PATIENT CASE STUDY SERIES



PATIENT OVERVIEW

Adult male with bilateral high amputation to lower limbs, post-surgery to left limb wound dehisced and reduced ability in transferring/sitting.

BACKGROUND

A patient had been admitted to hospital for a surgical procedure (bilateral high amputation to lower limbs). At this stage the patient had standard foam cushions on their wheelchair. Prior to surgery they were able to use the full limb and so reposition was limited but not impossible.

Darren Kitchen Tissue Viability Nurse St. Pancras Rehabilitation Unit



INTRODUCTION

Post-surgery the patient's abilities dramatically decreased and they were transferred from the Royal Free Hospital vascular team for rehabilitation with the key goals of being able to perform transfers laterally and forward/back. The patient had a category 3 pressure ulcer over the left ischial tuberosity and in line with the SSKIN care bundle requirements required hourly repositioning. Post surgery he was unable to sit out and transfer because of the reduced stability due to the amputation which had resulted in him both slipping and being extremely unstable in the chair.

During the course of rehabilitation, psychologically the patient had started to show signs of stress not only because of the surgery but they were now unable to move from their bed due to falls risk.

They were also unable to use a full dynamic cushion in their wheelchair to treat their category 3 pressure ulcer leaving the patient bed bound until the pressure ulcer and left limb wound dehisced.

CASE STUDY

It was clear at this stage that something had to be done. A risk assessment was performed on the patient and his current equipment.

It was apparent that the patient needed to be out of bed moving in their wheelchair but due to falls risk and existing pressure ulcer risk this was not possible without the correct provision of pressure care equipment in the chair as well as the bed.



Following a review of available equipment suitable for the risk category the Intelligent Air Cushion was selected for trial. The Intelligent Air Cushion gave the patient the ability to not only sit out, but with the reactive air displacement technology being transferred to the front of the cushion when moving in the seat, provided comfort and increased support.

CLINICAL OUTCOMES

The Intelligent Air cushion was successfully used to both manage and heal the category 3 pressure ulcer in addition to supporting the patient, which helped psychologically. Not having a pump to attach allowed them off the ward and to attend follow up appointments with reduced risk of deteriorating skin integrity. The cushion allowed the patient's freedom to be given back to them after they felt that the surgery had taken it



The Reactive Airflow System effectively transfers pressure away from 'high risk' bony prominences by redistributing the internal air pressure across the specially contoured foam cells in response to patient weight and movement.

SUMMARY

The patient responded so well to the cushion physically and psychologically that they will continue using at home when discharged from hospital and the service. Without the correct equipment this patient would have not been able to take back their life which they felt had been taken away.

Direct Healthcare Group





✓ Dimensions: 46cm x 46cm x 7.5cm (18" x 18" x 3") Variable Size Available Upon Request