Case Studies that display positive outcomes with advanced wound care products in the Hospice population

P. Sue Hashley, RN, CWS
St. Francis Hospice
Honolulu, Hawaii

Study # LIT603

Presented at the Clinical Symposium on Advances in Skin and Wound Care in Nashville, TN, October 2007

This study was sponsored by:

Educare
wound & skin care education

The clinical education division of

Medline

©2007 Medline Industries, Inc. One Medline Place, Mundelein, IL 60060
Medline and Educare are registered trademarks of Medline Industries, Inc.
1-800-MEDLINE (1-800-633-5463) www.medline.com

MKT207306/LIT603/2.5M/K&M7
STATED OF THE PROBLEM

Nearly one-third of all hospice patients in the United States, approximately 300,000 people, have wounds. Patients with a terminal illness are at a greater risk of compromised skin integrity because their nutritional status and oxygen perfusion are often poor, they have limited mobility, and many are at advanced age. Our focus regarding skin care is to promote healthy skin and provide care to prevent skin breakdown where possible. When a wound is present, it may be to contain drainage and reduce odor. Hospice care is directed at dignity and comfort measures, not necessarily wound closure; at the end of life. Hospice encourages a person and their family or significant others to go through the stages of dying: denial, anger, bargaining, depression and, finally, acceptance.

RATIONALE

When alkaline soap is used in cleaning, the cell layers of the stratum corneum are diminished both in thickness and number. The lipid coating is lost. The skin’s ability to retain moisture is also challenged. Traditional bathing products contain surfactants that can dry the skin, and actually strip the natural acid mantel that helps to maintain/repair the epidermal and dermal layers of skin.

METHODOLGY

In all cases, the skin that was compromised on admission to our hospice program, became intact and remained intact through the last several months of life. This greatly enhanced the quality of life for our patients and increased their comfort.

REFERENCES


PATIENT STUDY ONE

Background

WH was a 73 year old Caucasian male with a terminal diagnosis of ALS. He has a history of HTN, edema, recurrent urinary tract infections. For the past 4 years he has had unrestriced bilateral lower extremity skin problems, including multiple skin tears with subsequent infection. His skin appeared very thin and fragile. Treatment included cortisone ointment, magrison, gentian violet, Carpen, Kerlex, with no resolution of the problem. His wife was managing his skin tears with Bactroban and Tildale.

Presentation on Admission

WH was admitted to our hospice program on 2/21/07. He had generalized plus 6 edema to both of his lower extremities. Because of allergies, he was treated with several different antibiotics and prednisone to treat the cellulitis. He presented with multiple bullae, areas of demulced skin, and several skin tears. He had a chronic skin problem on his heels for four years. His wife expressed sadness regarding his skin condition and the suffering that had come with it. Under hospice care, we began using the advanced skin care products* to his legs, arms, back, and chest. The skin tears were dressed with a silicone faced foam*, after cleansing with wound cleanser. He remained in our care until 6/01/07 when he expired at home. Once his skin was intact, he did not require further systemic antibiotics or prednisone. His wife expressed regret that they had not known of these products before.

followed by a second layer of an advanced skin care cream containing dimethicone* to her skin at least two times daily. At the end of October, her husband said that none of the previously used ointments or creams had made such a significant difference in her psoriasis as those products had made. At this time her skin was smooth and soft, without areas of plaque. Her appetite, which was poor on admission, continued to decline until 11/4 when she began subsisting on sips of orange juice and water. CC’s husband continued to nourish her. She expired on 12/20/05, having not eaten for 46 days. Her skin was intact until the day she died.

PATIENT STUDY FOUR

Background

MRA was a 94 year old Filipino man with a terminal diagnosis of End Stage Dementia. He had dysphagia, with chronic aspiration pneumonia and a gastrostomy (PEG) tube. He also has a history of HTEN and atial fibrillation.

Presentation on Admission

MRA was admitted to our hospice program on 7/27/07 following hospitalization with an episode of aspiration pneumonia. He had a classic buttock depressed pressure ulcer on the sacrum and buttoccks with multiple stages of depth and drainage. On admission, the external perimeter was demulced due to fixed incontinence since admission to our program. The diarrhea was managed with Imodium per G tube after each unformed stool. The whole area was cleansed with an advanced skin care cleanser*, and cream*, including a zinc oxide based barrier cream*, were applied at least twice a day and after each incontinent episode. MRA was placed on a silk air overlay mattress. Initially, the periwound area was so damaged that it was impossible to secure a physical dressing. Compliance issues with the wound care treatment led us to focus on skin care and the wound developed an area of eschar. In less than two weeks the butterfly shaped sacral ulcer was reduced by about 30% and the perimeter and buttocks area much less inflamed.

PATIENT STUDY FIVE

Background

BGF was a 66 year old Caucasian male with a terminal diagnosis of Cardiomyopathy. His hospice related diagnoses are ECH, atrial fibrillation, ejection fraction of 20%, COPD, and LE edema. His non-hospice diagnoses include ETOH dependence, cirrhosis, kidney disease, PVD, HTN and HTEN. He suffered an MI in 1999 with bypass grafting and a subsequent myocardial infarction in November 1999. He had severe pruritus for two years. Treatment with topical and oral steroids by his primary physician and a dermatologist lead to a fluid weight gain of 40 pounds. The cause of his pruritus was never determined.

Presentation on Admission

BGF was admitted to our hospice program on August 3, 2007. His skin appeared very red and “angry”. He had unusual macular markings on his abdomen, chest and back. He had areas, especially his arms, showed scratch lines and were bleeding. We began using advanced skin products* to arms, legs, hands, abdomen, and chest. We used a foam cleanser rather than soap to all areas. Advanced skin care products were applied BID and throughout the day whenever he experienced itching. Just two weeks after he was admitted to our program and the skin care regime began, there was marked improvement. He did, however, continue to complain of itching and the skin still appeared reddened. He continued to use the skin care regime and on August 30, 2007 his skin was completely intact and he was experiencing no pruritus. Both he and his wife were very happy that he could now rest because the pruritus was gone and that his skin problem had resolved. They will continue this same skin care regime throughout the rest of his hospice course.

Results and Conclusions

Case Studies that display positive outcomes with advanced wound care products in the Hospice population.


Results and Conclusions

Case Studies that display positive outcomes with advanced wound care products in the Hospice population.


Results and Conclusions

Case Studies that display positive outcomes with advanced wound care products in the Hospice population.