

Ineffective Decubitus Ulcer Preventative Care: The Results Speak for Themselves

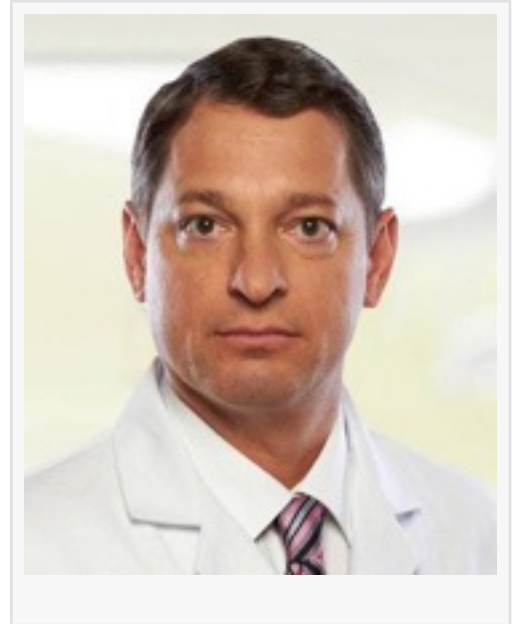
Optimal repositioning frequencies from human studies for decubitus ulcer prevention

SANTA BARBARA , CALIFORNIA , UNITED STATES , November 27, 2023 /EINPresswire.com/ -- [Greg Vigna, MD, JD](#), national decubitus ulcer attorney explains, "The principles of decubitus ulcer prevention were described by Dr. Michael Kosiak in 1961 and his opinions have stood the test of time."

What did Dr. Kosiak say?

"Since it is impossible to completely eliminate all pressure for any period of time, it becomes imperative that the pressure be completely eliminated at frequent intervals in order to allow circulation to the ischemic tissue."

"Skeletal muscle from both normal and paraplegic rats exhibited a high degree of susceptibility to low constant pressures for relatively short periods of time"



“

The Centers for Medicare & Medicaid Services call the occurrence of decubitus ulcers a never event. Patients who suffer hospital-acquired Stage 3 or Stage 4 decubitus ulcers weren't turned adequately."

Greg Vigna, MD, JD

"A critical time interval at which pathological change occurs in both normal and denervated skeletal muscle following the application of pressure was noted. This critical period was between one and two hours."

Dr. Vigna explains, "Dr. Kosiak is saying that muscles are more susceptible to pressure than the skin. The muscle dies first from prolonged pressure, preventing blood flow to the muscles at the capillary level and the skin subsequently dies."

What do human studies reveal is the most appropriate interval of turning?

"The Level 1 studies demonstrated that different repositioning frequencies (e.g. two, three, or

hour hourly) are all at least somewhat effective” ... The International Guideline 2019. Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline.

“Repositioning older persons at risk of pressure ulcers every three hours at night, using the 30-degree tilt, reduces the incidence of pressure ulcers compared with usual care (turns every 4 hours)” ... Journal of Clinical Nursing, 20, 2633-2644.

Dr. Vigna concludes, “Avoidable bedsores are never events because basic bedside care of a dependent patient prevents these types of outcomes. It starts with turns every two hours when in bed with the head of the bed at 30 degrees. The position of the Centers for Medicare & Medicaid Services is that these should never happen.”

Greg Vigna, MD, JD, is a national malpractice attorney. 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.

Resources:

<https://books.google.com/books?hl=en&lr=&id=LbiD5wshnEAC&oi=fnd&pg=PA8&dq=albino+decubitus&ots=beTG-n3oHv&sig=xOHqfauwcbCyAcffY86cUul80Xg#v=onepage&q&f=false>

<https://pubmed.ncbi.nlm.nih.gov/13753341/>

<https://static1.squarespace.com/static/6479484083027f25a6246fcb/t/6553d3440e18d57a550c4e7e/1699992399539/CPG2019edition-digital-Nov2023version.pdf>

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