Treatment and Prevention of Pressure Ulcers in Long Term Care Facilities:

“PLAN OF CARE” model

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Introduction: pressure ulcers

- 1.8 million annually afflicted with PU
- cost of treatment $1.3 billion
- 10-17 % of LTC population
- complications of pressure ulcers
  - Spasticity /contractures
  - Pain
  - Osteoporosis and fractures
  - Infections, sepsis, death
Pressure ulcer
Psychosocial complications

- Stigmatized (young adults w/ SCI)
- Depression, social isolation
- Limited ADL
- Overall quality of life
- Infection leads to bacteremia, sepsis and death
- Pain (underestimated & undertreated)
Pressure Ulcers (PU)

- Result of local tissue necrosis due to ischemia
- Skin injury range: stages I-IV, DTI, unstaged
- Risk factors:
  - immobility
  - incontinence (both)
  - nutritional status, anemia, ↓Albumin, ↓Vitamins
  - circulatory factors
  - neurological disease
  - mental status
Risk Assessment / prediction tools

- Norton and Braden scales:
  - Assess level of physical and mental activity 0-4
    - walking ability and mobility
    - incontinence and moisture
    - sensory perception,
    - friction and shear
    - nutrition
  - Score < 18 → risk for pressure ulcers

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Prevention AHRQ guidelines since 1992

- Goal: improve tissue tolerance to pressure
- paraplegics: ↑ awareness of ↓ sensation
- reinforce “pressure-offloading schedule”
- daily systematic skin inspection, particular attention to the bony prominences
AHRQ Guidelines

- ↓ skin exposure to moisture due to incontinence, perspiration, wound drainage
- dietary intake: 30 kcal/kg, protein intake 1.0 - 1.2 g/kg, aggressive nutritional intervention: enteral and TPN
- ↓ pressure: positioning, pillows, foam wedges, heel protectors, mattress, cushion
- choosing offloading device

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AHRQ Guidelines

- treatment: debridements (sharp, enzymatic, mechanical, autolytic)
- promoting granulation tissue formation (> 100 products on market), growth factors
- surgery: primary wound closure, skin grafts, skin flaps
acronym “P L A N O F C A R E” each letter represents one main indicator

- based on multiple references, professional guidelines and daily practice
- tool of 12 “checkpoints” of best wound care
- systematic approach, helps memorizing, enforces quality
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- Prognosis:
  - likelihood of healing, the benefits of pursuing specific treatment plan.

- Pain:
  - 5th vital sign, an indicator of infection
  - assess level of pain: frequency, intensity, possible aggravating factors before and after debridement

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- Labs:
  - CBC, BMP, Albumin, total protein, pre-albumin, HgA1C.
  - infection: ESR, CRP
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- **Allergies / Anesthesia:**
  - on every encounter
  - check the patient allergies
  - appropriate local anesthesia during the procedures (topical, nerve block)

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Nutrition status:
- assess the patient intake including: appetite, amount of daily calories, % of consumption.
- G-tube feeding pt. should be evaluated by dietitian every month
- practitioner should remember to prescribe supplements, Vitamin C and Zinc Sulfate.
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- Offloading:
  - turning schedule (Q 2h ?) as tolerated
  - choosing the most appropriate offloading device for a bed and/or wheelchair
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- **Photography:**
- updated digital picture of patient wound
- important for legal medical documentation
- helps in process of reevaluation of healing.
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- **Contamination:**
  - physical protection, Foley, hygiene
  - infection: tissue c/s, antibiotics

- **Circulation:**
  - LE → Doppler: arterial, venous,
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- **Ask/Answer:**
- encourage your patients to ask questions
- opportunity to develop interpersonal relationships
- patient education, health promotion
- ↑compliance
- address patient knowledge deficit.
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- **Risk factors** and co-morbidities:
  - DM: tight control is a key
  - Indwelling catheters
    - autoimmune diseases
    - skin cancers
    - limited mobility
    - smoking or drug abuse
  - Refer to wound specialist

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Evaluation:
- evaluate the entire healing process
- evaluate outcomes, treatment goals
- reason of failure
- documentation: clear, concise, and accessible to every caregiver.

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- provide **emotional** support
- show **energetic** and **enthusiastic** approach
- emphasizes **your personal belief** in patient’s healing potential.
After conclusion

Treat a whole patient

and not

a hole in the patient