

Addressing an Elderly Client's Stage IV Ischemic Ulcer in Long Term Care

Introduction

Approximately 25% of long term care clients suffer from ischemic (pressure) ulcers. Given the acuity and risk that many of these geriatric clients face, a cost-effective wound care prevention and treatment protocol should be in place. Part of this protocol involves choosing a cost-effective therapeutic pressure relieving support surface that fits in with the Prospective Payment System. The following study reveals the management of a stage IV ischemic (pressure) ulcer of the coccyx.



Figure 1. Stage IV ischemic (pressure) ulcer to coccyx, measures 2.5 x 1.0 cm with a depth of 1.5 cm and 1 cm tunnel at 12 o'clock. (September 30, 1998)

Background

Ms. R.L. is a 97-year-old female with hypertension, acute peptic disease, depression and carcinoma of the bowel. She is cared for in a long term skilled facility. The patient is confused, hard of hearing and incontinent of bowel and bladder. Her skin is thin and

dehydrated and her turgor is poor. Her Braden scale risk assessment score is 9. She spends much of her time sitting upright in her wheelchair. When the enterostomal therapy nurse consulted with this client, she was sitting on a Jay2® wheelchair cushion and was assessed to have a stage IV ischemic (pressure) ulcer to her coccyx. Ms. R.L. sleeps on a standard hospital/long term care mattress.



Figure 2. Stage IV ischemic (pressure) ulcer 50% granulated, measures 1.0 cm x .5 cm with a .7 cm tunnel at 12 o'clock. (November 4, 1998)



Figure 3. Stage IV coccyx ischemic (pressure) ulcer 85% granulated, measures .6 cm x .3 cm with .5 cm depth. (December 9, 1998)

Management of Care

The stage IV ischemic (pressure) ulcer measured 2.5 cm x 1 cm with a 1 cm tunnel at 12 o'clock. The depth was 1.5 cm. The wound bed was pale pink with moderate amounts of yellow slough. The peri-wound skin was covered with a mauve rash with satellite lesions on her buttocks (Figure 1 / September 30, 1998). A non-powered therapeutic pressure relieving support surface, the ROHO® DRY FLOATATION® Mattress System, was applied to Ms. R.L.'s regular hospital mattress. To address the client's pressure distribution needs in the seated position, a ROHO HIGH PROFILE® Cushion was placed in her wheelchair.

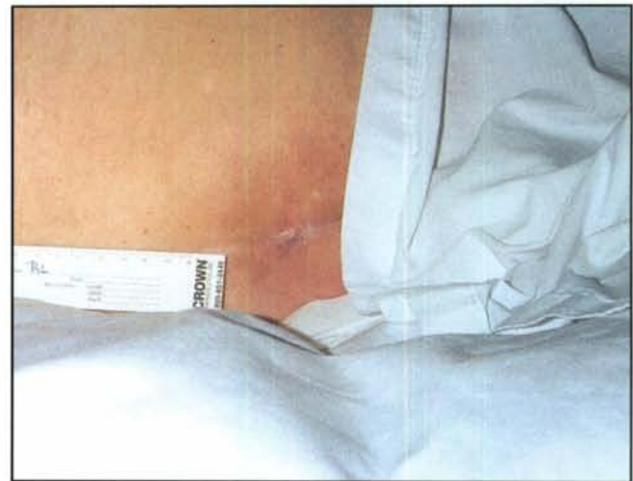


Figure 4. Stage IV ischemic (pressure) ulcer 100% granulated and healed to closure. (January 13, 1999)

Wound care consisted of cleansing the wound with SAF-Clens® at each dressing change. The mauve area was assessed to be a candida rash and the peri-wound area was treated with Nystatin powder until it cleared. The wound bed was kept moist and filled to facilitate granulation and epithelialization with SAF-Gel® hydrogel. Duoderm CGF® (triangle) was applied every 48-72 hours p.r.n.

On November 4, 1998, the wound was 50% granulated and measured 1.0 cm x .5 cm with a .7 cm tunnel at 12 o'clock (Figure 2). The wound bed was pale pink with no devitalized material. The candida infection was completely cleared.

The wound continued to progress and was 85% granulated on December 9, 1998. The wound bed was pink and moist and bled easily. The measurements were .6 cm x .3 cm with a depth of .5 cm (Figure 3). At this point, the wound care routine was changed to cleansing the wound bed with SAF-Clens and applying Aloe Vesta® Ointment to the wound and peri-wound area to moisturize and protect from incontinent episodes.

Conclusion

On January 13, 1999, the stage IV ischemic (pressure) ulcer was 100% granulated and healed to closure (Figure 4). This significant pressure ulcer on a

97-year-old client healed in three-and-a-half short months on the ROHO DRY FLOATION Mattress System.

Preventive skin care continued with the use of Aloe Vesta Perineal Solution to cleanse the skin and Aloe Vesta Protective Ointment to protect and form a barrier against further damage. Since healed pressure ulcers never possess the tensile strength of the original tissue and because of her overall risk, Ms. R.L. was then placed on the PRODIGY® Mattress Overlay, a non-powered zoned pressure reducing group I product to prevent any further tissue damage.

Bill Thornton, L.P.N. is a treatment nurse at Rosewood Care Center in Edwardsville, IL, U.S.A. and a B.S.N. student at Southern Illinois University.

Cynthia A. Fleck, R.N., B.S.N., E.T., C.W.S. is Wound Care Specialist and Director of Training and Education for CROWN THERAPEUTICS, Inc., Belleville, IL, U.S.A.



100 North Florida Avenue
Belleville, IL 62221-5429, USA
www.therohogroup.com

U.S. & Canada: 1-800-851-3449 Fax 1-888-551-3449
Outside the U.S. & Canada: 1-618-277-9150
Fax 1-618-277-6518

The following are registered trademarks of ROHO, Inc.: ROHO®, DRY
FLOATATION®.

© 1999 CROWN THERAPEUTICS, Inc.