

CASE STUDY

WESBURY UNITED METHODIST COMMUNITY



■ BY AUTUMN SEELY FERRINGER, LPN, WCC

BACKGROUND HISTORY



PRIMARY CARE STAFF:
 MIRANDA SLEE, CNA; SUSAN JOHNSON, LPN; MELINDA CRAIG, LPN
 FRONT: TAMMY SWAVEY, CNA

A 93-year-old female admitted to the facility on May 7, 2007 with the following pertinent diagnoses; CVA, L hemi paresis, Aphasia, COPD, Cor Pulmonale, SVT, A fib, Tachy – Brady Syndrome, Pacemaker, HTN, Multiple Myeloma, Chronic Kidney Disease, Muscle Weakness, Ambulatory Dysfunction, Hip Replacement Status post, History of Steroid use and numerous additional diagnoses.

She takes the following medications; Nasonex spray, calcium carbonate, furosemide, aspirin, Protonix, metoprolol, docusate sodium, multi vitamin, paroxetine hcl, prednisone, theophylline, Xopenex,

Dulcolax, milk of magnesia, acetaminophen and Mylanta.

Due to her age, medical history and resulting medications, especially long standing steroid therapy, her skin is thin and fragile. She has hemosiderin staining to all 4 of her extremities from repeated trauma to her skin with minimal contact, as well as frequent skin tears. At times she will develop a bullae or hematoma that will ulcerate and require debridement. Healing is slowed due to the same reasons her skin is fragile. Prevention is key in the plan of care for this resident. Her personal goal on admission to our facility was to “make my legs like new”. Upon admission we were challenged with skin tears to her lower extremities that were large and required debridement to remove eschar so we could work towards healing. While we succeeded in healing those areas we failed to keep her free of repeated trauma since the slightest bump results in a complicated skin injury.

Once we saw the DermaSaver leg protectors we wanted to try them in order for her to reach her goal. When wearing the DermaSaver product, her legs were protected and provided an opportunity to heal without any recurrent injury to them. Her legs also looked smooth and toned. During the time she has worn the DermaSaver Shin-Knee tubes the only injury she had to her one lower extremity was on her lateral thigh beyond the area covered by the DermaSaver product.



DERMASAVER SHIN-KNEE TUBE



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LEFT SHIN 10/1/07

OCTOBER 1, 2007

Started *Dermasaver Shin-Knee Tube*

- R shin measured 4 cm X 3.2 cm X 0.1 cm
- L shin 1.3 cm X 1.1 cm X 0.1 cm



LEFT SHIN 10/4/07

OCTOBER 4, 2007

- R shin 3.7 cm X 3.2 cm X 0.1 cm
- L shin 0.5 cm X 0.8 cm X 0.1 cm

OCTOBER 11, 2007

- R shin 3 cm X 2.5 cm X 0.1 cm
- L shin 0.5 cm X 0.7 cm X 0.1 cm

OCTOBER 16, 2007

- R shin 2.3 cm X 2.5 cm X 0.1 cm
- L shin – healed



LEFT SHIN 10/11/07

OCTOBER 22, 2007

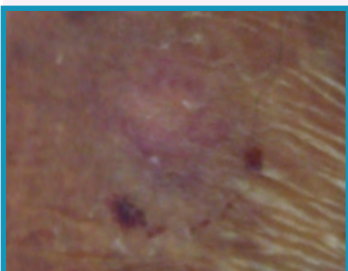
- R shin 2.3 cm X 2.5 cm X 0.1 cm

NOVEMBER 3, 2007

- R shin 1.5 cm X 1 cm X 0.1 cm

November 8, 2007

- R shin – healed



LEFT SHIN 10/16/07

OVERVIEW OF LEG WOUNDS

The **R shin** injury started on 8/27/07 as a hematoma, then localized into a purple fluid filled bullae, measuring 5.3 cm X 5 cm and was raised 0.3 cm. The bullae unroofed 9/10/07 revealing a beefy red wound base. On 9/17/07 the wound base had developed yellow slough and required enzymatic debridement. The measurement was 4 cm X 4 cm X 0.1 cm. On 9/23/07 the wound was debrided, returning to the red wound base and measuring 4 cm X 3 cm X 0.1 cm.

The **L shin** wound started 9/22/07 as an unroofed bulla and initially measured 1.5 cm X 1.4 cm X 0.1 cm.

COMPARISON OF WOUND MEASUREMENTS TOWARDS HEALING

DATE	R SHIN	L SHIN
8/22/07	5.3 X 5 X 0.3 (raised)	
9/17/07	4 x 4 x 0.1	
9/23/07	4 x 3 x 0.1	1.5 x 1.4 x 0.1
10/01/07*	4 x 3.2 x 0.1	1.3 x 1.1 x 0.1
10/4/07	3.7 x 3.2 x 0.1	0.5 x 0.8 x 0.1
10/11/07	3 x 2.5 x 0.1	0.5 x 0.7 x 0.1
10/16/07	2.3 x 2.5 x 0.1	HEALED
10/22/07	2.3 x 2.5 x 0.1	
11/3/07	1.5 x 1 x 0.1	
11/8/07	HEALED	

**Dermasaver product initiated.*