People who self-harm may be concerned that they will get, or may have previously experienced, a negative reaction to their wounds. It has been acknowledged that individuals who cut or burn themselves receive little tolerance, compassion or respect on seeking professional care for their wounds (National Institute for Health and Care Excellence [NICE], 2013).

**MANAGEMENT APPROACHES**

The balance between self-harming and not is precarious. People who self-harm find benefit in their behaviour and healthcare professionals need to acknowledge this.

Patients may not want to stop their self-harm as they view it as a coping strategy. In such circumstances, the patient should be advised to self-harm in as safe a way as possible, for example, by advising on the use of sterile instruments when cutting.

Self-harm wounds differ from accidental injury and it is important that clinicians remember this.

People who self-harm may be concerned that they will get, or may have previously experienced, a negative reaction to their wounds. It has been acknowledged that individuals who cut or burn themselves receive little tolerance, compassion or respect on seeking professional care for their wounds (National Institute for Health and Care Excellence [NICE], 2013).

The true extent of self-harming is not truly known; people who self-injure are unlikely to seek treatment. It is done in private as a coping mechanism and people who self-harm may only present to a healthcare professional when a problem occurs, such as wound infection, or when a need for emergency treatment arises. Self-harm by cutting is thought to be responsible for one fifth of all attendances at A&E (Horrocks et al, 2003).

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Introducing LQD® Spray, a new unique spray dressing. LQD® Spray’s innovative advanced chitosan formulation is simple to use and is proven to help promote wound healing.

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1. LQD® Spray forms an active semi-permeable membrane over the wound
2. LQD® Spray has a proven ability to help heal wounds (Data on file)
and symptoms of wound infection for example, has also been shown to be of mental and physical benefit (Ousey and Ousey, 2012). Patients who self-harm should be given practical advice on how to care for their wounds. For example, how to wash hands before handling their wound, keep the wound clean, the importance of dressings and when to seek professional help for concerning signs and symptoms.

LQD® Spray — a simple and easy to apply spray-on dressing that promotes wound healing, helps with pain and prevents infection — has been used to gain successful outcomes in this patient group (Hinchcliffe and Linthwaite, 2019).

It is imperative that patients are involved in their care and are given real choices over their management. A lack of control can be an intrinsic factor for self-harming behaviour and it is important that the clinician recognises this and does not take it away. The promotion of self-care can help to minimise harm in some cases. Managing self-harm wounds can be challenging, however, and patients should be referred (with their consent) to the relevant services to deal with any underlying issues that may be causing the harming behaviour. It should be remembered that not all patients will want this, and such decisions should be respected. JCN

‘It is imperative that patients are involved in their care and are given real choices over their management. A lack of control can be an intrinsic factor for self-harming behaviour and it is important that the clinician recognises this and does not take it away.’

REFERENCES


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