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Pressure Ulcer Treatment

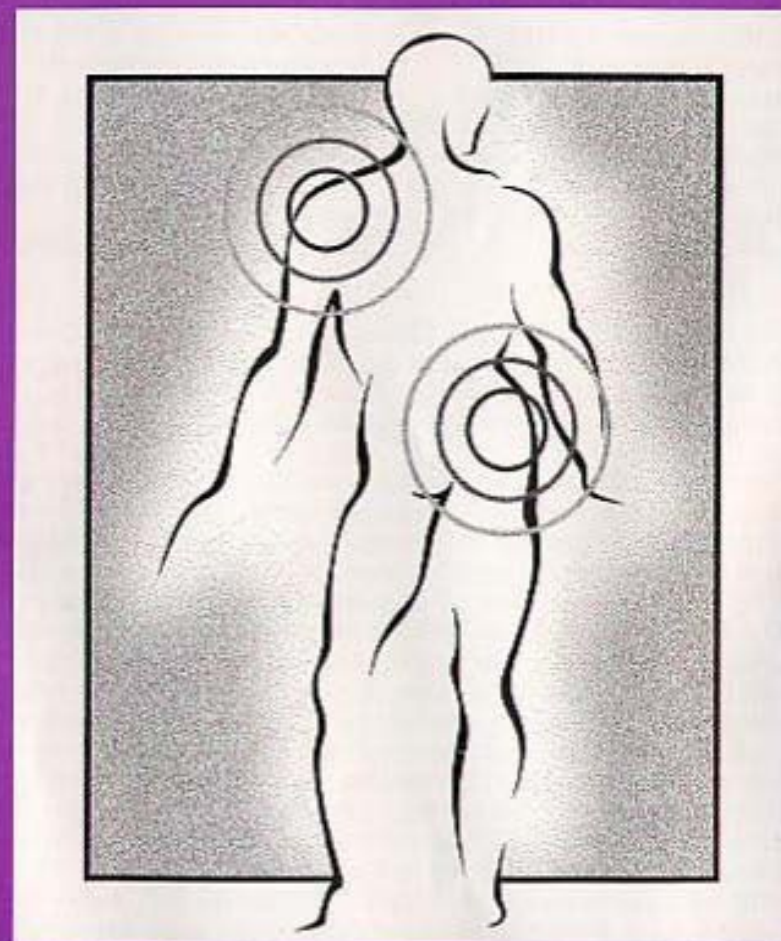
Clinical Practice Guideline

Quick Reference Guide for Clinicians

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Pressure Ulcer Treatment

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Adjunctive Therapies



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because they are difficult to keep intact. Taping the edges of dressings ("picture-framing") may reduce this problem.

Adjunctive Therapies

The roles of several adjunctive therapies in enhancing pressure ulcer healing have been investigated. The therapies considered by the panel included electrotherapy; hyperbaric oxygen; infrared, ultraviolet, and low-energy laser irradiation; ultrasound; miscellaneous topical agents (e.g., sugar, vitamins, elements, hormones, cytokine growth factors, skin equivalents); and systemic drugs other than antibiotics (e.g., vasodilators, hemorheologics, serotonin inhibitors, fibrolytic agents).

At this time, electrotherapy is the only adjunctive therapy with sufficient supporting evidence to warrant recommendation by the panel. The panel recommends that clinicians consider a course of treatment with electrical stimulation for Stage III and IV pressure ulcers that have proved unresponsive to conventional therapy. Electrical stimulation may also be useful for recalcitrant Stage II ulcers.

To date, this therapy has been limited to a small number of research centers. Clinicians considering electrical stimulation therapy should ensure that they have proper equipment and trained personnel who are following protocols shown to be effective and safe in appropriately designed and properly conducted clinical trials.

Managing Bacterial Colonization and Infection

Stage II, III, and IV pressure ulcers are invariably colonized with bacteria. In most cases, adequate cleansing and debridement prevent bacterial colonization from proceeding to the point of clinical infection. Recommendations regarding the management of colonization and infection follow. Figure 7 guides the clinician through a preferred pathway for managing ulcer colonization and local and systemic infection.

Pressure Ulcer Colonization and Infection

Cleansing and debridement.

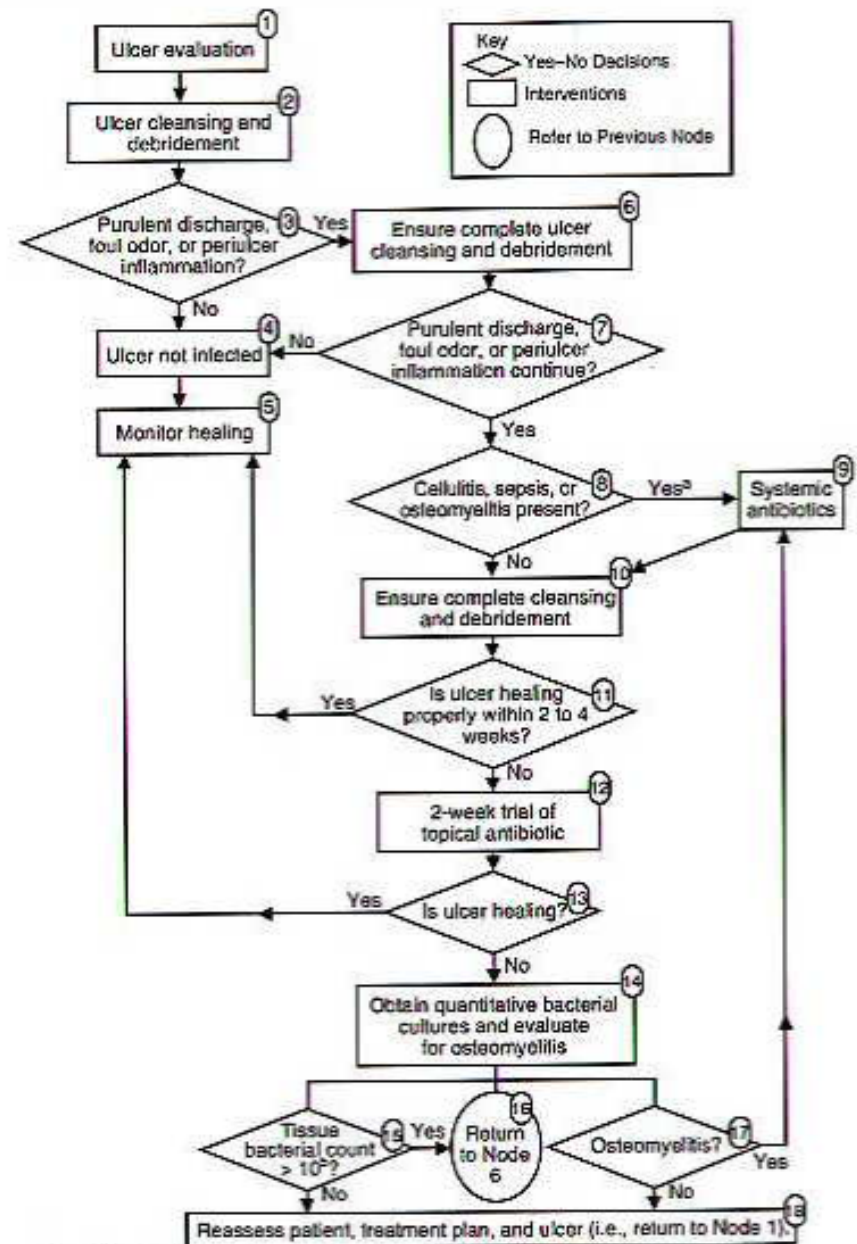
Minimize pressure ulcer colonization and enhance wound healing by effective wound cleansing and debridement. If purulence or foul odor is present, more frequent cleansing and possibly debridement are required.

No swab cultures. Do not use swab cultures to diagnose wound infection because all pressure ulcers are colonized. Swab cultures detect only the surface colonization and may not truly reflect the organism(s) causing the tissue infection.

Topical antibiotic trial. Consider a 2-week trial of topical antibiotics for clean pressure ulcers that are not healing or are continuing to produce exudate after 2 to 4 weeks of optimal patient care (as defined in this guideline). The antibiotic should be effective against gram-negative, gram-positive, and anaerobic organisms (e.g., silver sulfadiazine, triple antibiotic). Monitor for allergic sensitization and other adverse reactions.

Diagnosis of soft tissue infection and osteomyelitis. Healing may be impaired if bacterial levels exceed 10^5

Figure 7. Managing bacterial colonization and infection



^aSuspicion of sepsis requires urgent medical evaluation and treatment. Treatment of sepsis is not discussed in this guideline.