

Managing Stage IV Pressure Ulcers in the Home

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Managing Stage IV pressure ulcers presents a challenge to the healthcare community, particularly in the home health setting. During the initial home care visit, the wound and related management issues must be thoroughly assessed and questions addressed such as who will be able to perform the wound care, are appropriate support surfaces for both bed and chair available, what is the patient's nutritional status, and what measures are being taken to improve protein, vitamin, and fluid intake.

The home care nurse plays a vital role in patient and family education — appropriate wound care, protection of intact skin, signs and symptoms of infection, correct positioning and use of support surfaces, adequate nutrition, and adequate pain relief. Clinicians initiating home education should maintain a firm but supportive attitude. Home care staff need to explain the significance of the family/caretaker in wound improvement. Family members or caretakers faced with the daunting task of providing care to a wound of this severity can be frightened; they need to be reassured they will be given direction and support and that they will be capable of providing the care. Clear, concise written teaching materials, as well as educational tools such as turning clocks, can be of benefit. If the wound is eschar-covered, the family should be advised the wound likely will appear to increase or worsen before it improves. Involving the family caregiver through progress updates and praise will go a long way toward wound improvement in the home.

Proper wound care must be instituted. Use of cytotoxic cleansing products must be avoided. Dressings that maintain a moist wound healing environment and fill dead space while avoiding excess moisture in the wound bed should be selected.

With proper assessment, monitoring, education, treatment, and support, positive outcomes in managing a Stage IV pressure ulcer can be achieved in the home environment. ■

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Commentary from Ferris Mfg. Corp.

The PolyMem® QuadraFoam® family of dressings is ideal for use in the home care setting. Many agencies prefer PolyMem because dressing changes (removing/discarding the old dressing and applying the new one) are easy to teach and to perform. Generally, there is no need for caregivers to manually cleanse the wound bed during dressing changes because the dressing continuously cleanses the wound. The dressings help reduce wound pain, edema, and inflammation, increasing patient comfort.

In a representative case study,¹ a 63-year-old surgical patient who was totally immobilized for several days developed a Stage IV pressure ulcer with a deep tunnel. The wound was managed with iodine-soaked gauze without improvement for 1 month before arrival at the wound clinic. The patient's pain was a constant 8 (on a 1-to-10 scale). At the clinic, the wound was managed using PolyMem Wic® Silver wound filler covered with PolyMem dressings without silver. After 1 week of this treatment, the patient's pain was a constant 5; after 2 weeks, the pain was eliminated. After the tunnel closed, PolyMem dressings were used until complete closure. The family members performed the dressing changes. The wound closed in 16 weeks.



January 17: Stage IV pressure ulcer, 8 cm long with a 4-cm deep tunnel.



May 14: The closed wound.

References

1. Aganthangelou C. Unique Polymeric membrane dressings provide dramatic pain relief to deteriorating painful pressure ulcers after heart surgery. Presented at the World Union of Wound Healing Societies, Toronto, Ontario, Canada. June 2008.