

**EMERGING CONCEPTS IN PRESSURE ULCERS &
WOUND CARE
AGS ANNUAL MEETING
NATIONAL HARBOR, MD
FRIDAY, MAY 15, 2015
2:45-4:15**

The Unavoidable Pressure Ulcer

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CONFLICT OF INTEREST DISCLOSURE

I, Diane L. Krasner, certify that, to the best of my knowledge, no affiliation or relationship of a financial nature with a commercial interest or organization has significantly affected my views on the subject on which I am presenting.

CONFLICT OF INTEREST DISCLOSURE

I, Diane L. Krasner, am an Alumna of the National Pressure Ulcer Advisory Panel (1992-1994) and was a participant in both the 2010 and 2014 NPUAP Consensus Conferences. I served as Co-Chair of the Skin Changes At Life's End Panel (SCALE, 2009).



If a patient is cold, if a patient is feverish, if a patient is faint, if he is sick after taking food, if he has a bed-sore, it is generally the fault not of the disease, but of the nursing.

- Florence Nightingale

Notes on Nursing, 1859

HISTORICAL ROOTS FOR THE AVOIDABILITY OF PRESSURE ULCERS

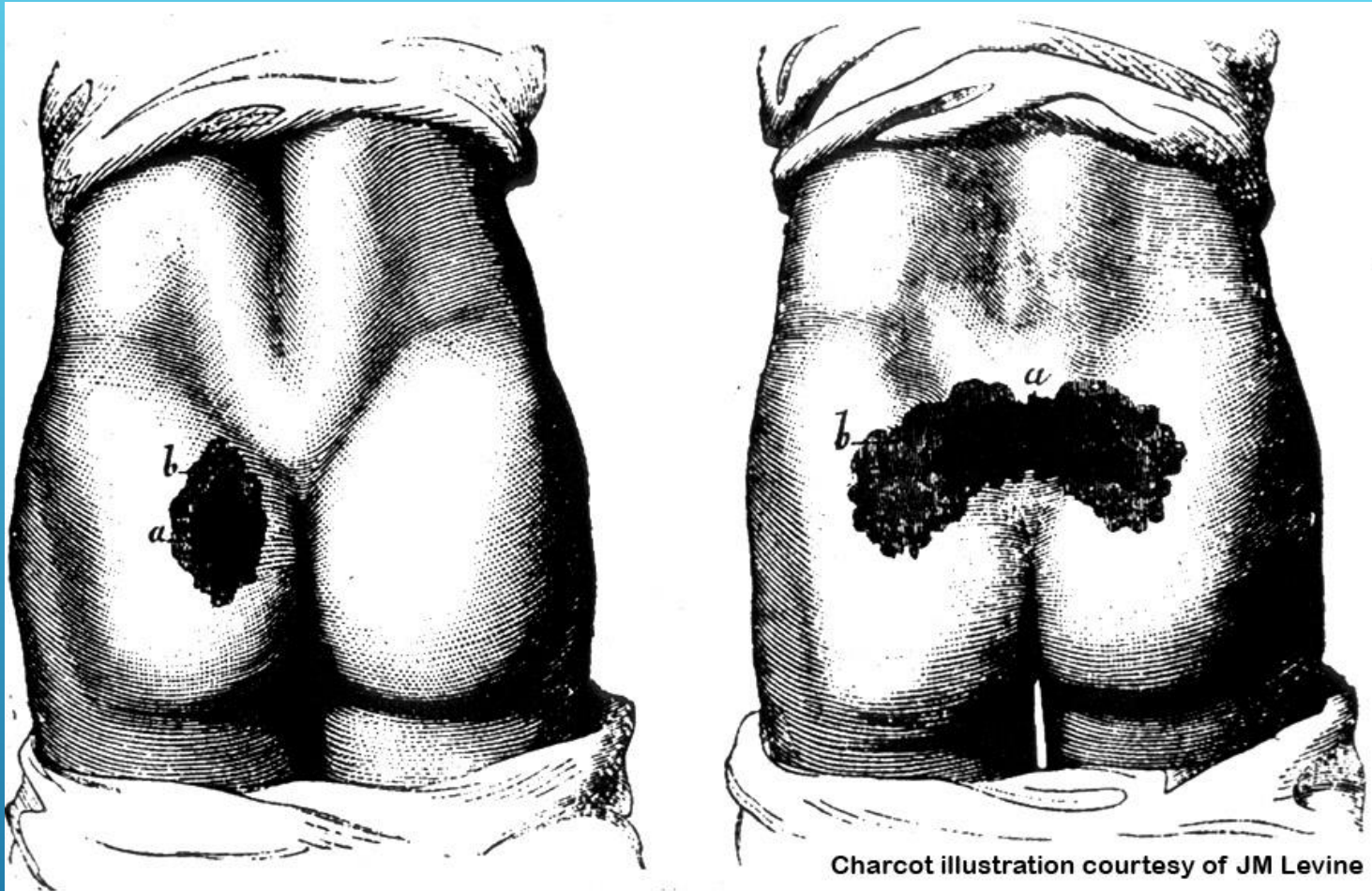
Jean-Martin Charcot
The Decubitus Ominosis

**Lecture on Diseases of
the Nervous System
1877**

Levine JM, JAGS 53:1248-1251, 2005



**HISTORICAL LINKS BETWEEN PRESSURE
ULCERS & DEATH / UNAVOIDABILITY**



<http://www.jeffreymlevinmd.com/charcot-on-pressure-ulcers/>

JEAN MARTIN CHARCOT VS. HENRI BROWN-SEQUARD

THE AVOIDABLE VS. UNAVOIDABLE DEBATE BEGINS

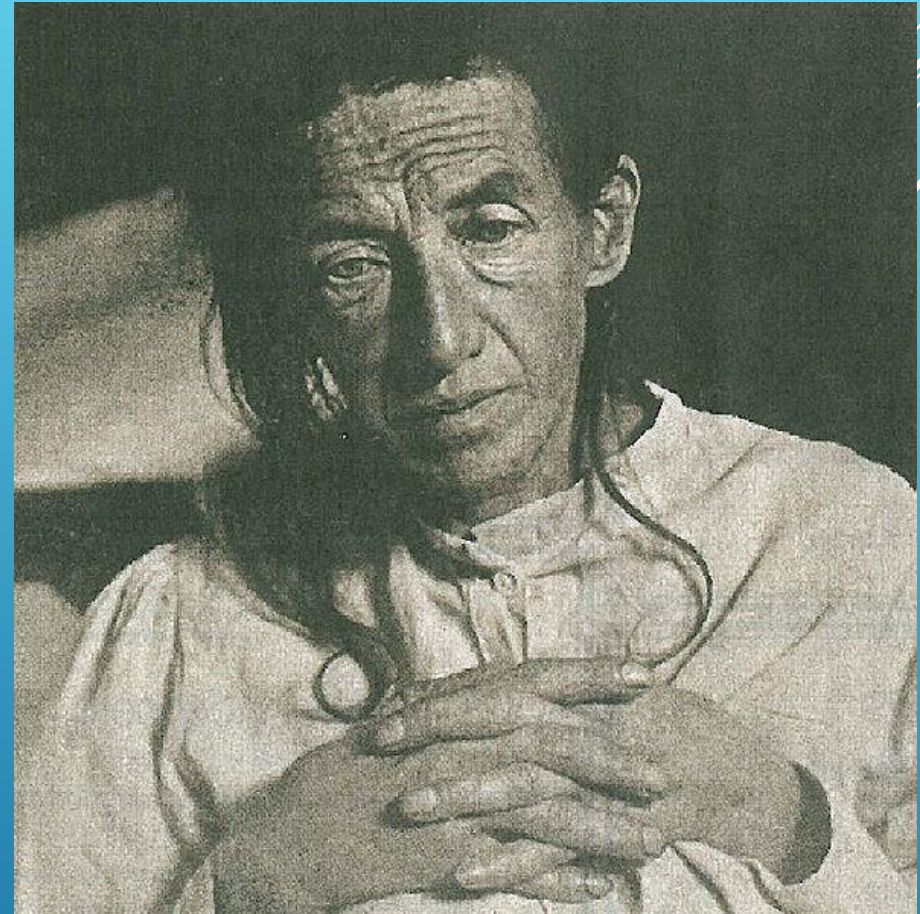
J Levine. JAGS 1992; 40:1281-1283.



Alois Alzheimer Frau August D

**Died April 8, 1906
Septicemia due
to decubitis ulcers
in end stage Alzheimer's
Disease**

**Shenk D,
The Forgetting
2001, p. 22**





Kennedy Terminal Ulcer
Karen Lou Kennedy 1989

Skin Failure

Langemo & Brown

2006

**FAST FORWARD TO THE TWENTIETH
CENTURY . . .**



Skin Changes
At Life's End (SCALE)
2009

SCALE Documents downloadable from www.dianelkrasner.com

CMS F TAG 314 NOVEMBER 2004

**“Avoidable pressure ulcer” and
“Unavoidable pressure ulcer”
defined for long-term care**

NATIONAL PRESSURE ULCER ADVISORY PANEL (NPUAP) 2010



**Broadens definitions of
“Avoidable pressure ulcer” and
“Unavoidable pressure ulcer”
to apply across the continuum of care**

NPUAP 2010

AVOIDABLE ULCER



An avoidable pressure ulcer can develop when the provider did not do one or more of the following: evaluate the individual's clinical condition and pressure ulcer risk factors; define and implement interventions consistent with individual needs, individual goals, and recognized standards of practice; monitor and evaluate the impact of the interventions; or revise the interventions as appropriate.

NPUAP 2010

UNAVOIDABLE ULCER



An unavoidable pressure ulcer can develop even though the provider evaluated the individual's clinical condition and pressure ulcer risk factors; defined and implemented interventions consistent with individual needs, goals, and recognized standards of practice; monitored and evaluated the impact of the interventions; and revised the interventions as appropriate.

NPUAP 2010 CONFERENCE UNANIMOUS CONSENSUS STATEMENTS



Most pressure ulcers are avoidable.

Not all pressure ulcers are avoidable.

NPUAP, 2010; OWM 2011; 57(2): 30.

NPUAP 2010 CONFERENCE **UNANIMOUS CONSENSUS** STATEMENTS



**There are situations that render pressure
ulcer development unavoidable . . .**

NPUAP, 2010; OWM 2011; 57(2): 30.

NPUAP 2010 CONFERENCE **UNANIMOUS CONSENSUS** STATEMENTS



If enough pressure was removed from the external body the skin cannot always survive.

NPUAP, 2010; OWM 2011; 57(2): 30.

UNAVOIDABLE PRESSURE INJURY: STATE OF THE SCIENCE AND CONSENSUS OUTCOMES

Laura E. Edsberg, Diane Langemo, Mona Mylene Baharestani, Mary Ellen Posthauer, Margaret Goldberg

**Journal of Wound Ostomy Continence Nursing
2014; 41(4):313-334**

Lippincott Williams & Wilkins

July/August Issue, 22 pages

2014 NPUAP CONSENSUS CONFERENCE FEBRUARY 27, 2014

**Focused on PU unavailability within
an organ system framework**

**Considered the complexities of
nonmodifiable risk factors**



2014 NPUAP CONSENSUS CONFERENCE FEBRUARY 27, 2014

Introduced the terms:

- ▶ *Pressure Injury*
- ▶ *Unmodifiable risk factors*
- ▶ *Unmodifiable intrinsic risk factors (N=11)*
(e.g. impaired tissue oxygenation)
- ▶ *Unmodifiable extrinsic risk factors (N=8)*
(e.g. immobility)



Take Home Messages for Practice

Develop a process for identifying unavoidable pressure ulcers & document in the patient's medical record

Talk with families & caregivers about a patient's unmodifiable risk factors and co-morbidities.

Offer Palliative Wound Care to patient's whose wounds are non-healable



SELECTED REFERENCES



Black JM et al. Pressure ulcers: Avoidable or unavoidable? Results of the National Pressure Ulcer Advisory Panel Consensus Conference. *Ostomy Wound Management* 2011; 57(2): 24-37.

Edsberg LE, Langemo D, Baharestani MM, Posthauer ME, Goldberg M. Unavoidable pressure injury: State of the science and consensus outcomes. *J WOCN* 2014; 41(4): 313-334.

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Institute of Medicine. Dying in America. Improving quality and honoring individual preferences near the end of life. Washington, D.C. The National Academies Press, 2014. Prepublication copy donwloadable at www.nap.edu

Krasner DL (ed). Chronic Wound Care: The Essentials. HMP Communications, 2014. www.woundcarebook.com



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Levine, Jeffrey M. Historical Perspective: The Neurotrophic Theory of Skin Ulceration. *Journal of the American Geriatrics Society (JAGS)* 40: 1281-1283, 1992.

Levine, Jeffery M. Historical perspective on pressure ulcers: The Decubitus Ominosis of Jean-Martin Charcot. *Journal of the American Geriatrics Society (JAGS)* 53: 1248-1251, 2005



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Sibbald RG, Krasner DL, Lutz, et al. The SCALE Expert Panel: Skin Changes At Life's End. Final Consensus Document. *Adv Skin Wound Care.*, 2009. Oct 23:225-36; quiz 237-8.

SCALE Documents including Final Consensus Statement and Annotated Bibliography downloadable at:
www.dianelkrasner.com