

A Case Study of Chronic Wound Management

by

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This case presents a 69-year-old male patient with two non-healing wounds present for over 3 years on his left foot, medial aspect at the 1st metatarsal head. He already lost his right leg with an AKA due to non-healing wounds on that leg and foot. He has a history of Uncontrolled Diabetes Type II with Insulin, Heart Disease, HTN, CKD, PVD, PAD with Uncontrolled, Chronic, Pitting Edema with Neuropathy, chronic pain, not well controlled and a 60 pack-year history of smoking. He is primarily wheelchair bound but can stand and pivot. His diet was very poor, most days eating only one meal and others a few snacks here and there. Furthermore, he did not drink water, only soda and juice. He has been seen in multiple wound centers and has had home health nursing for wound care for more than 3 years. On my evaluation, his treatment was alginate AG for a wound with minimal to no drainage and no S/S of infection.

Treatment Plan

After completing a holistic evaluation, I started with a call to his PCP to request a referral to pain management, a vascular specialist to evaluate his undiagnosed PAD, as assessed with a hand-held doppler during the evaluation visit and recommended proper wound management of these Diabetic Foot Ulcers (DFU).

With a holistic approach the patient soon started on a whey protein supplement daily with a Nature Made multi-vitamin. Aggressive cleaning was completed each visit. A combination of Medihoney and 2 different foam dressings were used. After wounds were clean a collagen dressing was added along with the honey and foam. Compression therapy was a mainstay in his treatment with roll gauze and unna boots for dry skin.



05/26/2016 Start of Treatment



05/31/2016 5 Days - # 2 Visit





06/07/2016



12 Days - # 4 Visit



06/10/2016



15 Days - # 5 Visit



06/17/2016 22 Days - # 7 Visit



06/21/2016 26 Days - # 8 Visit





06/28/2016



33 Days - # 10 Visit



07/01/2016



36 Days - # 11 Visit



07/19/2016



54 Days - # 15 Visit



08/02/2016



68 Days - # 19 Visit

With considerable progress made in this case. At this point the patient has stopped smoking, was having a protein supplement drink daily and had treatment for his PAD by a vascular specialist. I turned this case over to 2 other wound care certified nurses to manage this case. I made a visit with each nurse and they were completing the visit following the doctor's orders for treatment.

The patient's wounds quickly began to deteriorate and after just 6 visits 1 of the wounds is now larger than when I began. 3 more visits and the second wound is larger than when I began. The destruction of these 2 wounds was due to the application process of the doctor's orders. By the nurses not providing individual care to this patient and not taking into account that with diabetes comes PAD, they created pressure injuries by way of using too small of a dressing and too much pressure from the coban wrap, controlling the pitting edema.



08/30/2016 96 Days - # 25 Visit



09/09/2016 106 Days - # 28 Visit



Summary

All wound care nurses are not created equally. Understanding disease processes and how they can affect how a wound can develop and assist or prevent a wound from closing is imperative. When we treat patients with wounds, we must be mindful of our actions and our process of application as to not inhibit what we are trying to accomplish. Although we will see regression in our work, we shall not be the cause of it.

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

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