

Decubitis egg crate
mattresses are also
used. (hegner,



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Decubitis UlcersJ. Caldwell P. N. S. 1. Decubitis Ulcers are also known as bed sores.

(Marsh 1) They are mostly seen inGeriatrics patients. They occur in people who are put on bed rest, or long periods of wheelchair use. A traumatic decubitis ulcer is precipitated by continuous pressure on the skin and deep tissue with ischemic necrosis (Plewig 369).

These particular ulcers are mainly found on bony parts of the body. They develop when the cells die because there is a tremendous amount of pressure put on the skin and it is trapped between a mattress or chair and tiny blood vessels collapse. The parts of the body that are affected by these ulcers are the back of the head, ear, shoulders, elbows, hips, sacrum, knees, ankles, and heels. Decubitis ulcers can be classified into three grades. (1) Area is more reddened, skin is dry. (2) Area is more reddened, epidermal layer of the skin is broken, and blisters form. (3) Deeper layers of the skin are affected, blisters are broken open, and bone may be visible. (Hegner, Caldwell 421)2.

Before treating decubitis ulcers, viewing of the nurse or caregivers feelings about the care is important. Heshe should determine whether or not they agree with the patients wishes and is capable of completing that care. When making these decisions, consider the stage of the ulcer and the treatment needed, the benefits and the burdens of the treatment, and the anticipated treatment outcome (Darkovich 47).

After these views are looked at, there are many treatments available. If the area is reddened, all that is needed is a gentle massage. If the skin is open, <https://assignbuster.com/decubitis-egg-crate-mattresses-are-also-used-hegner/>

bacteriostatic agents, antiseptic sprays, and antibiotic ointments are used to reduce or prevent bacteria. The surgical process called grafting is practiced to treat these ulcers. This is when a patch of skin is removed from one part of the body, and is placed onto the infected area. Sheepskin pads, alternating air pressure mattresses, heel protectors, and egg crate mattresses are also used. (Hegner, Caldwell 427)3.

The first lab test that I found is a urinalysis. This is a test of the urine to detect alcohol, drugs, sugar, and other abnormal substances. This tells us if there is any bacteria in the body, and if it is located in the decubitis ulcer, so we can know if it is infected or not. The second lab test that is done on these ulcers is CD, this determines the antigens on the white blood cells. This shows whether or not the patients immune system can fight off the bacteria in the ulcer.

The last lab test, is a culture. This is done by scraping the side of the infected area and putting it under a microscope to view the living, harmful organisms in the ulcer. All of the lab tests that are done determine the seriousness of the ulcer and what the best medication would be to help cure it.

4. Elase is a drug that helps relieve signs and symptoms of infection. This inhibits protein synthesis in bacteria at the level of the 50s bacterial ribosome.

It is used for skin and soft tissue infections, intra-abdominal infections, and CNS infections. The pregnancy category is unknown. The side effects are depression, confusion, headache, nausea, vomiting, diarrhea, rashes, and fever.

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It is absorbed orally and distributed widely. It crosses placenta and enters breast milk. Drug interactions are oral hypoglycemia agents, warfarin, phenytoin, rifampin, vitamin B, folic acid, and acetaminophen. It is available in 12.5 mg/kg q 6 hours. The assessments are to check for infection in sputum, urine, stool, and WBC.

Check vital signs. Planning-contradicted in hypersensitivity. Implementation-medication should be given around the clock. Administer over 30-60 minutes. Evaluation- the length of time for the medication to work depends on the organisms in the ulcer and the size of it. 5. The normal readings of vital signs should be blood pressure 100-150/60-90, pulse 60-90, respiration 12-20, and temperature 98.6 Fahrenheit.

When the patient is in severe pain the vital signs will increase. The vital signs will also increase if bacteria is present in the ulcer. In geriatric patients, the vital signs should be monitored often because they are in more danger than average aged adults. A fever is considered 101 Fahrenheit, and anything higher or lower than the above recordings is abnormal. The vital signs are not usually affected by the lab tests that are done.

6, 7. I am assigned to a make-believe patient. Her name is Mrs.

Roberts and she is 67 years old. She has a stage 3 decubitis ulcer and I have to give her complete care. The first thing I would do when I walk into the room is check her name band and chart.

The chart says to change her dressing on the decubitis ulcer and give her a complete bed bath. First I would take her vital signs and record them. Then I

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would start changing the dressing on the ulcer. While I'm changing the dressing I would look for and record everything that I see on the wound. (Lynch 909) Then, I would give her a bath, making sure her bed sheets are not wet or wrinkled because that is harmful to the skin. I would also look on the chart to see how long ago it was since her position was changed.

If it was two hours ago, I would then change her position, but not place her on the ulcer. Next, I would check her intake and output, and encourage her to drink more fluids. If she hasn't drunk at least 300 cc. I would also check what her diet is and try to get her to eat more nutritious foods and a lot of foods with iron included. After all of that was completed, I would take her vital signs again to make sure that there were no dramatic changes, and record them on the chart. 8.

The evaluation of the care depends on whether or not the ulcer has gotten better or worse. Five ways to measure your success is to check if the ulcer has gotten bigger or smaller. If it is smaller, you benefited the patient. Another way is to check if the ulcer is infected or not. Also, if the patient is in less pain, and the ulcer is starting to heal, you have succeeded.

The last measure is to check if the ulcer is still draining, or if it has a scab, if it has drainage, you need to start all over again and change the procedures, (Turkington, Dover 41). Bibliography Darkovich, Sharon L. When is no treatment the right treatment. Nursing 96.

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