

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 lcers)	
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 older patients often present with multiple problems (e.g. falls and confusion, immobility and incontinence)
	Recognise the importance of multi-disciplinary assessment
	Elucidate in older patients co-morbidities, activities of daily living, social support, drug history and living environment

INFORMATION FOR FACULTY

LEARNING OBJECTIVES

Management of the patient with a pressure ulcer

SCENE SETTING

Location:	Elderly care ward	Expected duration of debriefing:	40 mins
Expected duration of scenario:	20 mins		

EQUIPMENT AND CONSUMABLES

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

PERSONNEL-IN-SCENARIO

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:

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) –

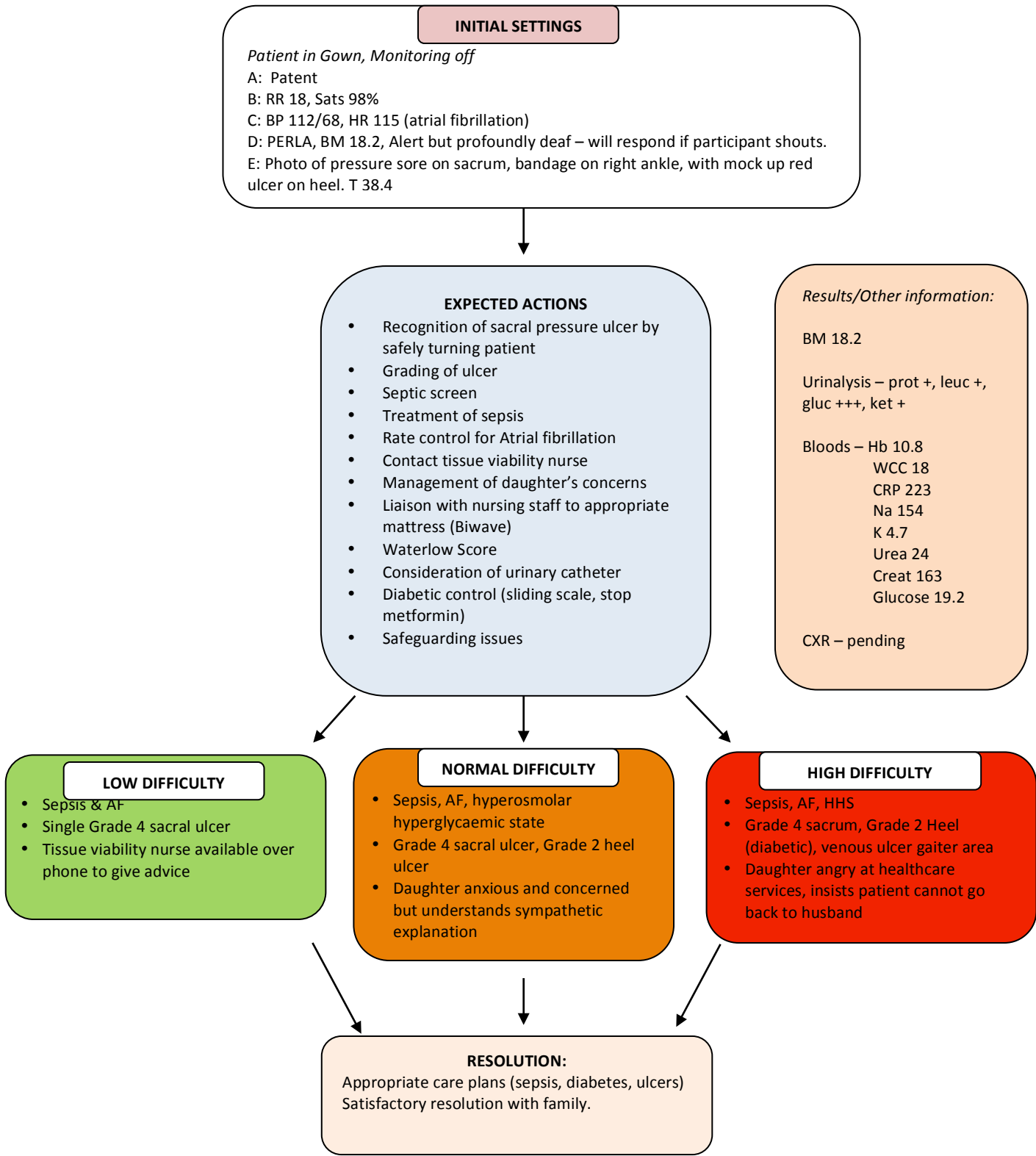
Answer phone message.

ADDITIONAL INFORMATION

See GP letter

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

CONDUCT OF SCENARIO



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

What have you learned from this experience? (Please try and list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?

PARTICIPANT FEEDBACK

Date of training session:.....

Profession and grade:.....

What role(s) did you play in the scenario? (Please tick)

Primary/Initial Participant	<input type="checkbox"/>
Secondary Participant (e.g. 'Call for Help' responder)	<input type="checkbox"/>
Other health care professional (e.g. nurse/ODP)	<input type="checkbox"/>
Other role (please specify):	<input type="checkbox"/>
Observer	<input type="checkbox"/>

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I found this scenario useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand more about the scenario subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have more confidence to deal with this scenario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The material covered was relevant to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write down one thing you have learned today, and that you will use in your clinical practice.

How could this scenario be improved for future participants? This is especially important if you have ticked anything in the disagree/strongly disagree box.

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?