



CASE STUDY-

Hydrogel Management of Thoracic Spine Pressure Sore

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HISTORY

JH, an 89 year old gentleman was admitted to the long-term facility on May 3, 1993 status post CVA with hemiplegia, COPD, congenital kyphosis, and age-related osteoporosis. In addition, a large pressure sore was present on the thoracic spine.

WOUND ASSESSMENT

Location: Thoracic spine, complicated by kyphosis

Measurements: 6.0 cm x 3.2 cm.

Wound characteristics: 100% of wound surface was covered by thick, adherent eschar and slough. A 3 cm halo of erythema surrounded the entire wound. Crepitus was noted upon palpation of the peri-wound tissue.

PSST score: 49



Midspine - 5-3-93

Rational:

Remove debris and decontaminate

Protect peri-wound skin from maceration and hydrate wound edges

Promote autolytic debridement and promote infection-free environment with topical antimicrobial

Contain wound drainage, cushion wound and adjacent tissue from trauma

Provide good body alignment to prevent re-injury

TISSUE CARE PLAN AND PROTOCOL

Goals:

1. Debride wound of necrotic tissue
2. Prevent infection
3. Promote reduction of tissue pressure
4. Promote a moist healing environment
5. Manage moisture and exudate

Procedure:

Cleanse wound daily with a dermal wound cleaner

Protect peri-wound skin with a petrolatum-based moisture barrier ointment

Apply a thin layer of Thermazine[®] ointment (Sherwood Medical)

Cover with **Elasto-Gel**TM
Change once daily

Provide custom cushioning and positioning

FOLLOW-UP ASSESSMENTS



6-23-93

By June 23 wound healing had progressed as demonstrated by the following:

Measurements: 5 cm x 2.8 cm

Wound characteristics: 80% granulation tissue and 20% slough tissue in the wound bed. The crepitus and peri-wound erythema has resolved.

PSST score: 40

At this time, Thermazine® was discontinued. The wound was cleansed daily and **Elasto-Gel™** was applied alone. This procedure was continued until the wound was healed. After healing **Elasto-Gel™** was used to provide cushioning to the kyphosis of the bony spine to prevent breakdown.

Date	Wound Measurements	PSST Score
May 1993	6.0 cm x 3.2 cm	49
June 1993	5.0 cm x 2.8 cm	40
July 1993	3.0 cm x 2.2 cm	32
Aug. 1993	2.4 cm x 1.9 cm	21
Oct. 1993	1.6 cm x 1.2 cm	18
Dec. 1993	0.5 cm x 0.5 cm	14



10-15-93

Continuing Education

Because there is no universal system for describing or classifying the status of wounds, miscommunication among healthcare professionals is a frequent problem. Appropriate documentation is critical to 1) guide treatment decisions; 2) evaluate wound healing progress; 3) facilitate reimbursement; and 4) protect against litigation.

Pressure sores are commonly classified according to grades or stages based on the depth of tissue destruction. However, there is no one staging protocol that all healthcare providers agree to use. As a result, documentation is often inconsistent, ambiguous, and confusing. Professionals tend to place too much emphasis on stage and neglect to document the other critical characteristics of a wound.

In the case study presented here, the pressure ulcer was documented using the Bates-Jensen Pressure Sore Status Tool (PSST). This is a comprehensive rating

sheet used to assess a pressure sore once a week and whenever a change occurs in the wound. The pressure sore is rated on each of thirteen (13) items by picking the response that best describes the wound.

The items include:

1. Size
2. Depth
3. Edges
4. Undermining
5. Necrotic tissue type
6. Necrotic tissue amount
7. Exudate type
8. Exudate amount
9. Skin color surrounding wound
10. Peripheral tissue edema
11. Peripheral tissue induration
12. Granulation tissue
13. Epithelialization

When the pressure sore has been rated on all items, the total score is calculated by adding together the scores of the 13 items. The HIGHER the score, the more severe the pressure sore status. Scores are plotted on a Pressure Sore Status Continuum to determine the progression of the wound.

The PSST has the ability to monitor clinical progress and change in wound status over time. This

makes it invaluable for demonstrating positive patient outcomes and quality of care.

The tool is used by home health nurses to justify Medicare reimbursement and by nurses in skilled nursing facilities to demonstrate to survey teams their successful treatment of residents. In acute care and all clinical settings the tool helps determine appropriate treatment regimens and document quality of patient care as demonstrated by positive outcomes.

For a copy of the PSST, contact Southwest Technologies at (800) 247-9951.

References:

Bates-Jensen B. (1992). Validity and reliability of the Pressure Sore Status Tool. *Decubitus* 5(6); pp. 20-8.

Bates-Jensen B. (1990). New pressure ulcer status tool. *Decubitus* 3(3); pp. 14-15.



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