and prevents recurrence.

Effective wound care also requires a multidisciplinary approach involving physicians, nurses, dieticians, physiotherapists, infection control teams, and wound care specialists. Collaborative management ensures holistic care, timely decision-making and improved patient outcomes. Advances in wound care technology, evidence-based protocols, and continuous professional education have further strengthened the ability of healthcare teams to identify risks early and manage wounds more effectively.

Early risk assessment and proactive intervention not only accelerate wound healing but also reduce patient suffering, emotional stress, healthcare costs, and hospital burden. Timely detection and appropriate management can significantly prevent deterioration, improve recovery, and enhance overall patient wellbeing. Promoting awareness, clinical vigilance, and adherence to standardized wound care practices is therefore essential in ensuring safe, effective, and quality healthcare delivery. Through continuous education and a patient-centred approach, healthcare professionals can play a pivotal role in preventing worsening and complications of wounds while improving the overall standard of care.

Wound healing remains a major challenge in modern surgery due to the increasing burden of diabetes, vascular disease, trauma, burns, and aging populations. Recent advances have shifted the focus from simple wound closure toward functional tissue regeneration. Contemporary understanding recognizes wound healing as a highly immune-regulated process, with macrophage polarization, cytokine signaling, and inflammatory modulation playing central roles in determining healing outcomes. Regenerative therapies utilizing mesenchymal stem cells, adipose-derived stem cells, and exosome-based approaches show promise through angiogenic, immunomodulatory, and extracellular matrix remodeling effects. Significant progress has also been made in biomaterials, including hydrogels, collagen matrices, antimicrobial dressings, and smart dressings capable of detecting infection-related changes. Negative pressure wound therapy continues to evolve with portable and instillation-assisted systems, improving wound bed preparation and outpatient management. Emerging molecular therapies involving growth factors, gene therapy, RNA-based therapeutics, and controlled drug delivery

systems aim to enhance tissue repair at the cellular level. Artificial intelligence and digital wound care technologies now facilitate automated wound assessment, healing prediction, and telemedicine-based monitoring. Despite these advances, challenges such as high costs, limited large-scale evidence, lack of standardization, and regulatory barriers restrict widespread adoption. Future directions include personalized wound care, precision immunomodulation, engineered skin substitutes, and 3D bio-printing. The future of wound management lies in translating regenerative innovations into safe, accessible, and evidence-based clinical practice.

Burn Injuries in hospital settings - it's consequence, prevention & measurement

Synopsis:-

Burn injuries in hospital settings are preventable adverse events that may arise from thermal, electrical, chemical or radiation-related sources. Such incidents can affect patients, healthcare workers and visitors, and may lead to pain, tissue damage, infection, prolonged recovery, extended hospital stay and higher treatment costs. Beyond the clinical impact, burn injuries can also cause psychological distress for patients, occupational injury among healthcare workers, and reputational, legal and operational consequences for healthcare institutions.

High-risk hospital areas include the Operation Theatre, ICU and critical care units, Emergency Department, laboratories, CSSD, dialysis units, wound care areas and general wards, where equipment, oxygen support, hot surfaces, chemicals and rapid clinical interventions may increase risk.

Prevention depends on safe handling and regular maintenance of equipment, timely reporting of faulty devices, proper storage of chemicals and flammable substances, use of PPE, adherence to SOPs, fire safety protocols, and periodic staff training. Special emphasis must be placed on identifying high-risk patients and procedures, and on maintaining vigilance in specialised care areas.

Incident reporting, documentation, root cause analysis, corrective and preventive action, safety audits, training completion and competency assessment are essential tools to prevent recurrence. Staff accountability also plays a critical role by encouraging adherence to protocols, prompt reporting of hazards and near misses, and responsible use of hospital equipment.

A proactive safety culture, supported by continuous monitoring, regular feedback and team ownership, is central to reducing avoidable harm. The larger focus must remain on ensuring safer healthcare environments where patient safety, staff preparedness and quality care are embedded into everyday hospital practice.

Diabetic Foot Ulcer Prevention & Care: A Dynamic Approach

Introduction

Diabetic Foot Ulcer (DFU) is one of the most serious and common complications of diabetes mellitus. It is a chronic wound that develops due to a combination of peripheral neuropathy, peripheral vascular disease, and infection. Diabetic foot ulcers significantly affect a person's quality of life, increase healthcare costs, and are a leading cause of lower-limb amputations worldwide. However, most diabetic foot complications can be prevented through early detection, proper foot care, patient education, and timely medical intervention.

Understanding Diabetic Foot Ulcers

A diabetic foot ulcer is an open sore or wound that typically occurs on the bottom of the foot in individuals with diabetes. High blood glucose levels over time can damage nerves and blood vessels, reducing sensation and blood flow to the feet. As a result, minor injuries may go unnoticed and

heal slowly, increasing the risk of infection and ulcer formation.

The Wagner Classification System is commonly used to grade diabetic foot ulcers based on severity, ranging from Grade 0 (high-risk foot without ulceration) to Grade 4 (localized gangrene). Early recognition and appropriate management are essential to prevent progression and complications.

Global Burden

Diabetic foot ulcers represent a major public health concern. Studies estimate that approximately 15–25% of people with diabetes will develop a foot ulcer during their lifetime. The prevalence varies across regions, with higher rates observed in low- and middle-income countries due to limited access to healthcare, delayed diagnosis, and inadequate patient education. DFUs are responsible for a substantial proportion of diabetes-related hospital admissions and amputations worldwide.

Causes and Risk Factors

The development of diabetic foot ulcers is multifactorial. The three primary contributing factors include:

1. Peripheral Neuropathy

Nerve damage reduces the ability to feel pain, heat, or injury. Patients may unknowingly continue walking on injured areas, leading to skin breakdown and ulcer formation.

2. Peripheral Vascular Disease (PVD)

Poor blood circulation decreases oxygen and nutrient delivery to tissues, slowing wound healing and increasing susceptibility to infection.

3. Infection

High blood sugar levels impair immune function, making infections more frequent and severe. Untreated infections can rapidly worsen ulcers and increase the risk of amputation.

Additional risk factors include poor glycaemic control, smoking, foot deformities, previous ulcer history, improper footwear, obesity, and prolonged duration of diabetes.

Signs and Symptoms

Early warning signs include numbness, tingling sensations, dry skin, calluses, foot deformities, and changes in skin color or temperature. Active ulceration may present as an open wound, drainage, swelling, redness, foul odour, pain, or signs of infection. Prompt recognition of these symptoms allows for early treatment and better outcomes.

Management of Diabetic Foot Ulcers

Effective management requires a comprehensive and multidisciplinary approach. Key treatment strategies include:

- Regular wound assessment and monitoring
- Debridement of non-viable tissue
- Infection control through appropriate antimicrobial therapy
- Offloading pressure from the affected area
- Optimizing blood glucose control
- Improving circulation when necessary
- Patient education and lifestyle modification

A coordinated team involving physicians, nurses, podiatrists, wound care specialists, dietitians, and diabetes educators plays a vital role in successful treatment.

Prevention: The Dynamic Approach

Prevention remains the most effective strategy for reducing diabetic foot complications. A dynamic approach emphasizes continuous assessment, education, and proactive care.

Important preventive measures include:

- Daily inspection of feet for cuts, blisters, redness, or swelling
- Maintaining good blood glucose control
- Wearing properly fitted footwear and clean socks
- Practicing proper foot hygiene and skin care
- Avoiding barefoot walking
- Scheduling regular foot examinations with healthcare professionals

Early identification of risk factors and prompt intervention can significantly reduce ulcer occurrence and prevent amputations.

Wound Care Protocol

Proper wound care involves a systematic process:

1. Assess the wound thoroughly.
2. Cleanse the wound using appropriate solutions.
3. Remove dead or infected tissue when indicated.
4. Apply suitable dressings to maintain a moist healing environment.
5. Protect the area from pressure and trauma.
6. Monitor healing progress and signs of infection regularly.

Consistent adherence to wound care principles promotes faster healing and reduces complications.

Health Education

Patient and family education are essential components of diabetic foot care. Patients should understand the importance of blood sugar management, daily foot inspection, proper footwear, and seeking medical attention for any abnormalities. Family members can support adherence to treatment plans and help identify early warning signs.

When to Seek Medical Help

Immediate medical evaluation is necessary if the patient experiences:

- Sudden swelling or redness
- Fever associated with a foot wound
- Pus or foul-smelling drainage
- Blackened or discoloured tissue
- Severe pain or rapidly worsening symptoms

Early intervention can prevent severe infection, hospitalization, and amputation.

Conclusion

Diabetic foot ulcers are largely preventable complications that require ongoing vigilance, education, and multidisciplinary care. Through a dynamic approach that combines risk assessment, preventive strategies, timely wound management, and patient empowerment, healthcare professionals can significantly reduce morbidity and improve quality of life for individuals living with diabetes. Effective prevention and care not only preserve limb function but also promote healthier and more independent lives.

"Heel Ulcer: When Unnoticed into Damage – Prevent & Manage"

Heel ulcers are localized injuries affecting the skin and underlying tissues, commonly caused by prolonged pressure, diabetic neuropathy, poor circulation, friction, moisture exposure, or trauma. Due to minimal soft tissue cushioning over the heel bone, unnoticed damage can rapidly progress into deep tissue injury, infection, or even limb-threatening complications. Heel ulcers are frequently associated with diabetic foot ulcers and pressure ulcers, making early identification and prevention essential.

Comprehensive assessment in both outpatient (OPD) and inpatient (IPD) settings plays a crucial role in management. Clinical examination includes visual inspection, neurological and vascular assessment, musculoskeletal evaluation, wound assessment, and diagnostic investigations. Risk assessment tools such as the Braden Scale and PUSH Scale help evaluate ulcer risk and wound severity. Prevention strategies primarily focus on pressure offloading, heel suspension, skin care, protective footwear, and regular inspection of the feet.

Management involves strict offloading, specialized wound care, infection control, debridement when appropriate, and preservation of stable dry Escher. Patient awareness regarding foot hygiene, proper footwear, nail care, and blood sugar control is equally important in reducing complications. Early prevention, timely diagnosis, and multidisciplinary care are key measures to minimizing disability, improving healing outcomes, and enhancing quality of life in patients at risk of heel ulcers.

Bridging a Gap in wound assessment - what we see and document

The management of acute and chronic wound is one of most demanding challenges in modern health care. The aim is always to prevent contain or heal the wounds.

Yet despite the best efforts there is a wide gap between best clinical practices and reality.

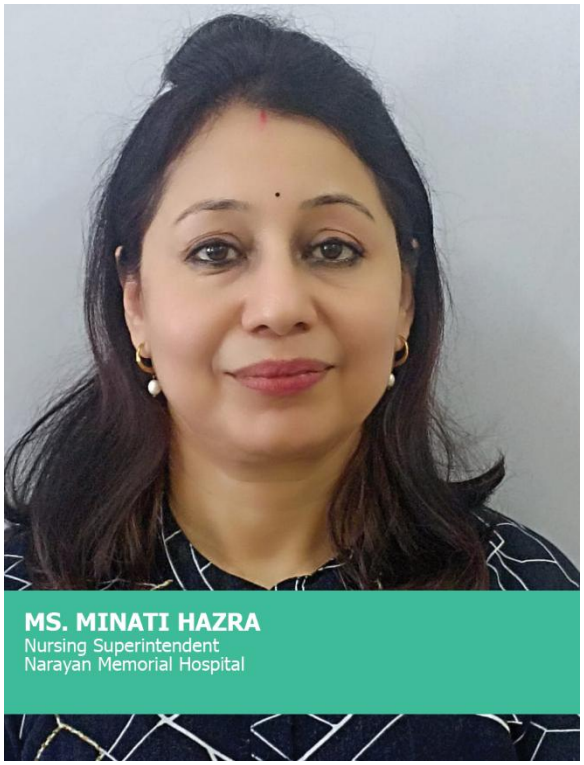
There are subtle pointers which if followed can help us achieve the target.

Defining the wound - proper assessment do wound with documentation helps the clinicians of different specialities understand the problem. Also it helps in gauge the progression of the wound.

Documentation of the exudate- the type of fluid coming out can be easily documented by assessing the dressing taking in account the volume, smell, consistency of fluid etc.

Local reaction - extent of local sepsis can be deduces by assessing the tissue reaction of the adjoin areas. The colour temperation crusting of skin are good pointers.
Patients assessment - this is very important to document patients take of wound - how he is feeling, the assessment of pain, feeling of well-being

The target of documentation is to achieve a precise data of wound specially when more than one clinician is involved or patient is shifted from open facility to other or domiciliary centre. This helps us predict the outcome and give patient a predictive path to future of wound rather than guesswork.



Wound healing is a complex biological process aimed at restoring tissue integrity and function.

The cosmetic appearance (cosmesis) of a healed wound plays a significant role in patient satisfaction, psychological well-being, and quality of life. Factors such as wound type, location, patient age, nutritional status, infection control, and proper wound management influence the final appearance of the scar. Advances in wound care techniques, scar prevention strategies, and cosmetic interventions have improved healing outcomes and reduced visible scarring. This presentation focuses on the concept of cosmesis in healed wounds, factors affecting cosmetic outcomes, assessment methods, and approaches to optimize scar appearance and enhance patient care.

Bridging the Gaps in Wound Assessment: Enhancing Observation, Documentation, Early Detection, and Evidence-Based Wound Management

Background:

Wound assessment and management are fundamental components of quality patient care. However, gaps in clinical observation, documentation, risk assessment, and evidence-based practices continue to affect wound healing outcomes and patient safety. Inadequate identification of wound characteristics, delayed recognition of complications, and persistence of wound care myths may contribute to prolonged healing, infections, increased healthcare costs, and reduced quality of life.

Objectives:

This abstract aims to highlight the importance of comprehensive wound assessment, accurate documentation, early risk identification, and updated wound healing practices. It also focuses on differentiating acute and chronic wounds, addressing common misconceptions in

wound care, and emphasizing the prevention and management of burn injuries in hospital settings.

Content Summary:

Effective wound assessment requires systematic evaluation of wound size, depth, tissue type, exudates, infection, surrounding skin condition, and pain. Accurate documentation serves as an essential communication tool for monitoring healing progress and guiding treatment decisions. Understanding the differences between acute and chronic wounds enables clinicians to provide appropriate and timely interventions. Chronic wounds are often associated with underlying conditions such as diabetes, vascular insufficiency, pressure injury, and infection, requiring multidisciplinary and patient-centered management approaches.

The abstract further discusses the role of risk assessment and early detection in preventing wound deterioration and complications. Early intervention can significantly reduce morbidity, hospitalization, and treatment burden. Additionally, common wound care myths—such as leaving wounds open to air or overuse of antibiotics—are addressed through evidence-based recommendations.

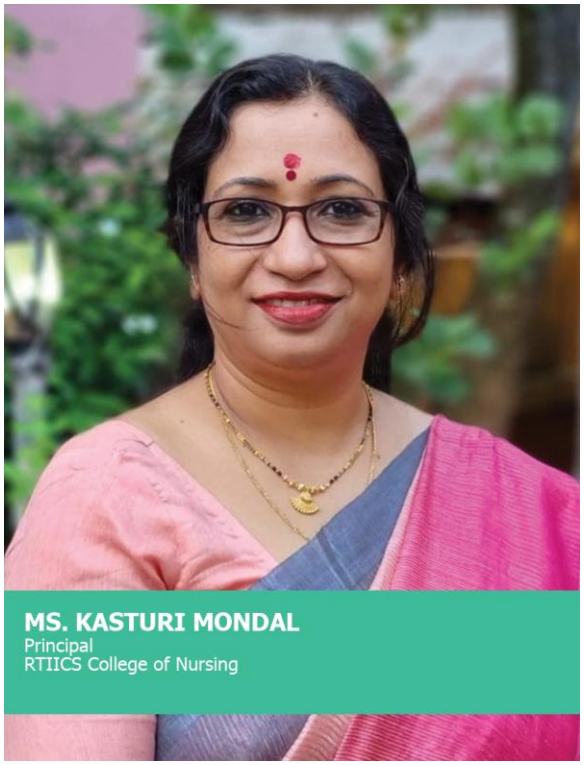
Special attention is given to burn injuries in hospital settings, including their causes, consequences, preventive strategies, and management principles. Hospital-acquired burns may result from thermal, electrical, or chemical sources and can lead to severe physical and psychological consequences if not promptly addressed. Adherence to safety protocols, staff education, and preventive measures are critical for minimizing such incidents.

Significance:

Bridging the gaps in wound assessment requires ongoing education, multidisciplinary collaboration, and adoption of standardized protocols and digital documentation systems. Empowering healthcare professionals with updated knowledge and clinical skills can improve decision-making, reduce complications, shorten hospital stay, and enhance quality of life for patients with acute and chronic wounds.

Conclusion:

Bridging the gaps in wound assessment and management requires improved clinical skills, standardized documentation, evidence-based practice, and continuous education. Early risk identification, myth correction, and preventive strategies can enhance wound healing outcomes, reduce complications, and promote safer, patient-centered healthcare delivery.



Managing lower extremity ulcers presents a significant clinical challenge, particularly when patients present with mixed etiology ulcers—most commonly a combination of arterial insufficiency and venous disease. Selecting the appropriate wound dressing requires a delicate balance between managing exudate, maintaining a moist healing environment, and accounting for compromised macro- and micro-circulation. Presentation outlines an evidence-based approach to dressing selection tailored to mixed-etiology wounds. It highlights how clinical indicators (such as the Ankle-Brachial Pressure Index) guide the choice between advanced dressing modalities, including hydrocolloids, alginates, and antimicrobial foams. Furthermore, the session emphasizes the pivotal role of nursing quality and education in standardizing care pathways, mitigating complications, and improving patient compliance within specialized cardiac and vascular settings.

Negative Pressure Wound Therapy (NPWT): Pros and Cons

Negative Pressure Wound Therapy (NPWT), also known as vacuum-assisted wound closure, is an advanced wound management technique that uses controlled negative pressure (suction) to promote wound healing. A foam or gauze dressing is placed into the wound and covered with an airtight adhesive drape. The dressing is connected to a vacuum pump that applies continuous or intermittent suction.

Advantages (Pros)

- Promotes Faster Healing: Stimulates granulation tissue formation and enhances wound healing.
- Reduces Edema: Removes excess fluid from the wound, reducing swelling.
- Decreases Bacterial Load: Helps lower the risk of infection by removing exudate and contaminants.
- Improves Blood Flow: Increases local blood circulation and oxygen delivery.
- Maintains a Moist Wound Environment: Supports tissue repair and cell growth.
- Reduces Wound Size: Helps draw wound edges together.

- Less Frequent Dressing Changes: Usually every 48–72 hours, improving patient comfort.
- Useful for Complex Wounds: Effective for pressure injuries, diabetic ulcers, traumatic and surgical wounds.

Disadvantages (Cons)

- Costly Treatment: Equipment and supplies can be expensive.
- Pain and Discomfort: Some patients experience pain during therapy or dressing changes.
- Risk of Bleeding: Increased risk in patients with fragile blood vessels or on anticoagulants.
- Requires Specialized Training: Proper application and monitoring are essential.
- Device-Related Issues: Air leaks or pump malfunction can affect treatment.
- Limited Use in Certain Conditions: Contraindicated in some wound types.
- Patient Mobility Restrictions: Carrying the device may limit activities.
- Potential Skin Damage: Adhesives may cause irritation or maceration.

Conclusion

NPWT is an effective wound care modality that accelerates healing, reduces edema, and improves outcomes in complex wounds. Proper patient selection, skilled application, and close monitoring help maximize benefits and minimize risks.

OUR JURIES

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PROJECT PRESENTATIONS

Knowledge and practice on Invasive Arterial Pressure Monitoring - a study on Critical Care Nurses to evaluate the effectiveness of an Arterial Blood pressure monitoring Guideline.

Background: One of the clips of Critical Care is close monitoring and intensive care for complex issues to Critically ill patients. Monitoring of blood pressure is one of the most fundamental requirements in the ICU and it impacts a lot on understanding patient's status to take timely decision for any intervention. The cannulation of a peripheral artery to measure Intra-arterial blood pressure (IBP) is often considered the **gold standard** of blood pressure measurement. Nurses posted in critical care areas and documenting arterial pressure without having much understanding the fundamentals of invasive pressure monitoring often has seen.

It becomes challenging when there is a dampened wave or any other trouble shooting status reflected on the hemodynamic monitor.

Purpose: The study aimed to determine the existing level knowledge and practice of nurses on arterial pressure monitoring in order to develop a guideline and to validate the same for the purpose of accurate and safe practice while caring patients in Critical care areas by the nurses.

Methodology: The quasi experimental research approach was adopted among 100 Nurses posted in two critical care areas with similar set up. Data were collected by using a structured knowledge questionnaire and a structured Practice criterion check list on Arterial Pressure monitoring. All Nurses were included in the study. Both Descriptive and inferential statistics were used to analyze the data. **Results:** In the research study it was observed that 28 (28%) of Nurses are at the age group of 21 to 25 years, (48%) were 26-30 years and >31 years only 24(24%) Nurses. 76(76%) were female nurses and 24(24%) were male nurses participated for the study. Majority of the nurses were arts back ground joined nursing. 47(47%) of Nurses were having 1-3 years of Nursing experience where as 60% Nurses were having 1-3 years of critical care experience. It means Nurses without experience to other areas directly posted at critical care areas. And Majority (85%) of Nurses have never attended any Hemodynamic monitoring workshop or training before appointed in Critical care. Knowledge of the nurses were assessed by mean percentages and SD which has shown, mean pre-test knowledge score of Nurses is 5.78, (the knowledge questionnaire carries to total 20 marks)Standard Deviation (SD) 2.42. Mean pre -test practice score is 11.13 and SD 3.18 (The practice observation checklist carries total 15 marks). The Mean post-test knowledge score 19.40 and SD 0.86 after implementation of the guidelines on arterial blood pressure monitoring), and the post-test Practice score is 14.46, with SD 1.22.

A paired samples t-test used, which showed that the participant's level of Knowledge on Arterial pressure monitoring after implementation of guidelines increased from pre-test (M =5.78, SD = 2.24) to post-test (M = 19.4 SD = 0.86,), Paired

difference mean 13.62, with SD 2.64 and Pair t test = 51.53, p < .001, df=99, and practice score showed that the participant's Practices on arterial pressure monitoring after implementation of guidelines increased from pre-test (M =11.13, SD = 3.18) to post-test (M = 14.46 SD = 1.22; pair difference Mean 3.33 and SD 2.29, t = 14.53, p<.001, df=99. Hence the data proves that implementation of Arterial pressure monitoring guidelines significantly improved Critical care nurse's knowledge and practices. Hence the Null hypothesis was rejected and research hypothesis was accepted. A bivariate Correlation computed with person test between age of the nurses and pre-test knowledge score, which showed significant at p< 0.05 level, (p=0.041), whereas pre-test knowledge with years of experience and Critical care experience is not significantly corelated at p<0.05.

Conclusion: The understanding and accurate interpretation of patient's hemodynamic status is paramount important. Continuous training with guidelines helps to interpret the technique of Arterial pressure monitoring. The researcher has seen in this study that Nurses has significantly improves their knowledge and practices.

Key Words: Arterial pressure monitoring, Critical care areas, Critical care Nurses, Introduction: Arterial pressure monitoring is one of the components of Hemodynamic Monitoring. This can be monitor by using Non-invasive and invasive technique. The accuracy of pressure measurement via non-invasive technology still not considered to be so effective in terms of understanding the actual mean pressure. The Invasive monitoring is the best means of measuring of pressures while patient's compromised with hemodynamic status. The invasive monitoring of Arterial Blood pressure (ABP), with the help of invasive line and transducers, fluid filled system and monitoring devices needs meticulous preparation and Insertion of an Arterial line otherwise called as Art-line, A-line, Intra-arterial line. An arterial line is used to take continuous BP readings and is called as intra- arterial blood pressure monitoring (IAP/IABP). The Nurse working in the critical care unit need to understand the Anatomy and physiology of the Cardiovascular system & systemic vascular Resistances and physiology of Arterial pressure. Effective monitoring of arterial pressure as a hemodynamic parameter can give actual performance of the patient's condition which permit analysis of key circulatory functions and the anticipation of deterioration so that pro-active treatments can be initiated. Despite its increased risk, cost, and need for technical expertise for placement and management, its utility in providing crucial and timely information outweighs its risks in many cases. Nurses posted in Critical care unit needs to be well versed with the equipment required to insert an arterial line, transducer setup, fluid filled system hemodynamic Monitor, the arterial wave, importance of diacrotic notch and the measures required to take during trouble shooting condition. The complications related to Insertion maintenance and removal of arterial line to be understood for the safety of the patient. The researcher here would like to understand the Nurses Knowledge and practice of Arterial pressure monitoring working in Critical care areas.

Need of the study: Nurses posted in Critical care areas needs to understand the arterial pressure monitoring, because it provides critical information about patient's cardiovascular system and helps them make timely clinical decision. Often it is seen that, Nurses are not having confidence with knowledge and Practice while looking after patient with arterial pressure monitoring devices, specially the importance of wave formation, diacrotic notch, the mean pressure and its importance. Hence the researcher would like to develop guidelines to measure the effectiveness while caring patients with arterial line.

Purpose: The purpose of this study is to evaluate the knowledge and practice of Critical care Nurses on Arterial pressure monitoring as a part Hemodynamic Monitoring. The nurses here will be able to understand the details of wave formation and the required measures nurses will take to avoid complication while a patient is on arterial line and on continuous pressure monitor. Based on the knowledge and practice the researcher will prepare a guideline for the nurses for the future reference and will measure its effectiveness.

Objective: The objective of the studies are

1. To assess the Socio-demographic profile of the Nursing personnel working in Critical care unit.
2. To assess the existing level of knowledge and Practice of Nursing personnel working in Critical care unit on monitoring of Arterial pressure.
3. To assess the post interventional level of knowledge and Practice of Nursing personnel working in Critical care unit on Arterial pressure monitoring.
4. To evaluate the effectiveness of ABP monitoring guidelines on knowledge and Practice of Nursing personnel working in Critical care unit.
5. To find out the correlation of demographic factors with Pretest knowledge and Practice score of Nurses working on Arterial Blood Pressure Monitoring.

Hypothesis:

H0: There will be no significant difference between mean pretest and Post-test knowledge & Practice Score of Nursing personnel working in Critical care unit on Arterial pressure Monitoring parameter.

H1: There will be a significant difference between mean pretest and Post-test knowledge & Practice Score of Nursing personnel working in critical care unit on Arterial pressure Monitoring parameter.

H0: There is no correlation with the Total years of experience, Critical care experience and pretest knowledge & Practice Score of Nurses working in Critical care Unit with Arterial pressure monitoring.

H2: There is a correlation with the Total years of experience, Critical care experience and pretest knowledge score & Practice Score of Nurses working in Critical care Unit with Arterial pressure monitoring

Assumption:

- ❖ Nursing personnel working in Critical care unit have some knowledge regarding arterial pressure monitoring.
- ❖ Nursing personnel working in Critical care unit are able to measure different parameters of arterial pressure.
- ❖ Nurses with years of experience will have some knowledge on arterial pressure monitoring
- ❖ Experienced Nursing personnel will have better practice in Critical care areas.
- ❖ Experience Nursing personnel will be able to interpret hemodynamic changes in critically ill patients.

Inclusion Criteria:

1. Critical Care Unit of the Hospital (ICU, All Medical ICU, all Surgical ICU)
2. Nurses working in Critical care Unit
3. Only Invasive hemodynamic monitoring with Arterial line will be included here
4. Minimum 6 months experience staff will be included
5. Critical care specialized or cardiovascular Specialized staff will be included
6. Only registered staff nurses employed in Critical care areas will be included.

Literature Review

Review of related literature is an essential step in the development of a research project. Which helps the investigator to gain insight and developed a deeper understanding to the various aspect of the problem.

Michele P (2014) [1] Narrated that the objective of hemodynamic monitoring is to ensure optimal tissue perfusion and oxygen delivery while maintaining adequate mean arterial blood pressure. The researcher here stated that during invasive hemodynamic monitoring, the level of the right atrium is the standard zero reference point and is identified by the phlebostatic axis—the intersection of the midaxillary line and the fourth intercostal space. The researcher emphasized the nurse will "level" the system using a carpenter's level or laser-light level to align the patient's phlebostatic axis with the transducer. Repositioning the patient may artificially alter waveforms by applying pressure to the catheter, shifting the catheter or stopcock, or shifting the phlebostatic axis relative to the transducer. The transducer is releveled when clinically indicated. Raising the level of the phlebostatic axis relative to the transducer gives false high readings; lowering the phlebostatic axis gives false low readings.

Gianluca V(2019)[2] et al stated that Evolution in technology has introduced into the clinical practice easier, less invasive, and more rapid systems for CO estimation. Among them, pulse contour methods are minimally invasive systems that analyze the arterial pressure waveform from an indwelling arterial catheter and allow the estimation of the patient's stroke volume (SV) and CO.

Jeshvaghani, T A (2021) [3] in her study on **"**Nurses' Educational Needs Assessment for Hemodynamic Monitoring in Intensive Care Units**"** mentioned that Hemodynamic monitoring is widely accepted as a cornerstone of intensive care units (ICUs).

The researcher here used descriptive–analytical approach to evaluate the educational needs assessment of ICU nurses in terms of the hemodynamic monitoring. The research sample included 100 ICU nurses selected from the hospitals affiliated to Shahid Beheshti University of Medical Sciences, Tehran. Researcher-made observational checklist and questionnaire of clinical reasoning skills were used to assess the educational needs for hemodynamic monitoring. The findings from the clinical practice checklists on hemodynamic monitoring revealed that nurses' practice was moderate in all 10 cases of monitoring with a mean of 79.30% (SD = 15.32%). Moreover, the nurses included were given a 9-item questionnaire regarding clinical reasoning skills. Accordingly, the results of this questionnaire indicated that nurses' clinical reasoning skills were at a poor level with a mean of 52.56% (SD = 8.71%). The findings suggested that the development of continuing education programs in the area of clinical reasoning skills for hemodynamic monitoring should be more emphasized on. Also, nurses need to learn how to examine the patient carefully, find nursing diagnoses, set goals of care, and plan nursing interventions for their patients.

B H McGhee & S L Woods(2001) [4] stated that Direct monitoring of arterial blood pressure provides continuous, real-time information about patients' physiological status. Critical care nurses set up and maintain monitoring systems and use the obtained data to guide clinical decisions. Inaccurate measurements may lead to misdiagnosis and mismanagement. The purposes of the research study was **t**o describe critical care nurses' knowledge in 3 content areas related to direct monitoring of arterial blood pressure: physiology, technical aspects, and waveform and data interpretation. In this study Via poster advertisements, 391 critical care nurses in 6 intensive care units at 2 hospitals were invited to complete an 18-item, criterion-referenced questionnaire on monitoring arterial blood pressure and a demographic data sheet. The result has shown that the Scores ranged from 11.1% to 61.1% correct answers, with a mean of 36.7% (SD, 11.8%). Item analysis indicated a knowledge deficit in all content areas at all cognitive levels. Questions with highest scores addressed waveform damping and using mean arterial pressure to guide treatment; lowest scores were related to dynamic response characteristics and

reflected pressure waves. Mean scores did not differ among demographic subgroups. The results suggest a general knowledge deficit in arterial blood pressure monitoring among Nurses.

The conceptual framework in this research study used is based on general system theory of **Ludwig von Bertalanffy**. It is a system theory model uses functional graph that establish the input outputs and task processing required to send input into outputs. Input refers the Critical care unit, Nursing personnel working in intensive care unit, the process, hemodynamic monitoring devices and equipment. Demographic profile of the nurses Age, Sex, Professional qualification, Years of experiences. The throughput includes the development of questionnaire to assess the knowledge of nurses and observation checklist to assess the existing practice of arterial pressure monitoring, as pre-test, assessing the knowledge and practice with the help of those tools. In the development of Arterial pressure monitoring guidelines validity and reliability were established as part of process. In the output the guidelines were also administered to the nurses and post-test was taken to assess knowledge and practice of Nurses working in Critical care areas.

Research approach. Quantitative Research approach has used. The primary objective of the study was to assess the level of Knowledge and practice among the Nurses working in critical care areas on ABP monitoring, with a view to develop and evaluate the effectiveness of a ABP monitoring guidelines.

Research design:
Research design adopted in this study pretest and posttest design Initially as pre-experimental design, later with the validator feedback and ethical committee suggestions control group also has been taken for the study.

Hence the design of the study used Pretest post-test control group design.

Pretest – Post Testcontrol Group Design

Measurements of the outcome or dependent variables are taken both before and after the intervention. This allows the measurement of change in individual cases

R	O_1	X	O_2	Experimental group

Here R – Respondent or the participants for the Research study
O1- Pretest knowledge and practice score of experimental groups
X- Introduction of Arterial pressure monitoring Guidelines
O2- Posttest knowledge and Practice of Experimental group

Variables:
Demographic Variables were Age, sex, professional qualifications and year of experiences.

Dependent variable: The dependent variable in this study was the knowledge of the Intensive care Nurses regarding Arterial blood pressure monitoring and the practice of Intensive care Nurses regarding ABP monitoring of patients admitted in Critical care unit.

Independent variable

The independent variables in this study is the arterial blood pressure monitoring Guidelines.

Setting: The study conducted in different critical care setup of a Hospital with similar Infrastructure, with bed capacity of 330 with 125 ICUs bed Which comprises of Medical Intensive Care, surgical Intensive Care, Respiratory Intensive Care. All Patients are here with Hemodynamic Monitors. Nurses were 24x7 Posted in three different shifts to care patient. The primary Nursing allocations follows in all areas. The standard operating process are follows same in all Critical care.

Population: for this study all Nurses working in the Intensive care of the selected hospital comprised of the target population and they are the Registered Nurses (Registration No from Nursing council) who could who were allocated with patients having arterial line and on continuous hemodynamic monitor.

Sample: In this study, sample consisted of Nurses those who were available in intensive care unit during the period of data Collection. Here each nurse has taken as a sample for the study in divide in control and experimental group.

Sampling technique: Convenience sampling used. Total 100 Nurses were included from two Critical care units.

The inclusion criteria were Nurses working in Critical care Unit allocated for patients with Arterial pressure monitoring on hemodynamic monitor. All age group and experiences were included and the exclusion criteria were except Critical care Units other areas of the hospital, non-invasive monitoring, Nurses from ward if posted for helping, Nurses undergoing induction programme excluded in the study.

Tools are used for data collection:

Tool 1: Demographic proforma consisted of all demographic variables under the study

Tool2: A structured knowledge questionnaire on Arterial pressure monitoring**.** There were total 20 questions prepared and Clear direction has given to answer each question. Each correct response carries 1 mark and one incorrect response carries 0 marks. Each answer keys were prepared as multiple choice. Each item unit was constructed on the basis of the blue print of the knowledge questionnaire. **Content validity** were established from 12 expert in the field of Nursing & Intensive care. **The reliability of the questionnaire** was computed by test - retest reliability technique, using Pearson product moment correlation coefficient, which was 0.95 indicating that the tool is reliable

Tool 3: A structured Practice criterion check list on Arterial blood pressure monitoring. he checklist was rated on three headings namely Done, not done and remarks to measure the practice of measuring Invasive Arterial blood pressure by Nursing personnel working in Critical care unit. Each done item carried 1 mark, and not done item carried 0 marks. The check lists were given to the experts for the content validation. There were 99% agreement with all the observable statement, one of the experts suggested to modify the observation of arterial wave form, because the observer will not be able to understand whether the participant is identifying the waveform, **Pretesting of the structured observation checklist**: Pretesting of the structured observation checklist was done on 20 nursing personnel in Cardiovascular & thoracic Surgical intensive care unit. The second rater has rated along with the investigator. Reliability of the Structure observation checklist **was** done by interrater reliability test (% agreement) and rank difference method. There was a difference in rating in 1 item, hence the agreement percentages were 93%.

Descriptions of arterial pressure monitoring Guidelines: The guidelines has been prepared on the following headings:

1. Description of Intra-arterial Blood Pressure Monitoring
2. The physiology of Blood pressure measurement
3. The indications of arterial pressure monitoring.
4. Types of arterial site and lines
5. Understanding collaterals by Allen test details.
6. Precaution for Arterial pressure monitoring
7. Steps involved for measurement of Arterial blood Pressure

8. Described the essential requirements,
9. Accurate measurement of the pressure requirement:
10. Steps to find Phlebostatic axis, Labeling, calibration zeroing of the transducer.
11. Positioning of the patient
12. Advantages of ABP measurement
13. Disadvantages of ABP measurement
14. Complications of arterial line insertion: Major & minor
15. Nursing responsivities
16. Contraindications of arterial line insertions

The guideline has given to 08 experts, according to their field and areas of experience. According to the content validity index [CVI]. The criteria fulfilled by the expert carried 4.5 in 4 items so the calculated score for content validity index was 0.90. According to content validity index reference 0.75 is target value. Item with value lower than that are supposed to be discarded few. In this Arterial blood pressure monitoring guidelines, the content validators also have suggested to make it more pictorial to elaborate the details, which was considered. And as per the suggestions of the guide few changes were done. The reliability of the guidelines was established by inter-rater test and Cohen's kappa reliability. In the first method the correlation coefficient was 97.15% and in the second method it was 0.92 indicating that the guideline was reliable.

Data Collection technique:
The knowledge of the nursing personnel working in Critical care unit regarding arterial blood pressure monitoring of critically ill patients assessed by structure knowledge questionnaire. This was used they are on duty at the bedside after taking consent. Existing practice assessed and then guidelines were introduced by theoretical and practical session soon after pre-test followed by after 7 days the post-test has taken related to ABP monitoring in intensive care unit Observation technique adopted during pre and post test data collection.

Data analysis & Result:
The descriptive statistics used for data analysis: The Frequency and percentage distribution of Nurses based on demographic Characteristics.
Knowledge of the Nurses assessed by mean and percentage of mean, SD.

Existing practices of Nurses in relation to ABP monitoring by mean and percentage of mean, SD

Inferential statistics: Paired t-test used to compare the pretest post-test Knowledge and practice score.
The correlation coefficient used to check the correlation of Knowledge and practice score with year with years of experience.
The Chi -square used to checked the association of Knowledge and Practice score with demographic variable.

Result:
The descriptive statistics are depicted in table1

Descriptive statistics of Critical care Nurses	**Frequency**	**%**
Age		
21 to 25 years	28	28%
26 to 30 years	48	48%
31 & above	24	24%
Gender		
F	76	76%
M	24	24%
Stream in Higher secondary		
Arts Background	60	60%
Science Background	40	40%
Designation		
Staff Nurse	84	84%
Shift incharge	16	16%

Total working experience		
1- 3years	47	47%
4-6 years	23	23%
7-10 years	28	28%
11 & above	2	2%
Experience in critical care areas		
1- 3years	60	60 %
4-6 years	28	28%
7-10 years	12	2%
Previous experience on HDM workshop training		
YES	15	15%
NO	85	85%

In the research study it was observed that 28 (28%) of Nurses are at the age group of 21 to 25 years, (48%) were 26-30 years and >31 years age group 24(24%) Nurses. 76(76%) are female nurses and 24(24%) were male nurses participated for the study. Majority of the nurses were arts back group at their higher secondary those who joined nursing. 47(47%) of Nurses were having 1-3 years of Nursing experience where as 60% Nurses were having 1-3 years of critical care experience. It means Nurses without experience to other areas directly posted at critical care areas. And Majority (85%) of Nurses have never attended any Hemodynamic monitoring workshop or training before appointed in Critical care.

Knowledge of the nurses were assessed by mean percentages and SD which has shown, mean pre-test knowledge score of Nurses is only 5.78, Standard Deviation (SD) 2.42. Mean pre -test practice score is 11.13 and SD 3.18

The guide line was developed by the investigator for the nursing personnel working in Critical care.

Any guideline indicates the future course of action. The guidelines were given to 10 experts for establishing its content validity. There was 100 % agreement in almost all the areas except in content area selection, and advised to make the language easier to understand by the bed side critical care nurses. The investigator again modified the languages to make it simpler to understand. The reliability of the guideline was established by inter-rater reliability test the correlation coefficient value obtained was 96.13%.

Guidelines are explained and demonstrated. And next data was collected during post-test after 7days.

The Mean post-test knowledge score 19.40 and SD 0.86. and the post-test Practice score is 14.46, with SD 1.22.

To test the above hypothesis A paired samples t-test used, which showed that the participant's (Critical care nurses) level of Knowledge on Arterial pressure monitoring after implementation of guidelines increased from pre-test (M =5.78, SD = 2.24) to post-test (M = 19.4 SD = 0.86,), Paired difference mean 13.62, with SD 2.64 and Pair t test = 51.53, $p < .001$, df=99. As per the 2nd hypothesis Which shows the implementation of Arterial pressure monitoring guidelines significantly improved Critical care nurse's knowledge. Hence the Null hypothesis is rejected and research hypothesis is accepted. To test the above hypothesis a paired samples t-test used which showed that the participant's (Critical care nurses) Practices on arterial pressure monitoring after implementation of guidelines increased from pre-test (M =11.13, SD = 3.18) to post-test (M = 14.46 SD = 1.22; pair difference Mean 3.33 and SD 2.29, t = 14.53, $p<.001$,df=99.Which shows the implementation of Arterial pressure monitoring practice guidelines significantly improved Critical care nurse's practice score. Hence the Null hypothesis is rejected and research hypothesis is accepted.

A bivariate Correlation computed with person test between age of the nurses and pre-test knowledge score, which showed significant at 0.05 level, ($p=0.041$), whereas pre-test knowledge with years of experience and Critical care experience is not significantly corelated at $p<0.05$.

Implications:
The finding of the study has implications in nursing education, nursing administration, nursing practice and Nursing research.
In education: By training the Nurses with Inservice classes and bed side teaching while they are with allocation at the beside for Critically Ill patients
In administration: The Guidelines becomes a SOPs in the unit.

In Nursing practice for adopting the accuracy of Knowledge and steps of Monitoring

In Nursing Research also further this can be a guides to do further researches

Limitation: The study is limited to only Critical care setup and on Critical care Nurses

Conclusion: The Critical care nurses are continuously looking after the patient with Invasive Arterial pressure Monitors. The understanding and accurate interpretation of patient's hemodynamic status is important hence Continuous training with guidelines requires to helps nurses to interpret the technique of Arterial pressure monitoring. The researcher has seen in this study that Nurses has significantly improves their knowledge and practices. So it is expected that using this guidelines would bring changes in their daily practices of measuring selected hemodynamic parameters and improve the quality of Nursing practice in intensive care unit, and also protect the patients from inaccurate monitoring and Interpretation and interventions.

Conflict of interest: The author declared that they have no conflict of interest

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Track, Assess, Protect: A Nursing-Led Initiative to Prevent Pressure Injuries through Risk-Based Interventions and Evidence-Based Dressing Use

Background

Pressure injuries remain a significant challenge in Intensive Care Units (ICUs), contributing to increased patient morbidity, prolonged hospital stay, and higher health care burden. An internal audit conducted between March and May 2025 revealed only 65% compliance with pressure injury prevention practices, including risk assessment, skin inspection, and preventive dressing application. The audit identified major gaps in timely risk identification, individualized preventive interventions, staff awareness, and accountability in bedside care practices.

Objective

To improve compliance with the Pressure Injury Prevention Bundle from 65% to 90% in the ICU through a structured nursing-led quality improvement initiative.

Methods

A prospective quality improvement project was implemented in the ICU focusing on standardized risk assessment and evidence-based preventive interventions.

Patients at risk for pressure injuries were identified using validated assessment tool s such as the Braden Scale. Monthly Root Cause Analysis (RCA) was conducted to identify barriers affecting compliance and guide corrective actions. Key interventions included staff awareness and training programs, implementation of audit a nd monitoring tools, enhanced bedside skin assessment, dedicated accountability measures, supervision of preventive practices, and continuous monitoring of high-risk patients.

Results

The initiative demonstrated progressive improvement in compliance over the study period. Compliance rates increased from 60% in April 2025 to 90% by December 2025 and February 2026. Improvements were associated with better bedside observation, enhanced staff knowledge, early identification of high-risk patients, and consistent implementation of preventive care bundles. Continuous education, structured monitoring, and nursing accountability played a major role in sustaining practice improvement.

Conclusion

The nursing-led quality improvement initiative significantly enhanced adherence to pressure injury prevention practices in the ICU. The use of standardized assessment tools, continuous staff education, regular audits, and accountability-driven interventions effectively improved patient safety and quality of care. Sustaining these evidence-based practices can contribute to long-term reduction in hospital-acquired pressure injuries and improved clinical outcomes.

"A Descriptive Study to assess the knowledge and practice of Menstrual hygiene, complementary & alternative therapy in menstrual problems among Nursing students in selected Nursing academic institutions, West Bengal"

Menstrual hygiene is an essential component of women's reproductive health and overall well-being. Despite increasing awareness, inadequate knowledge, misconceptions, and unhealthy practices related to menstruation continue to affect many young women. Nursing students, as future healthcare professionals, are expected to possess adequate knowledge and positive practices regarding menstrual hygiene and the management of menstrual problems, including the use of complementary and alternative therapies.

The present study was conducted to assess the knowledge and practices related to menstrual hygiene and complementary and alternative therapies among nursing students in a selected nursing academic institution in West Bengal. A quantitative descriptive cross-sectional survey design was adopted, and 90 first- and second-year General Nursing and Midwifery (GNM)

students were selected through non-probability convenience sampling. Data were collected using a structured knowledge questionnaire and a self-reported practice checklist. Descriptive and inferential statistics were employed for data analysis. The findings revealed that the participants possessed a satisfactory level of knowledge regarding menstrual hygiene, with a mean knowledge score of 22.31 ± 3.06. No statistically significant association was found between age and knowledge scores ($\chi^2 = 0.134$, $p > 0.05$). The study further demonstrated that all respondents used sanitary napkins and followed appropriate disposal practices, while the majority maintained adequate personal hygiene, consumed iron-rich diets, and practiced healthy menstrual care behaviours. However, gaps were identified in specific areas, including awareness regarding anaemia prevention, benefits of exercise during menstruation, proper perineal cleaning techniques, and the persistence of menstrual restrictions and stigma. The findings indicate that although nursing students exhibit generally good menstrual hygiene practices and awareness, focused educational interventions are required to strengthen knowledge in specific domains and promote evidence-based menstrual health management. The study highlights the importance of integrating comprehensive menstrual health education and complementary therapy awareness into nursing curricula to enhance the capacity of future nurses to provide holistic reproductive health care and community education.

Keywords: Menstrual hygiene, Nursing students, Menstrual health, Knowledge, Practice, Complementary and alternative therapy, Dysmenorrhea, Reproductive health, West Bengal.

Are the students aware of the term 'Reproductive Health'? A Comparative analysis of knowledge profile among school-going students of adolescent age group

Background of the study—
Reproductive health is a critical and multifaceted aspect of public health concerning their reproductive system and process. In the the period between 10 and 19 years of age, adolescents face a rapid physical, psychological, reproductive, and behavioural transformations. During this dynamic phase that individuals attain reproductive capacity which makes them vulnerable to a range of health risks.

Aim: To assess the existing knowledge level of the school going adolescents on reproductive health, and to determine the association between the knowledge score with selected socio-demographic variables.

Methodology: A cross-sectional, descriptive study was conducted among 149 students from selected secondary schools in Howrah and Kolkata, West Bengal. A non-probability convenience sampling technique

was used to collect the data from 73 boys and 76 girls. Data were collected through a structured questionnaire containing socio-demographic variables, knowledge of the reproductive system, and reproductive health topics such as puberty, menstruation, contraception, and STDs. Descriptive and inferential statistics, including chi- square tests and an independent t-test, were used for analysis.

Result: The study revealed that boys had a significantly higher mean knowledge score (22) compared to girls (19.4), with an independent t-test result of $t = -7.80$ and $p < 0.001$, indicating a statistically significant difference. Only 50% of girls had adequate knowledge, in contrast to 91.78% of boys. Significant associations were found between knowledge scores and variables such as class level, leisure activities, and perception of puberty changes.

Conclusion: The study highlights a substantial gender disparity among adolescents on reproductive health issues. Boys demonstrated higher and more consistent levels of knowledge regarding reproductive health than girls. Educational level and leisure activity were the key factors to influence the awareness. The findings demand an urgent need for comprehensive reproductive health education in school curricula to bridge the knowledge gap and promote healthy practices among adolescents.

Keywords: Adolescent's boys and girls, Knowledge, Reproductive health, puberty, teenage pregnancy.

Enhancing Skin Integrity: A Quality Improvement Initiative: To Reduce Medical Adhesive-Related Skin Injuries (MARSI) and Device-Associated Pressure Injuries (DAPI) Incidence Through Evidence-Based Nursing Interventions

Patient safety and skin integrity are essential indicators of healthcare quality and clinical excellence. Medical Adhesive-Related Skin Injuries (MARSI) and Device-Associated Pressure Injuries (DAPI) are preventable adverse events that can significantly affect patient outcomes, resulting in pain, prolonged hospitalization, increased healthcare costs, and reduced quality of life. At Peerless Hospital, surveillance data reviewed by the Pressure Injury Team revealed persistently elevated incidences of MARSI and DAPI, indicating deficiencies in standardized skin-care practices, device management, adhesive handling techniques, and staff adherence to preventive protocols. To address these concerns, a Quality Improvement Project (QIP) was conducted from October 2025 to March 2026 with **the aim of reducing MARSI and DAPI incidence among in-**

patients by at least 30% within six months.

The project employed the Plan–Do–Study–Act (PDSA) methodology to facilitate systematic implementation and evaluation. A comprehensive root-cause analysis using a Fishbone Diagram identified key contributing factors, including the absence of formal prevention guidelines, inconsistent skin assessment practices, inadequate staff awareness, improper adhesive selection and removal techniques, insufficient skin barrier protection, poor documentation, and inadequate monitoring of medical devices.
A multidisciplinary team comprising nursing administrators, nurse educators, quality nurses, clinical nurse specialists, supervisors, and pressure injury nurses collaboratively implemented a series of evidence-based interventions. These included the development of MARSI and DAPI prevention guidelines, structured educational programs, continuing nursing education sessions, bedside demonstrations, spot teaching, standardized daily skin assessment tools, surveillance checklists, monthly incidence tracking systems, and competency-based staff evaluations. Particular emphasis was placed on appropriate adhesive application and removal, timely device repositioning, early identification of at-risk patients, and adherence to evidence-based skin-care practices.

Project outcomes were assessed through continuous audits and quarterly trend analyses. Findings demonstrated a substantial reduction in DAPI incidence, **decreasing from 13 cases in Quarter I to 4 cases in Quarter III, representing a 69% reduction** and significantly surpassing the targeted benchmark. MARSI incidence **decreased from 15 cases in Quarter I to 12 cases in Quarter III, reflecting a 20% reduction.** Although this outcome indicated meaningful improvement, it remained below the anticipated target, highlighting the need for ongoing reinforcement of preventive strategies. Furthermore, nursing staff **competency improved from 55% to 90%, demonstrating a 35% enhancement in knowledge,** clinical proficiency, and compliance with preventive protocols.

In conclusion, this Quality Improvement Project illustrates that a structured, multidisciplinary, and evidence-driven approach can effectively reduce preventable skin injuries in hospitalized patients. The remarkable reduction in DAPI incidence underscores the effectiveness of targeted interventions, continuous education, and robust monitoring mechanisms. While further efforts are required to achieve optimal MARSI reduction, the initiative successfully established sustainable preventive practices and strengthened the culture of patient safety. This project highlights the pivotal role of nursing leadership, evidence-based practice, and continuous quality improvement in advancing healthcare excellence and improving patient outcomes.

Impact of Bedside Wound Care Champions on Compliance with Evidence-Based Wound Care Practices and Patient Experience: A Quality Improvement Project

Background
Wound care is a critical component of patient safety and quality nursing care. Non-compliance with evidence-based wound care practices can result in surgical site infections, delayed wound healing, prolonged hospital stay, increased healthcare costs, and poor patient experience. Baseline audits identified variations in hand hygiene compliance, aseptic dressing techniques, wound assessment documentation, reporting of wound abnormalities, and patient education practices. A Quality Improvement Project (QIP) using the PDSA methodology was undertaken to address these gaps.

Aim
To improve compliance with evidence-based wound care practices and patient experience through the implementation of Bedside Wound Care Champions.

Methods
A Quality Improvement Project was conducted across all inpatient wards. A total of 100 observations were included, comprising 50 baseline audits and 50 follow-up audits. Data collection methods included direct observation of wound dressing procedures, documentation review, and Patient Reported Experience Measure (PREM) surveys. Bedside Wound Care Champions were trained to provide coaching, real-time observation, hand hygiene reinforcement, documentation monitoring, immediate feedback, and patient education support.

Results
Significant improvements were observed following the intervention. Compliance with checking physician orders improved from 70% to 90%, explaining procedures to patients from 80% to 96%, wound assessment from 80% to 90%, wound documentation from 82% to 94%, and reporting abnormalities from 76% to 88%. Several parameters achieved 100% compliance, including preparation of articles, patient privacy, waste disposal, and post-procedure hand hygiene. Champion-led interventions enhanced accountability, patient education, aseptic technique adherence, and overall patient experience.

Conclusion
The implementation of Bedside Wound Care Champions significantly improved compliance with evidence-based wound care practices and patient experience. Champion-led bedside coaching, real-time feedback, and continuous monitoring promoted standardization, accountability, documentation excellence, patient safety, and sustainable quality improvement.

Keywords
Wound Care Champions, Evidence-Based Practice, Nursing Quality Improvement, Patient Safety, PDSA Cycle, Clinical Audit, Patient Experience.

PROGRAMME SCHEDULE

ANSWER KEY: B;A;D;A;C;E;C;D;B;E

9:00 am – 10:00 am	**Registration & Networking Tea / Coffee**	
10.00 am - 11.30 am	**Opening Session**	
10.00 am – 10.10 am	**Welcome Address**	**Mr. Abhijit Majumdar** Chairperson - National Health Committee, The Bengal Chamber of Commerce and Industry & Chief Executive Officer - Kolkata Region, Apollo Hospitals
10.10 am - 10.20 am	**Theme Address**	**Mrs. Doli Biswas** Co-chairperson – National Health Committee, The Bengal Chamber of Commerce & Industry & Chief Nursing Officer, Fortis Hospital, Anandapur
10.20 am - 10.30 am	**Address by Guest of Honour**	**Ms. Srabani Mandal** Registrar, West Bengal Nursing Council
10.30 am - 10.40 am	**Address by Guest of Honour**	**Dr. Swapan Saren** Director of Health Services, Government of West Bengal
10.40 am – 10.50 am	**Address by Chief Guest**	**Sri Narayan Swaroop Nigam, IAS *** Principal Secretary, Health & Family Welfare Department, Government of West Bengal
10.50 am – 11.05 am	**Address by Chief Guest**	**Dr. Sharadwat Mukherjee *** Hon'ble Minister-in-Charge, Department of Health & Family Welfare, Government of West Bengal
11.05 am – 11.15 am	**Address by Special Guest**	**Capt. Madhukari Ray** Regional Director Nursing (East), Apollo Hospitals
11.15 am – 11.20 am	**Inauguration with Lamp Lighting Ceremony**	
11.20 am – 11.25 am	**Release of Conclave Souvenir**	
11.25 am – 11.30 am	**Conclusion of the Opening Session**	
11.30 am - 11.35 am	**Changeover**	

11.35 am- 12:25 pm	**Plenary Session I**	
	Chairperson: **Capt. Madhukari Ray,** Regional Director Nursing (East), Apollo Hospitals **Co-chairperson:** **Ms. Manashi Bhaskar,** Chief Nursing Superintendent, Peerless Hospital	
	Bridging the GAPs in Wound Assessment: What should we see and document	**Dr. Akhilesh Kumar Agarwal** Consultant, Department of Plastic Surgery, Manipal Hospitals
	Updates on Wound healing, Identifying and managing chronic vs. acute wounds, Breaking common wound care myths	**Dr. Tibar Banerjee** Consultant – Plastic Surgery, Fortis Hospital, Anandapur
	Risk Assessment and Early Detection to prevent worsening and complications of Wounds	**Ms. Poulami Roy Chowdhury** Sr. GM – Nursing, Charnock Hospital
	Burn Injuries in hospital settings - it's consequence, prevention & measurement	**Ms. Jessy Saji Varghese** Head of Nursing, HCG Cancer Hospital, Kolkata
12:25 pm – 12:30 pm	**Changeover**	
12:30 pm – 1:15 pm	**Sensitizing Session**	
	Chairperson: **Mrs. Doli Biswas,** Co-chairperson – National Health Committee, The Bengal Chamber of Commerce & Industry & Chief Nursing Officer, Fortis Hospital, Anandapur	
	Diabetic Foot Ulcer Prevention and Care - A dynamic approach	**Ms. Sujata Angela Singh** Chief Nursing Officer, ILS Hospitals
	Negative pressure in Wound Therapy: Pros and Cons	**Ms. Sarmistha Roy** Senior Ward In charge and ET Nurse, Tata Medical Centre
	Heel Ulcer : When unnoticed into damage – Prevent & Manage	**Prof (Dr.) Mahuya Karmakar** Nursing Superintendent cum Professor, Jagannath Gupta Institute of Medical Science and Hospital

1:15 pm – 1:20 pm	**Changeover**
1:20 pm - 1: 35 pm	**Special Session by HDFC Bank**
1:35 pm – 1:40 pm	**Changeover**
1:40 pm - 2: 00 pm	**Coordinator of Moot Court:** **Ms. Dwipta Dey,** Infection Control Nurse, Fortis Hospital **Ms. Owendrila Acharjee,** Nursing Educator, Fortis Hospital **Moot Court on Hospital acquired Pressure Ulcer -"Justice Beneath the Skin"**
2:00 pm – 02:45 pm	**Lunch Break**
PART A	
2:45 pm- 3:45 pm	**Paper Presentations: Juries** **Ms. Shampa Gupta,** Principal, NH College of Nursing **Ms. Jharna Ghosh**, Principal, Sister Florence College of Nursing
	QIP : 1 **Knowledge and practice on invasive arterial pressure monitoring: A study on critical care nurses in order to evaluate the effectiveness of an arterial blood pressure monitoring guideline** **Mrs. Doli Biswas,** Co-chairperson – Health Committee, The Bengal Chamber of Commerce & Industry & Chief Nursing Officer, Fortis Hospital, Anandapur
	QIP : 2 **Track, Assess, Protect: A Nursing-Led Initiative to Prevent Pressure Injuries through Risk-Based Interventions and Evidence-Based Dressing Use** **Mr. Swayambhu Chandana,** Nursing Officer, Apollo Multispeciality Hospitals
	QIP : 3 **Are the students aware of the term Reproductive health? A Comparative analysis of Knowledge profile among school - going students of adolescent age group** **Ms. Sumita Bhattacharjee,** Tutor, NTS ESI Hospital, Sealdah
	QIP : 4 **A descriptive study to assess the knowledge and practice of menstrual hygiene, complementary & Alternative therapy in menstrual problems among Nursing Students in Selected Nursing Academic Institution.** **Ms. Joyasri Pal,** Chief Nursing Superintendent, Eastern Railway Hospital, Liluah, Howrah

	QIP : 5 **Leading the journey to healing: The Nurse's role in wound care excellence** **Ms. Sarbani Christian,** Assistant Nursing Superintendent, H P Ghosh Hospital	
	QIP : 6 **Enhancing skin integrity: Reducing MARSI & DAPI incidence through evidence based nursing interventions** **Ms. Suparna Giri,** Educator-Senior Nurse Executive**,** Peerless Hospital	
	QIP : 7 **Impact of Bedside Wound Care Champions on Compliance with Evidence-Based Wound Care Practices and Patient Experience** **Mr. Krishnakumar V,** Assistant Nursing Superintendent(Nursing Education & Quality), The Mission Hospital ,Durgapur	
PART B		
2:45 pm – 3:30 pm	**Plenary Session II**	
	Chairperson : Ms. Kasturi Mondal, Principal, RTIICS College of Nursing	
	Dressing selection in mixed Etiology Ulcers	**Ms. Chhanda Bandyopadhyay** Senior Nurse Manager - Quality & Education, B M Birla Heart Research Centre
	Wound Assessment & Management Based on Algorithm	**Ms. Richa Nameirakpam** Deputy Clinical Nurse Lead Specialist Apollo Multispeciality Hospitals
	Cosmesis of healed wound (Wound Scar Management)	**Ms. Minati Hazra** Nursing Superintendent, Narayan Memorial Hospital
3:45 pm – 4: 00 pm	**Changeover**	
4:00pm – 5.00 pm	**SKILLATHON**	
Work Stations	1. Wound Assessment Station 2. Repositioning & Pressure Injury Prevention 3. Aseptic Dressing Technique & Wound Infection Identification 4. Advanced Wound Products Knowledge	**D D Health care & Team** **Arjo Huntleigh & Team** **Smith & Nephew** **Coloplast & Team** **Convatec & Team**

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MCQ

Check your knowledge -choose the right answer

1. Which of the following can help reduce the risk of adverse scar formation?

    A. Smooking
    B. Early wound debridement
    C. Malnutrition
    D. Hypoxia
    E. Obesity

2. What plays a key role in the inflammatory phase of wound healing in skin?

    A. Macrophages
    B. Fibroblasts
    C. Collagen
    D. Platelets
    E. Lymphocytes

3. What is the most sensitive clinical indicator of acute compartment syndrome?

    A. Absent pulses
    B. Pallor
    C. Paraesthesia
    D. Severe pain
    E. Paralysis

4. What is the first-line treatment for necrotising fasciitis?

    A. Surgical debridement
    B. Close monitoring
    C. High-dose narrow-spectrum antibiotics
    D. Incision and drainage
    E. Wound irrigation

5. Normal skin wound healing occurs in a number of overlapping but distinct stages. How much tensile strength is achieved in normal wound healing compared with uninjured skin?

    A. 40%
    B. 60%
    C. 80%
    D. 100%
    E. 120%

6. The body's response to major injury is:

    A. immunological
    B. hormonal
    C. Systemic
    D. related to the size of the injury
    E. all of the above

7. Fragments from injured tissue:

    A. are immediately isolated by monoclonal antibody treatment
    B. trigger a single identified receptor and pathway
    C. act through mutliple overlapping receptors and systems
    D. are neutralised by broad spectrum antibiotics
    E. are clinically insignificant

8. The metabolic response to injury:

    A. does not impact survival from injury
    B. is similar between similarly injured patients
    C. has a slow onset driven by IL-10
    D. "is associated with most late deaths from injury or surgery in developed health systems"
    E. is unrelated to complications

9. The metabolic response to injury:

    A. triggers an anabolic phase then a catabolic one
    B. makes sepsis more likely and is prolonged by sepsis
    C. has little effect on muscle metabolism
    D. is characterized by reduced insulin requirements
    E. tends to increase lean body mass

10. The response to tissue injury after elective surgery:

    A. has no relationship to the metabolic resposne to injury
    B. does not include tissue oedema
    C. is limited by fasting
    D. is not impacted by hypothermia
    E. is minimised by ERAS programmes which address multiple potentiating factor

Answers keys on page 46

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