

A Case Study of Chronic Wound Management

by

Al E. Roberts RN, CWCA, DMT-A

Wound Specialist and Educator

This case presents a 25 year old male patient 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 of 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, 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 treatments. 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.



09/12/2018



09/17/2018



09/24/2018



10/01/2018



10/09/2018



10/19/2018



10/26/2018



11/01/2018



11/09/2018



11/16/2018



11/23/2018



11/26/2018



12/03/2018



12/07/2018



12/14/2018



RESOLVED

01/23/2019

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.

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 dressing and his wounds were closed. He continued his protein shake everyday along with following the DASH Diet.

Practitioners are most often not successful in chronic wound management because they do not look at nor treat the whole patient. My holistic approach treats the whole patient and allows wound care to be 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.

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 their 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

Al E. Roberts RN, CWCA, DMT-A

Wound Consulting & Education

Jacksonville, FL

Cell: (904) 629-1868

[@Wound_Guru](#) - healthtoheal.us