

Kennedy Ulcer: End-of-life Decubitus Ulcer

We must examine if a decubitus ulcer was unavoidable and if the patient received the necessary treatment and service.

SANTA BARBARA , CALIFORNIA , UNITED STATES ,
August 10, 2023 /EINPresswire.com/ -- "The committee members then investigated how long residents lived after developing a pressure injury and found that 55.7% died within 6 weeks. They coined the term 'Kennedy terminal lesion'. Kennedy...noticed that residents who had a sudden appearance of a red, yellow, or black bilateral pear-shaped ulcer...on sacrum or coccyx seemed to be at increased risk of impending death" ... Advances in Skin & Wound Care. Vol. 32, No.3, March 2019.

Greg Vigna, MD, JD, national malpractice attorney, and wound care expert, says, "The Centers for Medicare & Medicaid Services really got it right when it reviewed the topic of bed sores that occur near the time of death in 2004 as they look past the term 'Kennedy Ulcer' and examined if a decubitus ulcer was unavoidable and if the patient received the necessary treatment and service to 'promote healing, prevent infection and prevent new sores from developing'. When we see the term Kennedy Ulcer, in a chart during our investigation of a client with a hospital-acquired or nursing home-acquired decubitus ulcer we do the same thing."



Dr. Greg Vigna

Karen Kennedy, a registered nurse, published a retrospective case review of 95 pressure injuries that occurred in a long-term facility where 51 of the patients died. Locations of the ulcers included the coccyx (23.4%), followed by the hip (17.4%), and the heel (14.8%). She reported that once these 'Kennedy terminal lesions' appeared, the life expectancy was 2 weeks to several months with 55.7% dying within 6 weeks of the discovery of these ulcers.

Dr. Vigna states, "Her observations beg the question of how many of these unfortunate patients were afforded the benefit of being transferred to a higher level of care, such as a long-term acute hospital where they could receive the care they deserve? How many of these patients were afforded the opportunity to receive nutrition support, IV antibiotics to treat infection, clinitron bed management to guarantee 100% pressure relief, and how many received necessary



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Greg Vigna, MD, JD

debridement to remove the dead tissue that was ‘discovered’ but not prevented on their pressure points with the bed.”

Dr. Vigna adds, “Ms. Kennedy described a sudden appearance of a red, yellow, or black bilateral pear-shaped ulcer predominantly on the sacrum or coccyx that seemed to be at increased risk of impending death. My opinion based on two decades of helping the injured is that these patients have developed a deep tissue injury from neglect and these patients need medical help immediately, not a ticket to hospice care.”

Dr. Vigna concludes, “Kennedy ulcers should only be used in patients who have severe hypoperfusion with documented low blood pressures despite the use of pressors such as vasopressin that is necessary during sepsis. My legal team will not stop our investigation when we see the term Kennedy ulcer written in the chart. The important question is whether this wound was preventable or not. These opinions are best made by critical care physicians who are trained in wound care and not by hospital or nursing home employed physicians or nursing staff.”

Greg Vigna, MD, JD, is a national malpractice attorney and an expert in wound care. He is available for legal consultation for families and patients who have suffered decubitus ulcers because of poor nursing care at hospitals, nursing homes, or assisted living facilities. 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 and nursing home neglect cases that result in bedsores nationwide.

To learn more about the current pressure ulcer trends, [click here](#).

Read about stage 3 and 4 pressure injuries [here](#).

[Explore](#) literature on terminal ulcers, SCALE, skin failure, and unavoidable pressure injuries.

Greg Vigna, MD, JD

Vigna Law Group

+1 800-761-9206

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