Case Study: Preventing Pressure Ulcers, Lesson 1

Jack Simpson Case

Jack Simpson is a 67-year-old diabetic patient undergoing hip replacement surgery. Other than his diabetes, Mr. Simpson is in good health. He exercises regularly, maintains a healthy weight, and prides himself on not “being the type” to get sick. He has decided to replace his hip in preparation for his youngest daughter’s wedding in four months — he wants to be able to walk her down the aisle without pain and, hopefully, share that special dance.

After an uneventful surgery, Mr. Simpson is taken to the postoperative unit for monitoring. The hospital is experiencing high patient volume, and Mr. Simpson has to wait several hours before a bed in the medical/surgical unit becomes available. Although nurses from the postoperative unit regularly check Mr. Simpson’s vital signs, they do not perform a complete physical assessment, which would include a check as to whether he is at risk for pressure ulcers.

Six hours later, Mr. Simpson is admitted to the medical/surgical floor. The intake nurse begins to perform a brief physical assessment, but is pulled away before completing it because a “code blue” was called and she needed to help resuscitate a patient. As she rushes out of the room, Mr. Simpson tells her to take her time; he is doing “just fine.”

Throughout the next day, Mr. Simpson experiences nausea from the surgery and a little congestion, preventing him from getting out of bed and going to physical therapy. Toward the end of the day, Mr. Simpson starts to feel pain in his lower back. He is not one to complain and tries to reposition himself, but is limited by his new hip and is unable to get comfortable.

After 36 hours in virtually the same position, Mr. Simpson is stiff, very uncomfortable, and starts to feel pain on his backside. When a nurse on the night shift takes Mr. Simpson’s vitals, she notes he has a slightly elevated temperature and his heart rate is up. Upon examining him more closely, she notices a dark crimson patch on his tail bone. She checks his medical record and notes that this reddened area was not present before Mr. Simpson’s surgery. The nurse alerts the physician on call, and the hospital begins treatment of the affected area.

By this time, however, Mr. Simpson is extremely uncomfortable. The post-op pain from the hip replacement, as well as the discomfort from his emerging pressure ulcer, make it hard to get comfortable while lying in the bed. He also begins to run a high fever and is slow to
respond to antibiotics. While he was due to be released from the hospital after two days, Mr. Simpson’s pressure ulcer and delayed rehabilitation activities necessitate an extended stay — elevating the costs for Mr. Simpson’s treatment significantly.

A week later, Mr. Simpson is discharged to a home health organization to treat his pressure ulcer and continue his physical therapy for his newly replaced hip. This additional treatment delays Mr. Simpson’s long-term recovery. Instead of being up and walking in a couple of days, Mr. Simpson’s recovery stretches across several months.

Mr. Simpson’s life has changed dramatically since he entered the hospital. He no longer walks his dog each morning — something he has enjoyed for years. He has stopped volunteering at the local food pantry and he can’t make his regular card game with friends. He spends most of his day in bed or on the couch. The once gregarious and outgoing man has become removed and depressed.

Although he is able to walk his daughter down the aisle, he is distracted by the pain of his hip; embarrassed by his inability to walk without a cane; and unable to truly appreciate the joyous occasion. A dance with his daughter is out of the question. This experience has not only caused tremendous discomfort for Mr. Simpson, but also great sadness and frustration for him and his family.