

CASE STUDY ONE:

A 68-year-old WM; severe CVA, CAD, diabetes; primarily bed-bound.

Discharged from hospital with stage III right heel pressure ulcer.

05-06-08: Initial assessment after admission – 7.3 X 5.0 X utd (due to eschar)
About 50% eschar 50% pink granulation tissue, lots of detritus, left over blister
periwound.
Minimum creamy drainage without odor.
Started Santyl with collagen wafer and foam island dressing QD.



06-17-08: 4.2 X 3.0 X 1.2
Heavy foul creamy, opaque drainage
Now with 75% stringy gross grayish slough; 25% granulation tissue
Switched from collagen to calcium alginate in combo with Santyl
and foam pad, gauze wrap instead of foam island QD



07-16-08: 2.8 X 2.5 X .5 much improved
Moderate creamy drainage without odor remains.
50% stringy yellow slough; 50% granulation tissue
Restarted on Santyl and collagen wafer with foam island
dressing QD



08-20-08:

0.8 X 0.6 X <0.2 superficial wound
100% granulation tissue; minimum serosanguinous drainage
Much scar tissue periwound
Discontinued Santyl, continued collagen wafer foam island
dressing for two weeks and subsequently switched to
skin protectant and open to air with complete epithelialization.

