

Slide 1

**Preventing Pressure Ulcer
Progression in the Home: The
Value of Teamwork &
Collaboration**

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Slide 2

Abstract

Pressure injuries are a huge issue in any health care setting, including the home. Attempts to fight pressure injury formation through preventive means are met with varying levels of success. There are costly and regulatory ramifications to the development and deterioration of pressure injuries in any setting as well as the difficult issue of human suffering.

Pressure injury prevention, treatment, and care rendered through clinician caring, collaboration, communication, and close engagement is manifested in this poster presentation.

The goal of this presentation is to showcase a successful sample of the qualities that matter in caring for these types of wounds.

Slide 3


Materials and Methods

- This case study began when an OCCM Care Management Coordinator contacted our wound team with a referral for an injured worker (IW) she had received from a home health agency. The injured worker had a lesion on his sacrococcyx region that concerned the home health agency supervisor as it had gotten larger and deeper over the past 10 days. They were taking photos and were able to send them to us for our medical records. They were contemplating sending the IW to an outpatient wound care clinic as soon as possible.
- Our methods were simple: open the file to our wound management program, follow up weekly and as necessary with the home health agency assessments in order to monitor the wound progression, and make recommendations for best practice care for the goal of skin care and pressure ulcer progression prevention.

Slide 4

May 12, 2016

- This is the initial photo that the home health agency had taken, but when the wound started worsening, the agency nurse sent it to us on May 24 along with the photo dated May 24
- Based on the appearance, recent history, and current topical treatment being used, it appears to be a pressure ulcer with moisture as the main contributing factor
- They had also been using a hydrocolloid dressing
- The injured worker is quadriplegic with few co-morbidities, age 57



Slide 5

May 24, 2016

- Sent by agency with appeal for assistance from OCCM and question about sending IW to an outpatient wound clinic.
- IW had a primary physician appointment for May 25
- IW was advised by agency to switch to his alternating air mattress asap because he was using a Sleep Number bed
- IW felt that he did not need to turn and reposition while on a "specialty" mattress
- I labelled this URGENT and wrote detailed recommendations immediately, outlining best practice measures for offloading, education, and local wound/skin care. I also spoke directly with the home health nurse



Slide 6

May 31, 2016

- Measures 3x1 cm per agency. Depth not provided by agency, but appears to be 0.1 to 0.2 cm
- Agency nurse was able to confirm that OCCM wound committee recommendations will be followed (as of May 27) and I can tell by this photo that they had begun treatment
- IW is not going to be sent to an outpatient clinic, because we are seeing a positive response to the altered plan of care



Slide 7

June 2, 2016

- Not a clear photo, but a welcome photo to make sure wound is progressing toward closure and that the surrounding skin is becoming healthier
- The topical treatment was as follows: clean surrounding skin with soap and water/lightly scrub wound with normal saline; dry well. Apply thin coating of Balmex ointment to surrounding skin right up on wound margin (if ointment gets on wound, it is not a problem), and cover with Mepilex border size of choice to fit entire affected skin areas daily and prn



Slide 8

June 3, 2016

- Wound measured per agency as 7x1 cm
- The agency nurse and I kept open lines of communication via email about the progress and care



Slide 9

June 4, 2016

- This appears to be a stage 3 pressure ulcer



Slide 10

June 5, 2016

- We can label this a stage 3 pressure ulcer now, as this is a clearer view
- They did not need it for this wound, but the agency wanted to use Nystatin Powder on the peri-wound skin underneath the moisture barrier ointment



Slide 11

June 7, 2016

- On June 6, the wound measured 6x1x0.2 cm
- There is some fibrin on the wound bed, but it has healthy wound margins



Slide 12

June 10, 2016


- On June 9, the wound measured 7x1x0.2 cm



Slide 13

June 13, 2016

- Wound is now 6.5x1x0.1 cm and bright red; surrounding skin is less reddened and wound margins are attached, not macerated, and well-demarcated with possible epithelial tissue



Slide 14

June 28, 2016

- Wound is 3.3x1 cm (depth approximately 0.1 cm) and wound bed is less vibrant red, but appears to have healthy peri-wound tissues
- The agency continued to use Nystatin Powder on the peri-wound skin



Slide 15

July 22, 2016

- The wound dimensions are 1.5x1x0.1 cm with 5 cm of blanching peri-wound erythema. Wound margins are macerated and fragile
- The treatment that began May 27 continued
- On July 5, the wound had measured 3x1x0.1 cm



Slide 16

July 28, 2016

- Wound dimensions are 0.7x0.5x0.1 cm



Slide 17

August 2, 2016



Slide 18

August 11, 2016



Slide 19

August 16, 2016

- An email was sent from the agency the day after this photo was taken and the wound was then considered closed
- Ongoing, preventive care for the scar tissue was recommended and negotiated with the agency to continue the Balmex due to cost restrictions on a recommended product containing calamine lotion



Slide 20

August 24, 2016

- An email was sent on August 19 that stating that the wound had re-opened, 0.4x0.3 cm. He had been at his physician appointment on August 18 and was "out" for a few hours. We discussed just continuing the first order that included the foam dressing and adding a flexible order so that they could treat the scar appropriately as the scar tissue remodels over the next 2-5 years



Slide 21

November 22, 2016

- Per agency nurse: "The wound was doing better but today, it looked like it's going to open again. It is red but looks like a thin layer of skin is still covering it. Please see attached photo. I applied Balmex to the wound and covered it with MegiFlex dressing. Please let me know what we need to do."
- Advised to keep on with the preventative care. I can tell that there has been compliance with offloading from this photo



Slide 22

February 16, 2017

- Communication from the agency nurse with recent photo
- The worker is active with a pool exercise class and he "sits in his chair for extended hours"
- I asked her if he does small shifts every 15 minutes or so and if his wheelchair cushion is high-quality and well-maintained; it is a ROHO cushion



Slide 23

Results/Outcomes:

- Through close monitoring, application of best practice wound and skin care, and professional collaboration, we were able to prevent and avoid possible progression to a stage 4 pressure ulcer on an injured worker with quadriplegia.

Slide 24

Conclusion:

- This home health agency staff showed caring and concern, willingness to adhere to sound principles of pressure ulcer care and prevention, and collaborated with recommendations that were simple, safe, and cost-contained that came from someone remotely representing the worker's compensation insurance company.
- By using simple but closer cares and topical treatments, this effort was inexpensive especially because we were able to avoid the cost of outpatient wound care. Also, disruption of the worker's life by being transported to the center was avoided, which would have also put him at risk for more skin/tissue impairments.
