

A Case Study of Chronic Wound Management

by

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This case presents a 67-year-old female with a chronic, non-healing wound on the left medial ankle. She has a history of heart disease with HTN, High Cholesterol, PVD with uncontrolled, chronic, pitting edema and neuropathy in both lower legs.

On admission the wound had been present for over 6 months. She had received wound care from a local wound center. She has had two hospitalizations, both receiving IV ABX for cellulitis and wound infections. Despite medicines best efforts, her wound continued to worsen. Her nutritional intake was very poor for wound healing, only one meal per day with less than 5 servings of fruits and 5 servings of vegetables per week and no vitamin or mineral supplements. She nor her husband, primary caregiver, remember being educated on what edema is and how or why to manage it to assist in wound healing and prevention.

The patient and husband were both educated on what edema is, how and why to manage it for proper treatment of her chronic wound. Also, that reducing the edema in the legs with decrease the risk of re-injury or exacerbation in the future. They were instructed on ways to improve her diet and nutritional intake for wound healing by increasing water, whole food, protein and vitamin and mineral intake daily.

This patient is responsible for the resolution of her wound. After education, she took responsibility for her health and immediately did as suggested which facilitated wound closure. Water, fruits, vegetables and protein along with vitamin and mineral supplements are key in skin health and thus wound management. Nutritional drinks and protein supplements are a great way to achieve adequate nutritional intake for wound healing.

I provide a holistic approach to wound management that is specific to each patients' needs for them to be successful, quickly. Closely working with the providers to facilitate any advance evaluations needed is critical in the holistic plan development and overall management of the patient.

Wound Treatment

The wound took a total of 6 weeks to resolve and only 13 home visits. Polymem was the primary dressing used along with the occasional Medihoney application for debridement and ph management. Compression therapy was used to treat her chronic edema, one of the underline causes of the wound's failure to heal. Towards the end of the treatment, she was transitioned over to compression stockings to maintain control of edema.



04/11/2016



04/18/2016



04/25/2016



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Summary

Wound management is unlike any other area of medicine. It is a field where nutritional health plays a huge role, but all too often overlooked. Malnutrition is the most consistent, common issue I find in the field of medicine. Wound care practitioners should take a step back and truly evaluate their patients and take the time to educate themselves so they may be able to educate their patients to better serve the communities in which they serve. This case alone wasted 10s of thousands of Medicare dollars because nutrition was not a factor for the treating physicians nor nurses to address.

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