

# PALLIATIVE CARE TIPS

## Issue # 10 Treatment of Pressure Ulcers (decubitus ulcers, bed sores)

(Collect them all)

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**First, debride if necessary** (often under utilized). Types:

- Surgical - most rapid, recommend if large necrotic areas or thick eschar present.
- Mechanical - hydrotherapy, dextranomers, wound irrigation (correct pressure obtained using 35 ml syringe with #19 gauge angiocatheter).
- Enzymatic - eg: collagenase (eg: Santyl), too slow if infection present.
- Autolytic - via enzymes in wound fluid (very slow).

**Then stage the ulcer** - part of a comprehensive assessment of the individual:

- Stage I** : Non blanchable erythema of intact skin, the heralding lesion of skin ulceration.
- Stage II** : Partial thickness skin loss involving epidermis, dermis or both. The ulcer is superficial and presents as an abrasion, shallow crater or blister.
- Stage III** : Full thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.
- Stage IV** : Full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone or supporting structures (eg: tendon, joint capsule). Undermining and sinus tracts also may be associated with Stage IV pressure ulcers.

**Pick a Dressing** (must provide “moist wound healing”):

- Options:
- Transparent semipermeable films (eg: Opsite, Tegaderm)
    - for Stage I & II ulcers
  - Hydrocolloids (eg: DuoDerm, Comfeel, Restore)
    - for non infected Stage II or III ulcers
    - stay intact on average of 3 days
  - Saline soaked gauze (covered by occlusive wrap)
    - Stage II - IV ulcers, gently pack dead space, inexpensive, frequent changes required to keep moist.
  - Alignates - (eg: CalciCare, Kaltostat) for +++ exudate.
  - Others - for special problems contact an enterostomal therapist.
    - irrigate ulcer with saline (use 35 ml syringe with #19 gauge angiocath) between dressing changes.

**Pick a support surface:**

If turning is feasible, use a static surface (ie: air or water mattress or foam overlay).

For multiple ulcers, large Stage III, IV or recalcitrant ulcers use a dynamic surface (eg: alternating air mattress, low-air-loss or air fluidized bed).

- discourage elevating the head of the bed (↑shear forces)
- donut or ring devices are contraindicated (impair circulation).

**A turning schedule:** (usually q2h, keep patient off the ulcer if possible).

**Basic skin care:** avoid maceraton, friction, shear, and harsh chemicals.

**Improve nutrition:** if possible. ↑calories and protein, vitamin and mineral supplements (especially Vitamin C and zinc) if deficiencies are suspected.

**Watch for infection and treat if present.**

**Consider surgical repair** (usually musculocutaneous flap)

- non infected Stage III or IV ulcers, not healing, if patient a surgical candidate.

**Consider the patient's goals**

- weigh the benefits and burdens of treatment.
- it may not be reasonable to attempt to heal all ulcers in the terminally ill

**REMEMBER:** For referrals, questions, or telephone consultations call 496-1300 weekdays and weekends.

Palliative Care Tips are now available on our Website: [www.palliative.org](http://www.palliative.org)