

The use of Actibalm® on a Grade 3 pressure ulcer to the mouth

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Case Study

Patient M is a 54 year old gentleman who was admitted into Advanced Heart Failure Unit suffering from Chronic Heart Failure, Ischemic Heart Disease and High Pulmonary Artery Pressures. Mr M had also suffered a Myocardial Infarction in 2007 and in 2011 underwent surgery for implantation of an ICD.

Initially Mr M had been admitted for 'off loading' and assessment. Due to deterioration in his condition, Mr M was taken to theatre for implantation of a long- term ventricular assist device (VAD) as a bridge to transplant.

Post theatre Mr M was not tube tolerant with the ET Tube, when the sedative was switched off (to allow the patient to wake to then extubate) he would not breathe appropriately. Mr M also moved the tube around his mouth despite nursing staff moving the tube off the damaged side; this meant that the constant pressure on the side caused further pressure damage. With the ET Tube remaining in situ for a longer period and due to the anti- coagulation therapy the patient was on (IV Herapin

then later Warfarin via Nasal Gastric Tube then switch to oral once the patient was awake and the ET Tube removed) the patient developed pressure damage to the side of his mouth and around his lips.

This became problematic when the patient awoke and the ET Tube was removed. Every time the patient moved his mouth i.e. yawned, drank, ate, or spoke the sore on the side of the mouth and the cracked lips opened and the patient then had a mouthful of blood and pus. Standard creams i.e. Vaseline, Zovirax (cold sore cream) and soft paraffin had no success with resolving the issue. The patient was then given Actibalm® (Vaseline and Advancis Manuka Honey) to use. Advice given to the patient was to apply the Actibalm® as often as possible - there were no restrictions - the patient applied the Actibalm® every hour. The patient reported an improvement within hours of using the Actibalm®. Within a week the damage had gone from a Grade 3 to a clean cut at the side of his mouth. Within a week the patient had finished one tube of Actibalm®. A second tube was given and within the second week the patient's mouth had completely healed.

Conclusion

Through the use of Actibalm® we were able to heal the pressure damage to the side of the patients mouth relatively quickly. This meant that the patient was more confident when he left the clinical area and sat and ate with his family. In conclusion the use of Actibalm® is a cost effective balm to use that in this case significantly improved the patients quality of life. It also allowed the patient to move back to a 'normal' way of life i.e. eating and drinking and allowed the patient to be discharged home quicker.

