

Malnutrition in Patients with Decubitus Ulcers, Early Treatment Necessary

SANTA BARBARA, CA, UNITED STATES, January 18, 2023 /EINPresswire.com/ -- "There must be no delay in treating malnutrition in patients with deep Grade III or Grade IV decubitus ulcers as the body needs to be in 'positive nitrogen balance' to build tissue and this is directly related to residual protein stores and ongoing nutritional intake" ... Greg Vigna, MD, JD, national malpractice attorney, wound care expert



Greg Vigna, MD, JD, wound care expert and elder abuse attorney states, "I have had hundreds of frank discussions with family members related to the nutritional status of patients who have suffered deep Grade III and Grade IV decubitus ulcers because of the neglect of hospitals and nursing homes. Nutritional requirements to support healing are immense and if the patient and their families are committed to cure all options including a temporary percutaneous feeding tube (PEG) must be discussed early if oral supplements are not tolerated."

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Holding hospitals and nursing homes accountable is our purpose but also seeing to it that our clients are afforded an opportunity to receive care from hospitals that are best able to manage them."

Greg Vigna, MD, JD

Dr. Vigna adds, "Patients with deep Grade III and Grade IV decubitus ulcers need twice the calories and protein to support wound healing. That means they must be able to reliably tolerate three full meals a day, plus four cans of Ensure or Boost Supplement Shakes in between meals. By providing the tenants of decubitus ulcer management, wounds will improve: 1) If necrotic tissue is removed, 2) If they are not infected, 3) If conservative wound care is

adequate to reduce bacterial colonization, 4) If there is complete and reliable pressure relief, AND 5) If there is adequate and reliable nutritional intake. Temporary feeding tubes should be offered if intake by mouth is not reliable or inadequate to support wound healing if that is the ultimate goal in treatment."

Dr. Vigna adds, "I have managed hundreds of patients with huge wounds who present to my hospital with albumins of less than 2.0 grams/dL which represents profound malnutrition. There will be no evidence of wound healing until protein intake is higher than protein breakdown. As the nutritional status improves when coupled with the tenants of decubitus management you will start seeing increased granulation tissue at the wound base which is indicative of wound healing. I have managed horribly sick patients who have been admitted septic from infected wounds from nursing home neglect, all of which who are profoundly malnourished. Long-term acute hospitals with the scope of services to provide the tenants of wound care allow these otherwise unsalvageable patients to get on a path to cure. It might take six weeks or three months, but it is possible, if the goal of the patient and their family is wound healing."

Dr. Vigna also states, "Generally the rule of thumb is that patients who underwent PEG tube placement to allow for reliable nutritional intake will start eating again once they begin feeling better as the wound heals conservatively or by surgical closure."

Dr. Vigna's tenants for management of deep Grade III and Grade IV decubitus ulcers:

- 1) Complete and reliable pressure relief of the wound
- 2) Nutritional support
- 3) Treatment of infection, if present, and physical removal of necrotic tissue
- 4) Treatment of anemia
- 5) Local wound care with wet or moist to dry dressing changes, frequency of changes depending on drainage
- 6) Surgical closure, if patient and family, consent to the risks versus benefits of surgical management and the patient is medically optimized

Dr. Vigna concludes, "Holding hospitals and nursing homes accountable is our purpose but also seeing to it that our clients are afforded an opportunity to receive the care from physicians and hospitals that are best able to manage them is our calling."

Dr. Vigna is a California and Washington DC lawyer who focuses on catastrophic injuries including spinal cord injuries, traumatic brain injury, birth injury, vaginal mesh neurological injuries, and hospital and physician malpractice, and nursing home decubitus ulcers. [The Vigna Law Group](#) along with Ben C. Martin, Esq., of the Martin Law Group, a Dallas Texas national pharmaceutical injury law firm, jointly prosecute hospital malpractice and nursing home neglect cases, nationwide.

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