Use of Activon® Tulle on a 67 year old male patient with grade 4 pressure ulcer

Jill Hardman - Community Matron, Heart of Hounslow Centre for Health

Mr Smith is a 67 year old gentleman of Greek origin with severe Parkinson's disease, diagnosed in 1992 and dementia in 2006.

Mr Smith was living with his wife in the community with her being the main carer until her request for urgent respite care for her husband in June 2006. This was due to Mrs Smith finding caring for her husband too great a task and an incredible strain. Mrs Smith was at risk of physical and emotional breakdown due to her caring role becoming more of a demand.

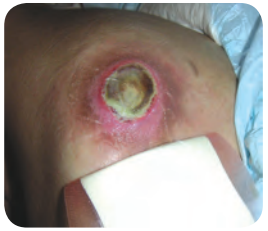
At the time of admission to the nursing home the patient had developed a grade 4 pressure ulcer on the left hip, he is currently immobile and requires all aspects of nursing care, he was referred to community matron via the tissue viability service. This patient had frequent hospital admissions for urinary tract infections and dehydration. Community matron picked up case and began case management. People liaised with were:

Nursing home staff for teaching, and guidance for holistic care. Appropriate wound care regime, including wound care chart, photos and appropriate dressings. Dietician to ensure maximum nutrition was maintained. (Dietician was unaware that patient had pressure damage until informed by community matron) Patient is under weight and had suffered a considerable amount of weight loss over several months as condition was deteriorating this was due to increased difficulty in swallowing, and Mr Smith only able to tolerate a pureed diet. Eventually a peg was inserted. Other people involved with the care of Mr Smith are:

Consultant Specialist in Parkinson's Disease supported wife for emotional support and also advised on medication regime. Primary care social worker who was assisting with appropriate placement for Mr Smith and supporting Mrs Smith in the transition from her husband being at home and then being transferred permanently to a nursing home. This had a major emotional impact on Mrs Smith. She felt incredibly guilty and was often very tearful when discussing Mr Smith's condition.

GP visits the home regularly and reassess Mr Smith when appropriate. When there are early signs of urinary tract infections antibiotics are started promptly and fluids via peg increased to stop dehydration and possible sepsis therefore admission avoidance.

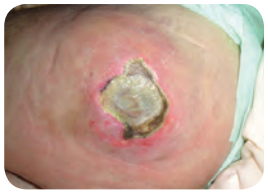
If this does occur community matron visits on a regular basis to ensure all care is coordinated and to facilitate effective communication, between home staff, GP and relatives.



The wound was first assessed 15/02/2007: Grade 4 pressure ulcer.

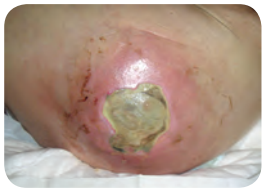
Left hip: Sloughy needed debridement. Intrasite gel and Allevyn used, change alternate days.

Urinary catheter was removed due to recurrent infections.

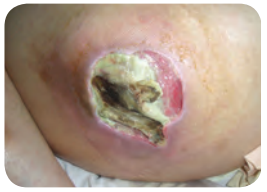


02/03/07: Necrotic and sloughy tissue present. Surrounding skin very red showing signs of cellulitis. Patient pyrexial. Informed GP, asked to prescribe antibiotics via peg.

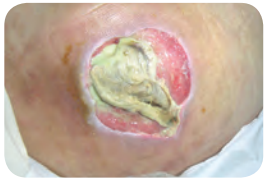
Dressing regime changed to Activon® Tulle 10cm x 10cm dressing. Cavilon no sting barrier film to wound edges. Secondary dressing, Allevyn Plus adhesive. Wound highly exuding. Mr Smith appeared to be in pain at dressing changes regular paracetamol prescribed and administered via peg prior to dressing changes.



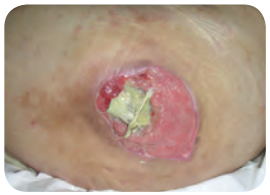
05/03/2007: Cellulitis resolving. Mr Smith apyrexial.



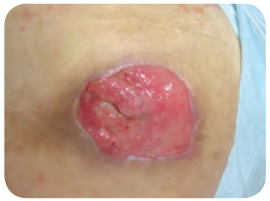
14/03/07:
Slough now debriding, continue daily dressings.



20/03/07:
Sloughy tissue now debrided. Daily dressings.



05/04/07:
Small amount of slough remaining. Some slough sharp debrided. Daily dressings with Activon® Tulle and Allevyn adhesive.



20/04/07:
Wound bed now 100% granulation tissue. No maceration to surrounding skin. Mr Smith not appearing to experience any pain at dressing changes.

Activon® Tulle dressing continued. Allevyn adhesive normal now used and dressing size reduced to 12.5cm x 12.5cm. Dressing changes now every 2-3 days depending on exudate. No signs of skin maceration.

Patient's condition now stable and pressure ulcer healing well.

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