A 91-year-old Hispanic female presented with a Stage 3 sacral ulcer in the home setting. She was referred for advanced wound assessment and management. The patient’s history was significant for Alzheimer’s disease, HTN, Type 2 Diabetes, and a Fractured pelvis. At time of referral the patient was receiving home health care nursing and the ulcer was treated with silver sulfadiazine. Treatment was changed to honey-based gel due to presence of slough tissue.

**Clinical Problem/Clinical Approach**

Pressure ulcers can be difficult to manage in the home setting with patients who are bedbound and incontinent of stool and urine. The patient had home health aide care for hygiene and ADLs, Home Health RN for wound care on the days not visited by advanced wound specialist and was offloaded with a low air loss mattress. Patient was responding positively to wound treatments for a brief period.

**REFERENCES**


http://www.kennedyterminalulcer.com

Despite use of advanced wound care products, strict adherence to skin care and offloading, and daily wound care the patient declined. It was reported to the advanced wound specialist by the home health RN that there was a sudden, dramatic change in the ulcer appearance. The ulcer had turned black in color practically overnight. When assessed by the advanced specialist it was determined that the patient had developed a Kennedy Terminal Ulcer (KTU). The patient was referred to hospice care and expired 6 days later.

**Conclusions**

KTUs were first described over 30 years ago and were associated with the dying process. Although the exact etiology is not known, it is thought to be the shunting of blood away from the skin as it dies (skin failure). It is similar to other types of organ failures seen in the dying process. KTUs appear as a sudden discoloration of the skin usually in the sacral area in a butterfly or pear shape and are usually purple or black. Properly diagnosing KTUs affords the clinical an opportunity to help family with providing terminal care. In this case, referring the patient to hospice care and speaking openly with the family about eminent, death provided an opportunity to bond with the patient in the last days.