

Bed Sores and How to Prevent them

Pages with reference to book, From 269 To 269

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Bed sores are produced by pressure. Depending upon the degree of damage they are classified as reversible, doubtful and irreversible sores. Irreversible sores are early, intermediate or advanced. Bed sores can be prevented by increasing the weight bearing area i.e., by placing cushions and foams under the body, or by floating the patient in air (Scales et al., 1966) on silicone dioxide (Sira et al., 1966) in water (Wienstien and Davidson, 1965) or by air mattresses, plastic foams and plaster beds. Excision of bony prominences can also be done.

The best and most easily applicable method to prevent bed sores is a 2 hourly change to right, left and prone positions. Beds such as Stryker frame, Circo-Lectric bed, Stocke Man-deville bed and ripple bed are specially designed for an even distribution of weight and ease in change of posture.

Superficial sores can be treated by keeping the pressure areas clean and dry and by relieving the pressure. Deeper sores are treated after recovery. Use of antibiotics should be restricted to only after debridement and in the presence of adequate circulation to the sore. Heavy doses of crystalline penicillin should be given till culture and sensitivity to other antibiotics is known. Two to three pints of blood, twice weekly in 24 hours is recommended till the haemoglobin level reaches to a 90% count. A mixed, high protein diet with 50 mg of vitamin C should be given daily. Steroids do not delay healing and anabolic steroids provide a positive nitrogen balance in the presence of adequate nitrogen intake. They increase the appetite and encourage muscle deposition. Intravenous aminoacid solution have little value and anti-inflammatory enzymes are ineffective in reducing oedema or inflammation. Dead and doubtful tissues should be removed, and fat trimmed till fresh bleeding occurs. Aperture of the sore should be enlarged and multiloculated cavity should be converted into a single smooth walled cavity. Debridement can be repeated several times in case of a large slough.

At each dressing the wound and surrounding skin should be washed with an antiseptic solution. The sore can also be washed with 20 volumes of hydrogen peroxide and dressed with medicated gauze. Vaseline gauze prevents access of antiseptics and blocks drainage. Large defects can be closed with split skin graft or pinch grafts.

References

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