

A Case Study of Chronic Wound Management

with expressed consent from

Hilly King

by

Al E. Roberts RN, CRRN, CWS, CFNIP, DMT-A,
FACCWS

Nutrition & Wound Specialist and Educator

with

Primary Wound Care Specialist LLC

Mr. King, a 77 yo, presented with 3 non-healing wounds on both lower legs, present for more than 3 years. In that time, he was seen by 14 wound care providers and another 8 podiatric and surgical specialists, in the outpatient setting. Mr. King traveled as far as North Carolina and Tampa, Florida seeking help. He was seen locally in most of the hospital systems of Northeast Florida. Mr. King paid for many services out of his own pocket because his insurance plan did not cover many of the doctors he sought for help.

His care also included home health nursing visits for over 2 years, most commonly with daily dressing changes ordered by the many providers trying to treat him. He has a history of PAD, PVD, IDDM II, HDL, CKD II, HTN, Varicose Veins and uncontrolled chronic pitting edema. As a result of his wounds not healing, he was no stranger to receiving poor prognoses on the outcomes and resolution of his wounds. Mr. King was told, “there’s nothing I can do, your wounds are not going to heal,” or “you’re going to lose your legs.” Most of the providers wanted to do surgery or skin grafts, but Mr. King would not allow any invasive procedures be performed on his wound.

For the sake of avoiding foot or leg amputation, he had given up on finding help with healing his wounds and settled in caring for them himself at home. Working closely with his PCP, I was able to quickly review records, request referrals to specialists, labs and cultures which decreased time to correct diagnosis and correct treatment. All of which lead to the rapid resolution of his chronic wounds. The following pictures were taken durring the treatment of Mr. King.



08/19/2013 Evaluation Start of Treatment



09/03/2013 15 Days - Dressing Change # 4



09/09/2013 21 Days - Dressing Change # 6



WOUND RESOLVED

09/16/2013 28 Days - Dressing Change # 8



09/30/2013 42 Days - Dressing Change # 12



10/14/2013 56 Days - Dressing Change # 16



10/18/2013 - 60 Days - # 17



11/25/2013 - 88 Days - # 28

Mr. King was able to heal his wounds in 3 months and 6 days. I educated Mr. King on the status of his health and his wounds on evaluation and provided the education, personally tailored for him. Mr. King is responsible for the resolution of his wounds. He took responsibility for his health and immediately did as recommended, which facilitated rapid wound closure.

Wound Treatment

Basic dressings, available from any supplier, were used. Superficial wound debridement was completed with the first 2 visits and only once more throughout his treatment. Foam dressing, honey, hydrogels, and alginate dressings were used with compression therapy being mainstay in his treatment, providing management of the pitting edema, which is one of the most overlooked components in managing leg ulcers.

Post treatment requires compression stockings and constant monitoring of edema and nutritional intake. With the personalized, holistic care given to Mr. King, he is knowledgeable on how to maintain his closure.

Summary

I provided Mr. King with what should be the standard-of-care in wound care. Starting with a proper and correct evaluation, then correct diagnosis, I was able to provide education tailored to his individual needs which allowed his wounds to heal rapidly and prevent reoccurrence after resolution. His teaching included how and why to increase his nutritional intake using protein supplements and protein foods recommended for his age, weight, and height, along with vitamin and mineral supplementation.

Too many practitioners constantly overlook the basic principles of the healing process. The industry continues to waste money, throw away limbs and dismiss patients as being non-compliant all for not asking simple questions like; Is my patient healthy enough to heal?

Dressings are important but, if the patient's fluid and nutritional intake are below normal body requirements, how can the body heal? How can the body fight off infection? How does the clinician know if they do not ask?

Patients want to get better. It's our job to show them the way.

Feed the Body, Feed the Mind and
Feed the Soul with a Healing Wound

Al E. Roberts RN, CRRN, CWCA, CFNIP, DMT-A, FACCWS

Nutrition & Wound Specialist & Educator

Jacksonville, FL