

A Study of Ischemic Ulcers in the Home Environment

Clinical Case Study

Introduction

Home health providers recognize caring for patients at home is very different from caring for patients in acute or long term care settings. Each home setting is unique and must be approached according to the needs of both the patients and the families. It is often difficult for families to manage patients at home, however, this may be the wish of the patient, or the only option because of financial constraints. The following case study illustrates an example of a complex family situation with each member having complicated health needs and limited financial resources.

Background

Mr. P.H. is a 78-year-old male who was referred to the wound team by the agency primary nurse. The referral was made after assessing pressure areas during a routine visit to change his indwelling Foley catheter. Mr. P.H. had a long history of Amyotrophic Lateral Sclerosis (A.L.S. or Lou Gehrig's Disease) and was confined to a bed or wheelchair for over a decade. He was still able to transfer from bed to wheelchair without assistance. Bilateral above-the-knee amputation had been performed several years previously due to peripheral vascular

disease. He had been treated several times for sepsis during the length of his medical care. A history of gastric ulcer disease had also required long term medical maintenance. Although an indwelling Foley catheter was in place, frequent recurring urinary tract infections necessitated the use of oral antibiotics periodically. Fecal incontinence required diapers, and for over two years Mr. P.H. had been taking Immodium as prescribed by his physician. Even with Immodium, his stools remained watery. Despite gastrointestinal complaints, the patient maintained good oral intake with a hearty appetite.

Family Environment

The patient resided in a small home with his wife and son. The wife was oxygen dependent due to Chronic Obstructive Pulmonary Disease (COPD), but managed to do the family cooking. The son also had been diagnosed with A.L.S., and even though confined to a wheelchair, had sufficient upper body strength to change his father's diaper. The family could not afford paid caregivers,

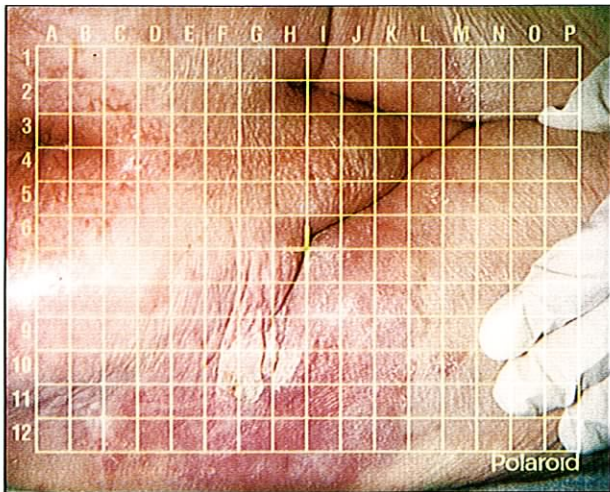


Figure 1. Right ischial tuberosity. Stage II Ischemic Ulcer measured 2.5 cm x 2.0 cm. Non-blanchable erythema hard callous. (June 2, 1994)



Figure 2. Right ischial tuberosity. Small opening superficial measured 0.1 cm x 0.1 cm. (June 14, 1994)

but local governmental funding allowed for homemaker services for house cleaning on a weekly basis. Only skilled nursing service could be provided for Mr. P.H., and a social service consult determined the family was receiving maximum community resources.

Wound Care Team Interventions

At the time of assessment by the wound team nurse, a 2.0 cm x 2.0 cm area on the left ischial tuberosity with exposed subcutaneous tissue was noted. The wound was in the same location as a previous ischemic ulcer (pressure ulcer). There was also a Stage I pressure ulcer measuring 6.2 cm x 5.5 cm on the right ischial tuberosity. The entire perineal area was covered with a rash, with signs and symptoms of Monilia, following antibiotic therapy for a urinary tract infection. In questioning the patient and family, it was discovered that a non-functioning alternating pressure pad had been removed from the bed by the family and the wheelchair cushion had not been evaluated or replaced in over ten years. The physician, notified of the skin problems, ordered cleansing of the area and an application of Nizoral topically to the affected skin areas. The left ischial tuberosity would require cleansing with normal saline and an application of neosporin ointment and a dry sterile dressing.

A Sofflex® Mattress System was obtained for the bed and a HIGH-PROFILE® QUADTRO® DRY FLOATATION cushion was utilized for the wheelchair. Daily skilled nursing visits were scheduled to provide wound and skin care. A home health aide was also assigned to the patient.

Closure of the wound progressed rapidly once extrinsic factors related to pressure, friction, shear and maceration were addressed (Fig 1 & 2).

Results

Due to his frequent urinary tract infections and the need for antibiotic therapy, the recurrence of Monilia may occur. The need to establish an appropriate bowel regimen remains to be addressed and resolved.

Due to his immobility and diagnosis, the need for a therapeutic support surface on the bed and in the wheelchair are imperative to the prevention of skin breakdown. Because of his bilateral amputation, a support surface in the wheelchair needed to provide pressure distribution and stability. The individualized adjustment of the QUADTRO DRY FLOATATION cushion addressed those needs and allowed him the freedom to be out of bed for extended periods of time.

The Sofflex Mattress System consists of multiple sections so it could be adjusted for Mr. P.H. and readily adapted to the patients hospital bed. No added space or electrical connection was required.

Conclusion

By addressing these issues, skilled nurses visits were again decreased and cost savings were realized. The patient and his family continue to have to deal with chronic health issues, however, there is less concern that the patient will develop a pressure ulcer or skin breakdown.

In developing a plan of care for patients like Mr. P.H., it is imperative that the patient, along with his family, be considered. Goals must be set that are realistic and achievable.

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