PALLIATIVE CARE TIPS

Issue # 10 Treatment of Pressure Ulcers (decubitus ulcers, bed sores)

(Collect them all)

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First, debride if necessary (often under utilized). Types:

- Surgical - most rapid, recommend if large necrotic areas or thick eschar present.
- Mechanical - hydrotherapy, dextranomers, wound irrigation (correct pressure obtained using 35 ml syringe with #19 gauge angiocatheter).
- Enzymatic - eg: collagenase (eg: Santyl), too slow if infection present.
- Autolytic - via enzymes in wound fluid (very slow).

Then stage the ulcer - part of a comprehensive assessment of the individual**:**

Stage I : Non blanchable erythema of intact skin, the heralding lesion of skin ulceration.
Stage II : Partial thickness skin loss involving epidermis, dermis or both. The ulcer is superficial and presents as an abrasion, shallow crater or blister.
Stage III : Full thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.
Stage IV : Full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone or supporting structures (eg: tendon, joint capsule). Undermining and sinus tracts also may be associated with Stage IV pressure ulcers.

Pick a Dressing (must provide "moist wound healing"):

Options: Transparent semipermeable films (eg: Opsite, Tegaderm)
- for Stage I & II ulcers
Hydrocolloids (eg: DuoDerm, Comfeel, Restore)
- for non infected Stage II or III ulcers
- stay intact on average of 3 days
Saline soaked gauze (covered by occlusive wrap)
- Stage II - IV ulcers, gently pack dead space, inexpensive, frequent changes required to keep moist.
Alignates - (eg: CalciCare, Kaltostat) for +++ exudate.
Others - for special problems contact an enterostomal therapist.
- irrigate ulcer with saline (use 35 ml syringe with #19 gauge angiocath) between dressing changes.

Pick a support surface:

If turning is feasible, use a static surface (ie: air or water mattress or foam overlay).
For multiple ulcers, large Stage III, IV or recalcitant ulcers use a dynamic surface (eg: alternating air mattress, low-air-loss or air fluidized bed).
- discourage elevating the head of the bed (↑shear forces)
- donut or ring devices are contraindicated (impair circulation).

A turning schedule: (usually q2h, keep patient off the ulcer if possible).

Basic skin care: avoid maceratron, friction, shear, and harsh chemicals.

Improve nutrition: if possible. ↑calories and protein, vitamin and mineral supplements (especially Vitamin C and zinc) if deficiencies are suspected.

Watch for infection and treat if present.

Consider surgical repair (usually musculocutaneous flap)
- non infected Stage III or IV ulcers, not healing, if patient a surgical candidate.

Consider the patient's goals
- weigh the benefits and burdens of treatment.
- it may not be reasonable to attempt to heal all ulcers in the terminally ill