Pressure Ulcers in Long-Term Care

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• Management

Pressure ulcers are common, costly, and debilitating chronic wounds, which occur preferentially in people with advanced age, physical or cognitive impairments, and multiple comorbidities.[1] Because these characteristics describe the majority of long-term care residents, pressure ulcers present a significant and frequent challenge to long-term care providers.[2] Residents with pressure ulcers have decreased quality of life and increased morbidity and mortality, and facilities with high rates of pressure ulcers have higher costs and risks of litigation.[3] For these reasons, health professionals who practice in this setting should be well versed in pressure ulcer management.

This article reviews the significance, risk factors, pathophysiology, prevention, diagnosis, and management of pressure ulcers in long-term care. The discussion includes tools used to assess pressure ulcers, the wound bed preparation paradigm, tailoring care plans to the individual patient goals of care, and legal considerations.

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INCIDENCE, PREVALENCE, AND COSTS

The pressure ulcer has plagued mankind for millennia. Anthropologists have found evidence of pressure ulcers on Egyptian mummies, and in the mid-1500s French physician Ambroise Paré described one of the earliest pressure ulcers in the medical literature.[4] Despite the advances of modern medicine, pressure ulcers persist. Incidence rates vary widely within and between sites of care, with reported rates of 0.4% to 38% in acute care, 0 to 17% in home care, and 2.2% to 23.9% in long-term care in 2001.[5] Data from the 2004 National Nursing Home Survey estimated that 159,000 (11%) of US nursing home residents had a pressure ulcer, with stage II the most common type.[6] Given that persons over age 85 are the fastest-growing segment of the population in the developed world, and 70% of pressure ulcers occur in adults over age 70, both the long-term care population and the number of people at risk for pressure ulcers are likely to dramatically increase in coming decades.[7]

Pressure ulcers incur substantial costs to the health care system. The National Nursing Home Survey estimated that 35% of the patients with pressure ulcers received some type of specialized care. The estimated cost per stay for hospitalized Medicare beneficiaries with a secondary diagnosis of pressure ulcer is $40,381.[8] A recent study suggested that costs for treatment of stage IV pressures were much higher than this, ranging from $124,327 to $129,248.[9] Based on this information, the total cost of pressure ulcer treatment in the United States exceeds $11 billion annually. This is consistent with a study from the Netherlands in the 1990s, which found that after cancer and cardiovascular disease, pressure ulcers were that nation's most costly condition.[10] A 2004 study estimated the cost in the United Kingdom was £2.4 billion, representing 4% of the National Health Service expenditure.[11]

Today, when a family arrives to photograph a pressure ulcer, the long-term care facility must be prepared for future litigation. When it seems that a family is contemplating legal action, the entire health care team should work with the patient and family.

As a result of these costs, the Centers for Medicare & Medicaid Services stopped payment for stage III and stage IV hospital-acquired pressure ulcers in October 2008.[8] Although similar regulations do not yet exist in long-term care, this change in payment emphasizes the importance of pressure ulcer prevention and management.

RISK FACTORS

Pressure ulcers in long-term care residents occur as a result of two types of risk factors, intrinsic and extrinsic.[12] Intrinsic factors include patient age, mobility limitations, comorbidities, nutritional status, and other contributors to skin architecture and integrity. Extrinsic factors are destructive forces affecting the skin, including moisture, pressure, shear forces, or friction.

Predisposing intrinsic factors include thinning and other structural changes of the aging skin or prolonged use of steroid medication.[13] Immobility from conditions, such as cerebrovascular accidents, spinal cord injury, multiple sclerosis, prolonged surgery, trauma, and inactivity due to advanced musculoskeletal diseases or end-stage medical diseases, increases the pressure ulcer risk. The latter also often are associated with malnutrition. Malnutrition, in particular protein malnutrition, has been identified as a contributing factor, as have medical conditions associated with poor circulation, such as diabetes mellitus and peripheral vascular disease.[14] Although diseases affecting a patient's mental status, such as advanced dementia, do not cause pressure ulcers, they often contribute, because such patients may be unable to voice discomfort from being in the

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