

ULCERS & PRESSURE AREAS

MODULE: CORE MEDICINE: CARE OF THE ELDERLY

TARGET: FY1/2 & CMT 1/2

BACKGROUND:

http://guidance.nice.org.uk/CG29/QuickRefGuide/pdf/English

RELEVANT AREAS OF THE CMT CURRICULUM

	Core Medicine
	R.5 Skin Disorders in the Elderly, R.5.1 Pressure sores (Decubitus Icers)
Knowledge	List the common and serious causes of skin ulceration
	Outline the classification of the skin ulcers by cause
	Outline the pathophysiology, investigation and management principles of diabetic ulcers
Skills	Recognise life threatening skin rashes presenting with ulcers, commence treatment and involve senior
	Assess and formulate immediate management plan for diabetic foot ulceration
	Order, interpret and act on initial investigations appropriately
	Ensure appropriate care of pressure areas
Behaviour	Recognise the importance of prevention of pressure ulcers and diabetic ulcers
	Participate in multi-disciplinary team: nurse specialists, podiatrist
	Geriatric Competencies
Recognise that incontinence)	older patients often present with multiple problems (e.g. falls and confusion, immobility and
Recognise the	importance of multi-disciplinary assessment
Elucidate in old environment	der patients co-morbidities, activities of daily living, social support, drug history and living

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INFORMATION FOR FACULTY

LEARNING OBJECTIVES

Management of the patient with a pressure ulcer

SCENE SETTING

Location: Elderly care ward

Expected duration of scenario: 20 mins Expected duration of debriefing: 40 mins

EQUIPMENT AND CONSUMABLES PERSONNEL-IN-SCENARIO

Mannequin with mock-up pressure ulcer (see pic)

Drug Chart

Observation Chart GP referral letter Hospital gown Urinary catheter equipment

Waterlow scoring sheet
Blood culture bottles
Venepuncture equipment

Intravenous cannulation equipment

CT1 (Medicine)

Nurse

Tissue viability Nurse

CT1 (Surgery)

PARTICIPANT BRIEFING

You are an Acute medical doctor and have been referred Joan, an 89 year old lady with advanced dementia who has been looked after at home by her husband. She has been assessed by the GP at home after neighbours raised concerns.

Please see attached GP letter:

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Dr Flannigan, Dr Bedford & Dr Benson



West Park Healthcare Centre Oxford OX4 6BD Tel: 01865 729549

Re: Joan Morgan DOB 12/06/24

Dear Doctor,

Thank you for seeing this 89yo lady who has been deteriorating at home. She is no longer mobile and is predominantly chair-bound and incontinent. I do not think her husband is coping but he has persistently refused care.

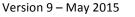
She has a past medical history of diabetes and vascular dementia.

DHx Glargine 20 units, metformin 1g bd, simvastatin 40mg, ramipril 5mg, aspirin 75mg

On examination she is confused and has a temperature of 38.2 degrees. HR 115. Sats 98% on air. Chest appears clear. She has been incontinent and I wonder if she has a UTI. I have been unable to obtain a dipstick.

Yours faithfully,

Dr B Benson MBBS MRCGP







FACULTY BRIEFING

'VOICE OF THE MANIKIN' BRIEFING

You are Joan, an 89-year-old lady with advanced dementia who is profoundly deaf and has macular degeneration (blind). You don't know where you are but are not concerned. You answer questions with "Yes", "No", "Don't know, dear". You are not in pain, unless the pressure sore on your back is touched – when you scream "ouch, get off me!"

IN-SCENARIO PERSONNEL BRIEFING

You are Joan's daughter and have been increasingly concerned about her loss of mobility and the care she has been getting from her husband (your step father Gerald). They have been refusing care as he insists he can look after your mother. She spends most of her time in a chair and even sleeps there. Gerald occasionally moves her but when you last witnessed this you were horrified by the amount of pulling and dragging. You are concerned, as you have found her frequently incontinent. Gerald is finding it increasingly difficult to manage her medication and insulin. You have not seen or looked for any pressure sores.

Nurse -

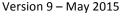
You are a novice nurse but helpful. You have no specialist knowledge in the management of ulcers or pressure sores.

Tissue Viability Nurse (over the phone) – Answer phone message.

ADDITIONAL INFORMATION

See GP letter

http://www.judy-waterlow.co.uk/the-waterlow-score-card.htm







CONDUCT OF SCENARIO

INITIAL SETTINGS

Patient in Gown, Monitoring off

- A: Patent
- B: RR 18, Sats 98%
- C: BP 112/68, HR 115 (atrial fibrillation)
- D: PERLA, BM 18.2, Alert but profoundly deaf will respond if participant shouts.
- E: Photo of pressure sore on sacrum, bandage on right ankle, with mock up red
- ulcer on heel. T 38.4

EXPECTED ACTIONS

- Recognition of sacral pressure ulcer by safely turning patient
- · Grading of ulcer
- Septic screen
- Treatment of sepsis
- · Rate control for Atrial fibrillation
- Contact tissue viability nurse
- Management of daughter's concerns
- Liaison with nursing staff to appropriate mattress (Biwave)
- Waterlow Score
- Consideration of urinary catheter
- Diabetic control (sliding scale, stop metformin)
- Safeguarding issues

Results/Other information:

BM 18.2

Urinalysis – prot +, leuc +, gluc +++, ket +

Bloods - Hb 10.8

WCC 18

CRP 223

Na 154

K 4.7

Urea 24

Creat 163

Glucose 19.2

CXR - pending

LOW DIFFICULTY

- Sepsis & AF
- Single Grade 4 sacral ulcer
- Tissue viability nurse available over phone to give advice

NORMAL DIFFICULTY

- Sepsis, AF, hyperosmolar hyperglycaemic state
- Grade 4 sacral ulcer, Grade 2 heel ulcer
- Daughter anxious and concerned but understands sympathetic explanation

HIGH DIFFICULTY

- Sepsis, AF, HHS
- Grade 4 sacrum, Grade 2 Heel (diabetic), venous ulcer gaiter area
- Daughter angry at healthcare services, insists patient cannot go back to husband

RESOLUTION:

Appropriate care plans (sepsis, diabetes, ulcers) Satisfactory resolution with family.

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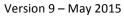
DEBRIEFING

POINTS FOR FURTHER DISCUSSION

Management of the patient with a pressure ulcer

DEBRIEFING RESOURCES

http://www.judy-waterlow.co.uk/the-waterlow-score-card.htm







GERIATRIC MEDICINE > SCENARIO 12

INFORMATION FOR PARTICIPANTS

KEY POINTS

Management of the patient with a pressure ulcer

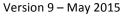
RELEVANCE TO THE CURRICULUM

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FURTHER RESOURCES

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PARTICIPANT REFLECTION

TAKTEL ANT KETEETION
What have you learned from this experience? (Please try and list 3 things)
How will your practice now change?
Them will your produce now enauge.
What other actions will you now take to meet any identified learning needs?

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PARTICIPANT FEEDBACK								
Date of training session:								
Profession and grade:								
What role(s) did you play in the scenario? (Please tick)								
Primary/Initial Participant								
Secondary Participant (e.g. 'Call for Help' responder)								
Other health care professional (e.g. nurse/ODP)								
Other role (please specify):								
Observer								
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree			
I found this scenario useful								
I understand more about the scenario subject I have more confidence to deal with this scenario The material covered was								
relevant to me								
Please write down one thing you have learned today, and that you will use in your clinical practice.								
How could this scenario be imp anything in the disagree/strong			his is especially im	portant if you h	nave ticked			

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FACULTY DEBRIEF - TO BE COMPLETED BY FACULTY TEAM

What went particularly well during this scenario?
What did not go well, or as well as planned?
Why didn't it go well?
How could the scenario be improved for future participants?

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