

Management of Chronic Pain with Non-powered Support Surfaces

Introduction

In the world of wound management, caring for patients with chronic pain and terminal illness is inevitably a situation the clinician must address. Not every wound will heal. Not every patient will remain free of ischemic (pressure) ulcers. Treatment and prevention may be secondary to pain control when choosing a support surface for certain patients.

The care plan must reflect reasonable, measurable goals, specific to each patient. Patients living with terminal cancer, AIDS, end-stage chronic obstructive pulmonary disease, Alzheimer's disease, etc., need viable alternatives for safe, affordable, palliative care.

Background

Mr. R.B. was a 79-year-old male patient living with end-stage prostate cancer with bone metastasis. He was diagnosed in 1989 and had gone through radiation and chemotherapy, off and on, for five years. He lived at home and was the primary caregiver to his wife who also had health problems (Figure 1).



Figure 1. Mr. and Mrs. R.B.

Management of Care

Before Mr. R.B. became ill, he weighed 165 lbs. and was 5 feet 8 inches tall. He previously had a good appetite and a varied diet including fruits and vegetables. For the last five years he cooked 100% of the family meals.

When the clinician consulted with the patient in his home, he was rapidly losing weight. His weight had plummeted to 118 lbs. Despite aggressive diet and pharmaceutical therapy to increase his caloric and protein

intake, his appetite continued to wane. A serum albumin level was drawn and found to be only 2.9 gm. Mr. R.B. required frequent blood transfusions due to low hemoglobin and hematocrit levels. His Braden Risk Assessment Score was 16, placing him at risk for developing ischemic (pressure) ulcers.

Pain was also a constant companion. A bone scan was ordered by his oncologist. It showed significant metastasis of the cancer to all of his long bones, his pelvis, spine, and skull. Not only was his pain a consideration, but also the risk of a pathological bone fracture. He was previously taking Hydrocodone P.O. for pain management. A fentanyl patch was then ordered.

Mr. R.B. became more lethargic and his weight dropped to 111 lbs. Despite the encouragement and desperation of his family, Mr. R.B. continued to remain at home caring for his wife.

Within the next month, Mr. R.B.'s pain elevated and he found it increasingly difficult to ambulate, let alone take care of his wife. Family members began staying with the elderly couple, caring for their needs. Hospice was initiated and palliative care began.

Mr. R.B. could not seem to get comfortable, even when he was resting in bed. His daughter ordered him a mattress overlay for comfort and ischemic (pressure)ulcer prevention. The PRODIGY™ Mattress System was chosen for the ability to adjust each of the three zones to the patient's bony prominences in addition to being a cost-effective purchase alternative.

Mr. R.B. immediately was able to find comfort in bed. The PRODIGY equalized and took pressure off his frame, thus decreasing his bone pain. He grimaced less and required less breakthrough pain (p.r.n.) medication.

To address his pain and ischemic (pressure) ulcer risk in a seated position, a pressure-reducing cushion, the MOSAIC™, was used when he sat in the chair.

Conclusion

Mr. R.B.'s status declined to the point that both he and his wife had to be admitted to a skilled care facility. Hospice followed him during his short visit. His weight dropped again to 105 lbs. He continued using the PRODIGY Mattress System without pain or discomfort. He had no tissue breakdown or ischemic (pressure) ulcers during his treatment, despite multiple risk factors including chemotherapy, radiation, low serum albumin, poor appetite and dropping body weight. Mr. R.B. passed away within a week of admission to the long-term care facility. His goals and treatment choices were respected. The simple addition of the PRODIGY Mattress System and the MOSAIC Cushion allowed Mr. R.B. to increase his quality of life.

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