

# Vasoconstrictor Agents in Sepsis: Cause or Effect for Bedsore/Decubitus Ulcers

*Vasoconstrictor agent administration raised the risk of pressure injuries in critical care patients by nearly twofold.*

SANTA BARBARA, CA, UNITED STATES, September 20, 2023 / EINPresswire.com/ -- "Vasoconstrictor agent administration raised the risk of pressure injuries in critical care patients by nearly twofold. More emphasis should be placed on the timely prevention of pressure injuries in patients receiving vasoconstrictor agent administration in the ICU"...Advances in Wound Care, 27, July 2023.



[Greg Vigna, MD, JD](#), national malpractice attorney, wound care expert, says, "Pressure injuries are all preventable unless there is profound, sustained, and documented hypotension with evidence of other end-organ damage. The use of vasoconstrictor would not be the cause of a Grade III or Grade IV [decubitus ulcer](#) because you are not seeing these types of injuries in locations other than those that are in direct contact with the bed."

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*Greg Vigna, MD, JD*

What are vasoconstrictors: Vasopressin, norepinephrine, and dopamine are commonly used drugs required to maintain blood pressure in ICU patients who have septic shock which is low blood pressure caused by sepsis. These medications by different mechanism increase blood pressure to prevent brain, kidney, liver, and heart damage from low blood pressure.

What did the article show:

1) A review of twenty-six studies involving 50,192 patients

revealed that pressure injuries were identified in 5.8% of patients got pressure injuries.

2) 3.5% of patients who did not require vasoconstrictors developed decubitus ulcers.

3) 10.9% of patients who required vasoconstrictors developed decubitus ulcers.

Why is this article important? Dr. Vigna explains, "This is an easy risk factor for the ICUs to identify those who may require clinitron beds or other interventions that would be preventative of serious Grade III and Grade IV decubitus ulcers. I have seen many patients with bruising of the sacrum and coccyx which indicate a deep tissue injury after discharge from various ICUs across the country. An overwhelming majority of these patients had no evidence of profound, sustained hypotension with no other evidence of end-organ injury to the kidneys, liver, or brain that may result from clinically significant hypotension."

Dr. Vigna continues, "Decubitus ulcers are preventable except in end-stage conditions where death is imminent such as metastatic bone cancer and the pain caused by nursing personnel providing patient repositioning cannot be controlled with morphine. Even in these unusual situations, I would prescribe a Clinitron Bed which allows for complete pressure relief without turns. Decubitus ulcers that occur in ICUs across the country are preventable by repositioning every two hours and if technically that can't happen, early utilization of a Clinitron bed would be preventative."

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.

[Contact Vigna Law Group](#) today for your free case evaluation and find out how we can help you.

Resources:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10144322/>

<https://journals.sagepub.com/doi/full/10.1177/00031348231158691>

<https://nursing.ceconnection.com/ovidfiles/00129334-201903000-00004.pdf>

<https://www.liebertpub.com/doi/full/10.1089/wound.2022.0081>

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