

# A Case Study of Chronic Wound Management

by

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This case presents a 72-year-old male patient with a chronic non-healing wound on the dorsal right foot. He is wheelchair bound and has a history of CVA effecting the right side with residual, uncontrolled pitting edema. He also has a history of HTN, IDDM type I, COPD and he is oxygen dependent. On admission the wound was present for over 8 months. He was receiving wound care from home health and the VA using, “the standard of care,” wound dressings and ointments such as alginate AG and Santyl. The dressing changes were being completed daily for most of the 8 months of treatment and every-other-day for the last month or so. His edema was being ignored while giving the false presentation of a heavy draining wound. His diet and nutritional intake were poor with little whole foods and protein daily and not vitamin and mineral supplements nor any type of nutritional drinks.

## Wound Treatment

The wound took a total of 37 days to resolve and only 11 visits. Compression therapy with unna boots and coban were the mainstay of therapy to treat the underlining cause of his wound. Honey and Polymem were the primary dressings used for the duration of his treatment.

The patient and his wife were both educated on how and why to manage his chronic pitting edema from proper treatment of his wound. Also, how a reduction in edema will decrease the risk of re-injury in the future. They were instructed on ways to improve his diet and nutritional intake for wound healing using the DASH Diet and protein recommendations for normal body requirements based on weight and age. He was recommended to start a vitamin and mineral supplement as well as a protein supplement daily to assist in achieving his nutritional needs to be able to heal.



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# Summary

Wound development has many aspects and dimensions that factor into the formation and stasis of a chronic wound. We generally have sick patients when we deal with chronic wounds. Healthy people heal and don't develop chronic wounds. Wound care practitioners are so focused on the latest and greatest products and healing aids that they forget to focus on the patient themselves. Malnutrition is one of the most common issue I find when applying a holistic approach to patients with chronic wounds. Looking at the whole patient and providing education and support to the patient and caregivers, while working closely with the PCPs, produces positive patient outcomes.

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

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