

Commissure Pressure Damage in older prone patients

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Problem

Increased numbers of Datix incidents were reported for commissure / facial pressure sores during the pandemic first wave as more ITU patients needed to be nursed prone.

Background

- No guidance in place for facial sores/ damage in the trust
- Proning or prone positioning is the placement of patients so that they are lying on their stomach. This is used in the treatment of patients in intensive care with Acute Respiratory Distress Syndrome
- When deciding to prone a patient appropriate care of the face and mouth should be undertaken to prevent pressure sores and wounds developing as this is an important part of patient care.
- One of the most common complications of nursing patients in the prone position is the occurrence of pressure ulcers
- Damage to the mouth or face can result in decline in mental health and social functions
- Older patients are more likely to be intubated

Case Report

Medical History
Prostate problems
DVT
Gouty arthritis
Hypotension
CKD 3

On Warfarin

Social History

Lives at home with wife, usually active walked dogs twice a day

No carers

Male 74 Years old

Patient has reduced dentition with some heavily filled molars pt has no partial dentures to replace missing dentition he usually attends the dentist every six months but recently unable to due to the pandemic.

Reason for Admittance

- Patient was admitted due to a collapse on floor and loss of consciousness
- Had been feeling unwell for last two days
- Loss of appetite reported and generally feeling lethargic.

Diagnosis

- Chest X-ray shows left base consolidation patient being treated for Community Acquired Pneumonia (CAP) and Urinary Tract Infection (UTI)
- Acute problems postural Hypotension secondary to the UTI & CAP
- Contracted Covid + ve whilst an inpatient

Challenges

- Limited mouth opening
- Limited space due to endotracheal tube in place
- Xerostomia
- Access to the back of the mouth / dentition
- Keeping skin dry due to leaking secretions
- Pressure to face due to position
- Length of Proning can be up to 18 hours
- Patients over 70 years old skin easily damages through dehydration / other factors
- Medical conditions that affect blood supply e.g. kidney failure, Parkinson disease, diabetes
- Oral nutrition once weaned of ventilator
- The use of Endotracheal Tape to secure tube instead of anchorfast device
- Possible infection or bacterial colonisation in broken skin
- Trauma to the oral mucosa

Assessment

- Graze of the buccal mucosa
- Grade 2 pressure sore to left
 Commissure which was approx. 2cms
 skin was red and weeping with fluid like liquid.

Plan

- MDT discussion with specialist input
- Proning plan discussed ahead of procedure
- Oral care plan to be put in place and carried out
- Mouth care assessment and skin assessment carried out and recorded.
- Mouth care lead to follow up patients mouth care until discharge with EDN input

Patient outcome

- Patient weaned off ventilator
- Step down from ITU to ward
- Input from speech and language due to deconditioning of swallowing from being intubated.
- Mouth care input for help with Xerostomia and sore to left commissure.

Recommendations for mouth care before Proning.

Before carrying out any mouth care insure the Endotracheal tube cuff is inflated to prevent aspiration, and its important to note how far the endotracheal tube is in the mouth.

- Carry out tooth brushing at least once a day ideally with a disposable toothbrush. Try and brush all surfaces of the teeth ideally with a small headed toothbrush that has a long handle for better access
- Avoid using electric toothbrushes as they generate more aerosol spray.
- Use a smear of non- foaming toothpaste on a dry toothbrush to prevent the build up of secretions.
- Carry out gentle oral suctioning or use a singleuse suction toothbrush.
- carry out dry mouth care regularly by moistening the mouth with water or using a dry mouth gel on a toothbrush as needed
- Gently brush the tongue in a forwards sweeping action
- Make sure the lips are regularly lubricated with a lip balm or water based gel.

Outcome

- After working with Tissue viability lead I
 have written guidance and this has now been
 implemented (see below arrow chart) to help
 reduce the amount of Pressure sores to the
 face.
- This is now in place across all three ITU departments.
- Is in place on our trusts managing covid-19 page for staff access.

- Cleanse face carefully with senset foam careful not to get in the mouth
- Ensure mouth care is carried out following the mouth care guidance for covid-19 patients found on the trust page managing covid-19 patients

Clean

- Apply Medi-derm or cavilon lollipop to the cheek and commissure (angle of mouth) this helps to prevent moisture damage from any fluids that may collect.
- Allow to dry
- Protect lips with a lip balm / moisture gel (oralieve gel)
- Place absorbent sheet under head to collect any fluid

Protect

 Place appropriately sized duoderm dressing / Kerrapro strip to cover the angle of mouth

- If dressing peels away check to ensure moisture is not collecting below the dressing if it has remove and repeat clean & Prepare stages then re-apply new dressing.
- Dressings should be checked every 2 4 Hourly.

Dressings used

Duoderm Dressing comes in various sizes



Kerrapro strips comes in various sizes

Conclusion

When patients are needing to be placed in the prone position to help with the respiratory distress it is essential that we try to minimise damage to the commissure/face. This is especially important for our older people due to the contributing factors that may impinge on healing, not just of the mouth/face as the damage sustained may also cause delayed recovery, i.e. eating & drinking. It can affect communication due to pain or discomfort. This highlights the importance of the multidisciplinary team working together in this pivotal time, to ensure that the health of our older peoples mouth care is included in the wider care we provide..

References

- 1. The Faculty for Intensive Care Medicine 2019, Bloomfield, Noble, Sudlow 2015
- 2. Mouthcarematters
- 3. https://www.nhs.uk/conditions/pressure-sores/