IS PAIN A HARBINGER FOR PROGRESSION OF PRESSURE ULCERS IN SKILLED NURSING FACILITIES?

Authors: Scott M. Bolhack, MD, MBA, CMD, CWS, FACP, FAAP; Barbara Viggiano, RN, WCC; Shirley Grant, LPN; Rebecca Torres

Introduction

We wanted to determine whether a resident's perception of pain could be used as an indicator for the progression of pressure ulcers in a Skilled Nursing Facility (SNF).

Methodology

We reviewed the pressure ulcer data for 23 residents from 5 local SNFs. Only residents that could verbalize their perception of pain were included in this study. The following characteristics of pressure ulcers were included: the stage of the ulcer, location, and pain level. The National Pressure Ulcer Advisory Panel (NPUAP) definitions of pressure ulcer staging were employed to categorize ulcers. The Numeric Pain Intensity Scale (1-10) was used to determine level of pain reported at the ulcer site.

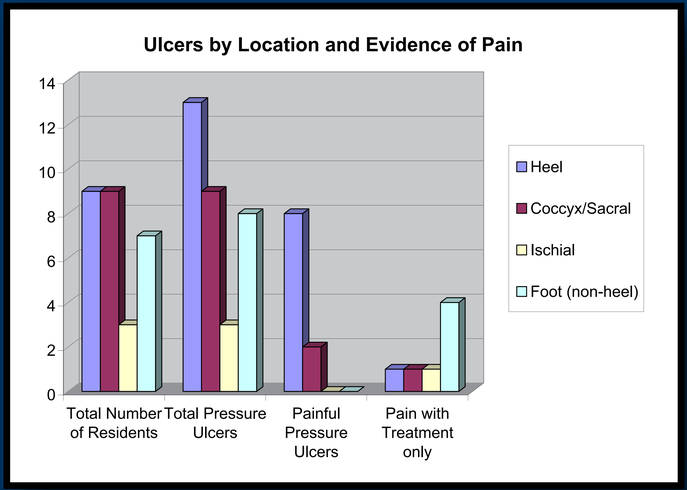
Results

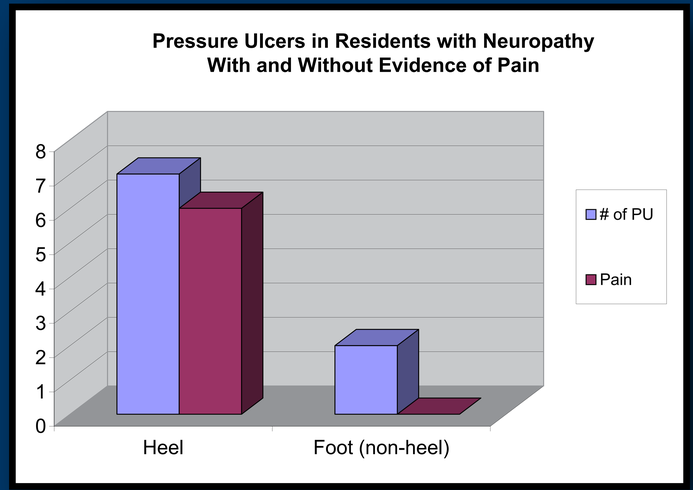
Residents in the SNF setting report pain associated with pressure ulcers about 50% of the time. The stage of the ulcer did not significantly impact the experience of pain. The level of pain was low (1-3), described as an ache or tenderness in 70% of painful ulcers, moderate pain (4-7) was experienced in 24% of painful ulcers, and one ulcer elicited a pain level as high as 8 (severe) during treatment. Ulcers of the heel were most prevalent (38%) and also the most commonly painful (6 out of 9 residents with heel ulcers report some level of pain). 3 of the 4 residents with documented neuropathy found heel ulcers painful.

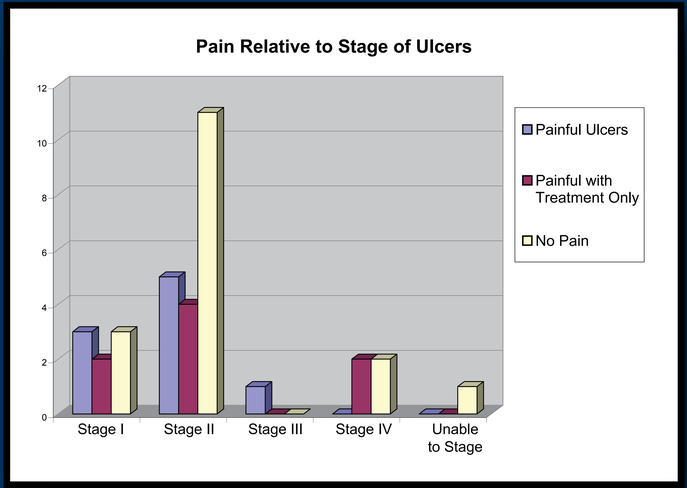
- Sample included 23 residents with 34 total pressure ulcers
- Foot wounds were most commonly painful during treatment only
- Heel ulcers were more likely to elicit pain in the presence of neuropathy
- Coccygeal/sacral and ischial pressure ulcers were the least painful regardless of the stage of the ulcer or the chronicity of the wound

Conclusion

Factors that influence the perception of pain in the SNF setting may be related to co-morbidities that distract attention away from the discomfort of pressure ulcers. Given our findings, it would be unreliable to utilize pain as the sole indicator that a pressure ulcer is progressing in the SNF resident. Additional issues elucidated by this study were that treatments for the pressure ulcers were frequently the cause of pain, and that there are many residents who cannot verbalize pain. For those unable to express their pain, surveillance for skin breakdown must suffice.







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1775 East Skyline Drive, Suite 101
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www.tlchealthcarecompanies.com

ABSENCE OF PRODUCT LABELING RESULTING IN DECREASED QUALITY OF WOUND CARE

Authors: Scott M. Bolhack, MD, MBA, CMD, CWS, FACP, FAAP; Barbara Viggiano, RN, WCC; Shirley Grant, LPN; Rebecca Torres

Introduction

Patients with wounds are often transferred between facilities where the level of wound care expertise varies. The patient arrives with an intact dressing, but the orders for wound care are vague or missing completely. Can the nurse identify the product by looking at the dressing?

Methodology

We met with five major manufacturing companies and reviewed their entire line of advanced wound care products. During each demonstration we attempted to determine if product identification could be achieved by simply looking at the product itself.

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TLC Wound Care Services
1775 East Skyline Drive, Suite 101
Tucson, Arizona 85718
www.tlchealthcarecompanies.com

Results

The five manufacturers presented over 100 products to us. Each was packaged, clearly indicating the contents. Once the package was removed, products were remarkably similar. Gels and alginates would not be amenable to labeling, but other products such as transparent films, hydrocolloids, foams, and composite dressings would be. Over half of the products presented fell into these categories. Only one manufacturer included any direct labeling on their products and this was simply the name of the individual product. None of the products had the name of the manufacturer, nor an order number to facilitate retrieval of the same item. The most common designation was an 'Ag' printed on the silver-impregnated products, but this was not exclusive to any particular manufacturer.

Discussion

We conclude that by not directly labeling products, the wound care manufacturers are creating tremendous opportunity costs within their industry. The technology exists to laser print the company name and product number on at least half of their items. This simple addition would allow the personnel at various facilities and clinics to easily identify which product is in use and to allow for continuity of care when the patient is transferred. The lack of direct labeling may be an unrecognized factor in preventing quality of care for the patient with a wound.

Can you Identify These Products?