

A Case Study of Chronic Wound Management

by

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This case presents a 25-year-old male with a chronic, non-healing wound on the lower leg. He has a history of Rheumatoid Arthritis and a lower leg fracture with an open reduction repair with a wound left to heal by secondary intention. He also had small full thickness wounds on unknown origin constantly developing throughout this effected leg. Later, we have possibly linked these to a common complication of his RA.

On admission, the wound was present for over 3 years. He had received wound care treatment from two local wound centers, Shands, and St. Vincent's, for more than 6 months each. His wound continued to worsen throughout everyone's efforts to close his wound. He had uncontrolled chronic pitting edema in this leg and managing it had not been part of his previous treatment. On admission, a wound culture was collected and positive for multiple types of bacteria. His nutritional intake was below normal body requirements and very poor for wound healing. He ate only one to two meals per day, mostly snacks, and less than 30 grams of protein per day. In one week, he ate less than 3 servings of fruits and 3 servings of vegetables and no vitamin or mineral supplements.

Wound Treatment

Working closely with his PCP, we were quickly able to get the wound infection under control. A compound of Rx, antibiotic ointments were used along with 1 round of 14 days of oral antibiotics, Medihoney and Silver Dressings. Polymem was the primary dressing used along with the occasional Medihoney application for debridement and ph management and a Fibracol Plus collagen dressing, which can also assist with higher wound drainage amounts. Compression therapy was used with both conforming roll gauze and coban and the occasional unna boot to treat the dry skin caused by the roll gauze, was substituted.



09/12/2018



10/09/2018



11/09/2018



12/07/2018



1/23/2019

Summary

This patient quickly responded to my education and recommendations and began to heal rapidly. He is responsible for the progress of his wounds due to the lifestyle changes he made. After educating, he took responsibility for his health and immediately did as suggested, and changed his diet from fast-food and vending machine food, to a whole food diet with a primary focus on protein intake.

December 14 was my last visit with him. Just over one month later, following my recommendations and techniques, he alone completed the remainder of his dressing changes as indicated by the polymem up to 7 days, his wound was closed. He continued his protein shake everyday along with following the DASH Diet.

Practitioners are most often not successful in wound management because they do not look at nor treat the whole patient. My holistic approach treats the whole patient and is over 90% effective. Water, increased protein intake, fruits and vegetables along with vitamin and mineral supplements are key in wound management. Nutritional drinks and supplements are a great way to assist in achieving adequate nutritional intake for wound healing.



Polymem foam dressings let you know when they need to be changed. As indicated by the manufacturer, once the drainage reaches the size of the wound on the outside of the dressing, it is ready to be changed. It can also be left in place for up to 7 days.

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 what they patients eat 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

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