

THE USE OF MEDIHONEY® IN A PAEDIATRIC PATIENT WITH LIMITED MOBILITY AND AT HIGH RISK OF PRESSURE DAMAGE

Greenhill A, Barron K, Holmden E, Harris L.
Bedelsford School, Kingston Upon Thames, UK

INTRODUCTION

This case study involves a 16 year old boy (J), who has Cerebral Palsy and Spastic Quadriplegia, who is also visually impaired. J takes routine medication and also inhalers for his asthma and medication for his hayfever. J also suffers from very sensitive skin and is allergic to many dressings and plasters. Due to his condition, J has involuntary movements which make the adherence of any dressing very difficult. He is a high risk from developing skin breakdown secondary to pressure, which can occur without warning.

DISCUSSION

Children with multiple disabilities that are wheelchair bound are challenging to manage. Even with adequate pressure relieving measures, these children are at greater risk from skin breakdown than those without mobility problems, further complicated by repetitive spastic movements they are unable to control or feel. The complexity of their disabilities and medications often make it difficult to find appropriate dressings to meet their unique wound care needs. Appropriate dressing characteristics for these children include dressing which manage exudate while maintaining a moist wound environment, deliver antimicrobial activity to decrease bioburden, provide barrier protection from environmental contamination, offer cushioning to protect the wound from repeated trauma and exhibit minimal skin irritation during application and removal. The MEDIHONEY® range of products exhibit all these characteristics.

METHOD

J developed an infected pressure sore on his left heel, caused by spastic trauma of repeatedly striking of his left heel on the support of his wheelchair. The wound was approximately 3.5cm wide and long. The exudate level was moderate but the wound was sloughy with a large amount of purulence.

J was given a course of antibiotics and MEDIHONEY® Apinate was placed over the wound covered with a Mepilex border. The Apinate was changed initially every 4 days for 2 weeks and then every 7 days for the next two months. MEDIHONEY® Barrier Cream was only applied when the surrounding skin began to peel.

CONCLUSION

In spite of the many difficulties presented when treating J, the rapidity of wound closure, despite repeated trauma from the child's spastic movements, demonstrate the optimal characteristics of MEDIHONEY® Apinate for this application. Both the nurses at J's school and his parents were impressed with the speed that the wound healed and will now be using MEDIHONEY® on all children within the school.

RESULTS

The dressing was changed frequently and within two weeks, there was a significant reduction of both purulence and exudate levels. The pressure sore was re-epithelialized about 8 weeks after the initial application of MEDIHONEY® Apinate. MEDIHONEY® Barrier Cream was continued after closure to protect the delicate tissue and maintain skin moisture.



20/6/16



4/7/16



17/07/16