



Service Priorities and Programmes
Electronic Presentations

Convention ID: 775

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Podiatry Pressure Sore Prevention Program in an Acute Geriatric Ward – A Retrospective Study

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Keywords:

N/A

Introduction

Pressure sores are localized breakdown of skin and underlying tissues caused by prolonged pressure, shearing and/or friction (EPUAP, 1998; Hampton, 2008). Iatrogenic pressure sores were presented in 15.7% of elderly patients during hospitalization (Meaume et al, 2005). Long-term bed bounded elderly with minimal mobility also commonly suffers from lower limb muscular atrophy and contractures, which will further put geriatric patients at risk of heel sore. Fortunately, most heel sores are preventable through removal of risk factors (Hampton, 2008, Benbow, 2009).

Objectives

The objective of this study is to reduce the disease burden of pressure sore in acute geriatric ward, implement Podiatry pressure sore prevention program for geriatric inpatients

Methodology

This is a retrospective study of the clinical outcome of the Podiatry Pressure Sore Prevention Program on 313 in-patients at the Queen Elizabeth Hospital C6G geriatric ward from April 2012 to January 2013. Full podiatric assessments and the risk of pressure sore in Norton scale were performed on patient admission. All admitted patient was consulted and reviewed by podiatrists until discharge. On pressure sore risk stratification, subsequent podiatric interventions were prescribed. The Norton scale and occurrence/grading of pressure sore over the lower limb were recorded. Conservative podiatric intervention in this Program will include simple repositioning, pressure area relief and skin care.

Result

The 313 patients studied were hospitalized for on average 7.8 days. 81.2% and 76% of patients were at risk of pressure sore (Norton Scale ≤ 14) and bedbound respectively. Patient with Norton Scale >14 were all pressure ulcer free during their stay. Out of the 81.2% of 'at risk' patients, 37% were presented with lower limb muscular atrophy and/or contracture. Excluding patients who already had a pressure ulcer on admission, 97% of pressure sore free patients did not develop an active pressure ulcer

throughout their stay. However, 6% developed grade I pressure sore, which is reversible. Most admitted geriatric patients are frail and are at high risk of pressure sore, especially those who are suffering from lower limb muscular atrophy and contracture. 97% of geriatric patients are preventable from active pressure sore development under the Podiatric Pressure Sore Prevention Program. This program is capable of minimizing the occurrence of pressure sore in frail admitted elderly patients.