

The treatment of Grade 2 pressure damage to both sides of the mouth using Actibalm® and Activon® Tube

Eilidh Henderson - Tissue Viability Nurse Secondment, Golden Jubilee National Hospital

Patient Y attended hospital for a total hip replacement. His past medical history included type 2 diabetes, 4 stents through coronary angioplasty in 2006, chronic renal failure and prostate cancer.

Four days post operation the patient had a fall and dislocation. Post fall the patient required further surgery for a manipulation and aspiration. After the second operation, Patient Y had a STEMI that required PCI (Percutaneous Coronary Intervention) and showed an occluded stent. Post PCI the patient was intubated with an Endo-Tracheal tube (ET tube) and ventilated. Post PCI the patients' condition remained poor and he had to remain on the ventilator while receiving anti-coagulation therapy as prescribed by the cardiologist for a prolonged length of time.

Due to both the prolonged intubation and use of anti-coagulation therapy the patient developed wide spread damage to his mouth (that was difficult to assess due to the ET tube and dried scabs of blood); grade 2 pressure

damage to both sides of his mouth and along both of his lips. The ET tube was in situ for a prolonged period as during trial extubation the patient did not breathe appropriately; his Arterial Blood Gases (ABG's) became deranged PO2 dropping and PCO2 rising. Due to this the patient required a tracheostomy inserted. With the tracheostomy in situ it allowed the ET tube to be removed. With the ET tube removed healing the patients' mouth then became easier. Initially with the ET tube in situ, the nursing staff were having difficulty in trying to heal the patients' mouth. This became more problematic when the sedation was switched off, as the patient would move the ET tube around his mouth, having it sitting particularly at either side.

Initially nursing staff applied Soft Paraffin (Vaseline) with little success, nursing staff then requested Tissue Viability input. Initially nursing staff were advised to try Actibalm® with the patient (when the ET tube was in situ) with staff applying it hourly to the patients' mouth. However the tube of Actibalm® was finished very quickly and little improvement was seen. As the Actibalm® was finishing and the patient was given a tracheostomy the full extent

of the damage was seen. At this time, the Tissue Viability Nurse suggested the use of Activon® Tube to the patients' mouth and nursing staff were advised to apply hourly. Within 5 days of use there was a significant improvement in the patients' mouth; most of the damage had cleared leaving a small area on the side of mouth. Following a further 3 days treatment of Activon® Tube, the right side of the mouth had cleared up to a small clean cut. This was healed with a second tube of Actibalm®.

While the patient was unable to communicate with nursing staff, his relatives felt that as his mouth was healing with the use of the Activon® Tube and Actibalm® and that his mood was improving. Prior to healing, every time the patient moved his lips, opened his mouth and was even shaved (around the mouth area) the lips would crack open and blood and pus would leak. This was upsetting for not only the patient, but his relatives and visitors that came in daily and saw him. As the Activon® Tube and then Actibalm® started to heal his mouth, the patients' family became 'happier' and felt more comfortable leaning down to kiss his cheek goodbye at the end of visiting.

