

# ICU Acquired Decubitus Ulcers: Prevention and Early Intervention

*Critically ill patients need frequent repositioning, specialized mattresses, and tailored care to prevent pressure ulcers*

SANTA BARBARA , CALIFORNIA , UNITED STATES , June 19, 2024 /EINPresswire.com/ -- "Critically ill patients often have complex medical conditions that may limit their ability to be repositioned frequently, necessitating a careful assessment and tailored approach" states Dr. Flavia Castelino, Ph.D.

What else did Dr. Castelino report in "Nursing Interventions to Prevent Pressure Ulcers in Critically Ill Patients: A Review of the Evidence", published in the Asian Journal of Research in Infectious Disease. Volume 15, Issue 6, pg. 34-43, 2024?

"Critically ill patients are at particularly high risk for developing pressure ulcers ... as these patients often require prolonged bed rest or are mechanically ventilated ... Additionally, compromised nutrition, common in critically ill patients, can impair skin integrity and delay wound healing. Altered perfusion, which may be due to sepsis, shock, or the use of vasopressors, further exacerbates the risk by reducing blood flow to the skin and underlying tissues.

Evidence indicated that adhering to a two-hour turning schedule reduced the rate of pressure ulcers by 50%.

Specialized support surfaces, including high-density foam mattresses, alternating pressure mattresses, and air-fluidized beds, play a vital role in ... minimizing the risk of pressure ulcers."

Read Dr. Castelino's article: <https://journalajrid.com/index.php/AJRID/article/view/354>

[Greg Vigna, MD, JD](#), national decubitus ulcer attorney states, "We are seeing individuals with deep Stage 3 and Stage 4 [decubitus ulcers](#) caused by poor nursing care in ICUs. The intensive care unit is generally where the most experienced nurses work, and this is not good. Hospitals



Dr. Greg Vigna



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*Greg Vigna, MD, JD*

are diverting financial resources away from the bedside and simply not providing education, skills training, and failing to provide adequate staffing.”

Dr. Vigna adds, “Dr. Castelino describes the evidence-based prevention which must involve repositioning of dependent patients every two-hours and for those at most risk for serious decubitus ulcers, should be prescribed high-density foam mattresses, alternating pressure mattresses, and air-fluidized beds. Education and training

of healthcare staffs is critical and this must be ongoing every quarter as new staff come and go.”

Dr. Vigna concludes, “Patients who suffer deep Stage 3 or Stage 4 decubitus ulcers should not be fast-tracked to palliative care and hospice before plastic surgery is consulted. They should be prescribed a clinotron bed to ensure guaranteed pressure relief to allow for healing. These are serious medical conditions as Dr. Damioli’s study shows that those who have Stage 4 decubitus ulcers have a poor prognosis with nonsurgical care with a 17% risk of death at one year and 44% risk of readmission to an acute care hospital with complications caused by the bedsore.”

Read Dr. Damioli's study: <https://journals.sagepub.com/doi/full/10.1177/20499361231196664>

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 due to poor nursing care at hospitals and nursing homes. [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: <https://vignallawgroup.com/decubitus-ulcer-compensation/>

Greg Vigna, MD, JD

Vigna Law Group

+1 800-761-9206

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