## **CASE STUDY 2**

An 81- year-old Latina Female. Hx of Diabetes, CAD, dementia. Non-mobile – uses a Geri Chair.

L heel pressure ulcer initially unstageable. Previous tx included granulex and multipodus boot for three weeks until eschar became unstable

**05-28:** 3.0 X 2.5 X utd (depth utd due to eschar)

75% eschar; <25% pink non granular viable tissue; mod creamy, odorous drainage No S&S of infection

Began accuzyme / calcium alginate, foam pad and gauze wrap QD.



## **07-01:** 2.0 X 2.0 X utd

Continues with 75% eschar; min creamy drainage; no S&S of infection Discontinued accuzyme. Began Santyl and hydrogel impregnated gauze, foam pad and gauze wrap.



## **08-01:** 1.1 X 1.3 X 0.4

Minimum creamy drainage; 75% granulation tissue 25% stringy yellow slough Discontinued hydrogel gauze and began Santyl with collagen wafer, foam pad and gauze wrap.



**09-03:** Essentially closed with 0.3 cm scabby tissue over wound bed. Discontinued txs and left open to air with skin protectant each day and continue podus boot.

