

MANY HANDS NEEDED TO SOLVE A PRESSURE PROBLEM

INTRODUCTION

This poster presentation will demonstrate a complex patient journey to: heal extensive pressure injuries, return to desired functional independence, reduce risk of further pressure injuries and use of a collaborative approach inclusive of the patient, resulting in positive outcomes.

BACKGROUND

This T6 ASI A patient was admitted with grade 3 right ischial stump and grade 4 left groin pressure injuries complicated by osteomyelitis. History included spinal cord injury (2001), right leg transfemoral amputation (2015) from recurrent pressure injuries, ileostomy, severe scoliosis and bilateral girdlestones.

INTERVENTION

Pressure injury intervention required 5 separate surgeries resulting in closure of pressure injuries (and colostomy).

Interventions provided during admission in addition to usual care, included:

- Prone cushion fabrication to allow positioning for wound healing
- Patient specific strategies for transfers/positioning/functional retraining/ donning/doffing brace
- Postural brace fabrication to address postural asymmetry
- Pressure mapping on seating surfaces including commode and cushion
- Reconditioning

RESULT

Working with a complex but motivated patient, and a collaborative team had positive results including:

- Patient independently don/doffing the brace, pressure relieving and slideboard transferring
- Equipment prescription: handmade padded seat without aperture and Equagel cushion for commode, ROHO hybrid cushion for MWC
- Patient education/awareness of ongoing skin care needs
- Postural correction for even pressure distribution in sitting

CONCLUSION

Patient discharged home following 12 month stay and remains at home independent, with intact skin.

Collaboration between patient, occupational therapist, plastics team, nursing staff, rehabilitation engineering and orthotics resulted in person specific strategies and positive outcomes.