

Case Study

Pressure Ulcers

M.J. is a 68-year-old Manning has MS for 22 years and has had progressive deterioration in neurologic function. He has spastic paralysis of the arms and legs with contractures, and although some sensory perception is present he has large areas of numbness and tingling. He is incontinent of urine and has no bowel control. He is prone to constipation and fecal impaction. He has blurring of his vision with patchy blindness, but his hearing is intact. He has difficulty chewing and swallowing, but he can manage soft, textured foods and milk products. He has consistently lost weight the past year and, although he hasn't been weighed, he appears very thin. He is alert and has no loss of intellectual functioning, but he is emotionally labile and is usually depressed.

He has been bedridden and totally dependent on his wife for care for the past two years. She is also 68 years old and has hypertension and mild osteoarthritis of her hands and knees. His wife has recently requested a home care nurse, to assist her with the care of her husband because she is becoming exhausted caring for him. She turns him every 4 to 6 hours, beats him, bathes and shaves him, changes his linen when he is incontinent, gives him enemas every other day, reads to him, and changes his TV channels in addition to her regular home maintenance activities.

When you assess his skin, you find a large pressure ulcer over his sacrum and smaller pressure ulcers over both trochanters. There is redness over his scapula that blanches with pressure.

The pressure ulcer on his left trochanters covered with eschar. You know that grading of this ulcer is:

- a. not able to be staged until eschar is removed

Identify all the risk factor is for pressure ulcers that this patient has from the list below:

- a. advanced age
- b. autoimmune disease
- c. contractures
- d. immobility
- e. incontinence
- f. malnutrition
- g. neurologic disorder

Use the Braden scale to complete the risk assessment. Enter the scores you obtain preaching the following subscales, the total score, and the patient's risk level:

___2_ sensory perception

___3_ moisture

___1_ activity

___1_ mobility

___2_ nutrition

___2_ friction and shear

_11 Total Score

___High Risk Level

You consult with a physician regarding laboratory tests for your patient. The tests results that would be most significant in evaluating the risk for pressure ulcers and potential healing include:

- a. serum albumin, 2.4 g/dl, hematocrit 30%, hemoglobin, 10 gm/dl