

# Is Packing Dead Space Really Necessary for Wound Measurement Improvement?

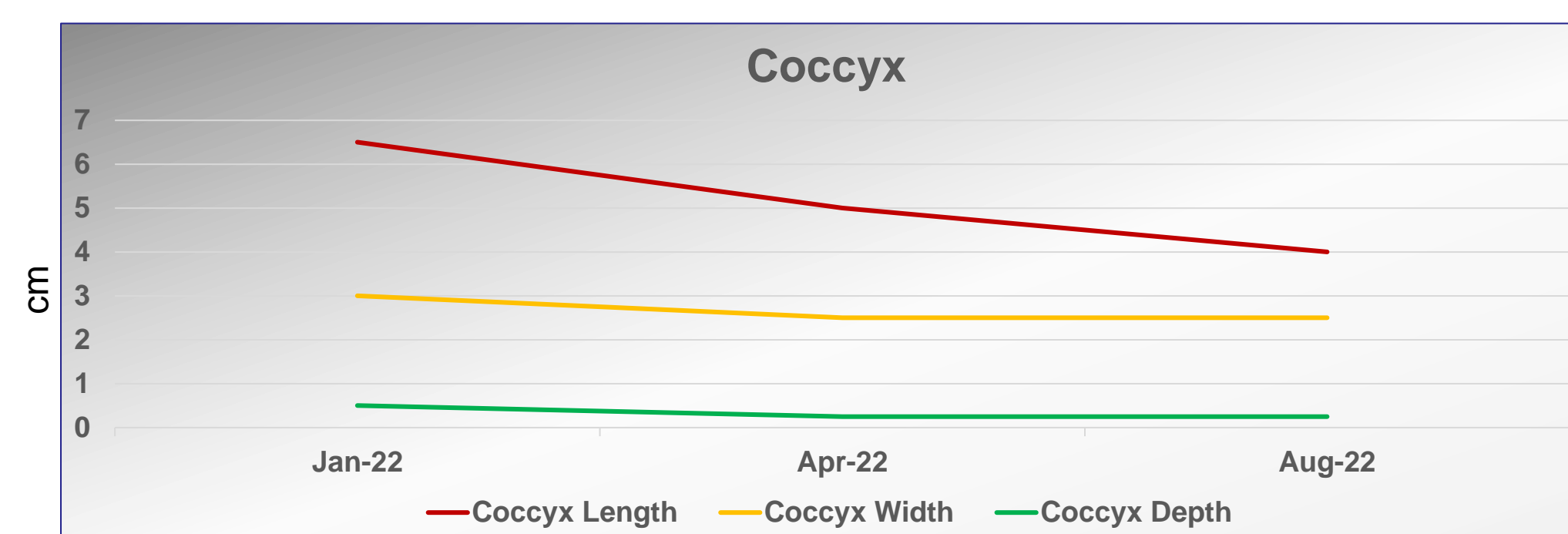
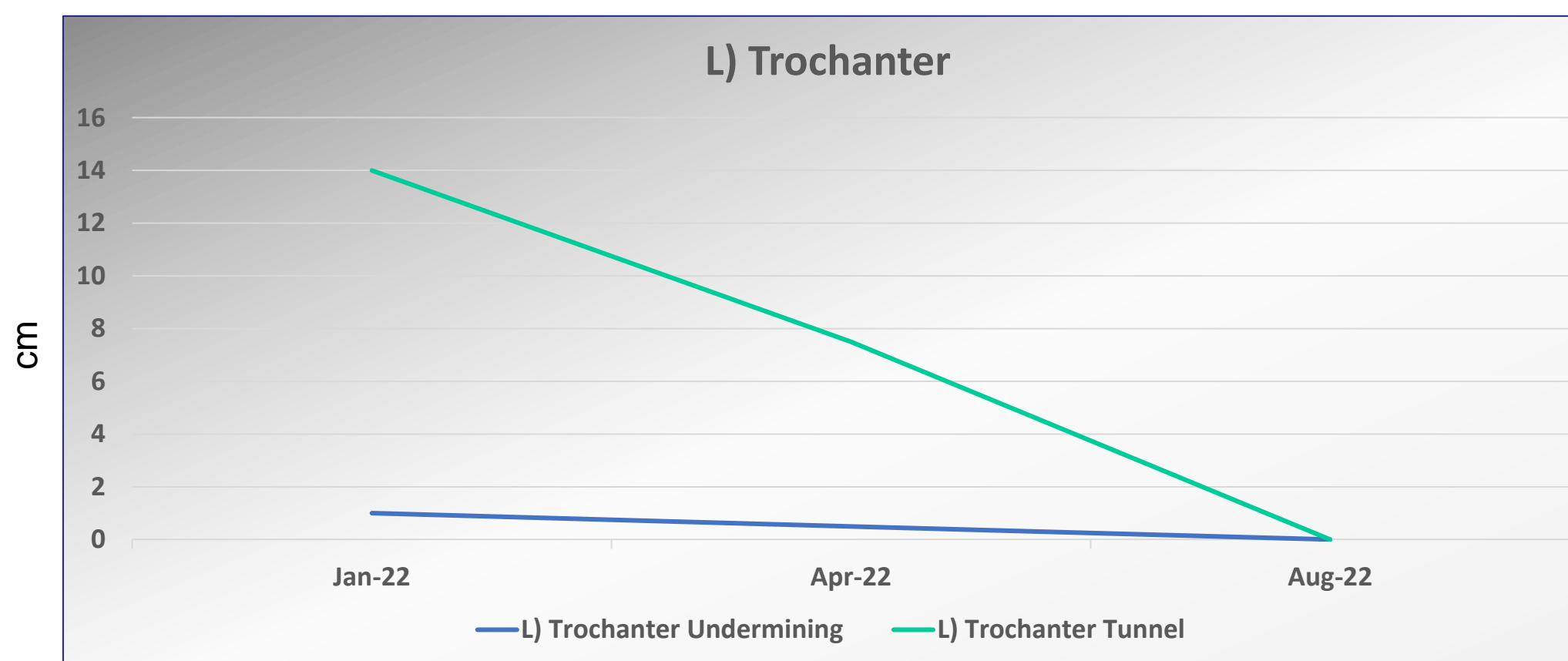
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## BACKGROUND

Current clinical guidelines and research indicate that packing dead space is necessary for wound measurement improvement.

## PURPOSE

To cost effectively manage and improve wound measurements for multiple chronic Stage 4 pressure injuries in the home setting, within the scope of practice of certified nursing assistant caregivers.



## METHODOLOGY

73-year-old male with multiple sclerosis since 1990. He was on a “cleansing” diet in 2021 resulting in significant weight loss and emaciated at time of initial WOC nurse consultation. His bedbound status with lack of pressure reduction/relief resulted in three Stage 4 pressure injuries; one on his coccyx and bilateral trochanters with dead space. He was totally caregiver dependent.

For eighteen months, these three wounds were managed in the outpatient setting with topical interventions using cleansing, packing the wounds including dead space with various moist wound care products as well as negative pressure wound therapy, without improvement. He was admitted to acute care twice for sepsis. Surgical biopsies were performed to rule out osteomyelitis in all three areas. After contracting COVID-19 in early 2022, his condition deteriorated, and he was no longer able to be transported for his appointments. Being close to death and wishing to die at home, he was admitted to hospice.

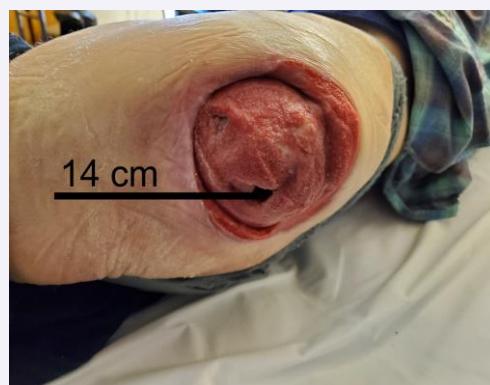








All family lived out of state. His daughter was power of attorney and half-brother an attorney. They arranged for a live-in person to manage the household. They hired a patient nurse advocate to manage his medical condition which included a WOC nurse and other certified or licensed nurses to provide knowledge and skills needed. Finances quickly became an issue and registered nurses could not be afforded for the dressing changes.

## PATIENT OUTCOME

Packing dead space was beyond the scope of practice for the certified nursing assistants. Therefore, for eight months, moist wound care products were used after cleansing, only in the wound beds without packing dead space. Dressings were changed three times per week and prn. All three wounds had improved measurements, including a 14 cm tunnel which completely closed on the left trochanter and a significant improvement with undermining measurements on the right. Granulation tissue developed over exposed bone on the coccyx wound.

## CONCLUSION

All three Stage 4 pressure injury wounds had improved wound dimensions despite not packing dead space. It was a cost-effective option of wound management within the scope of practice for certified caregivers. Research is needed in this area of wound management.

Month	L) Trochanter	Coccyx	R) Trochanter
January 2022	 8.0 x 9.0 x 1.0 cm U @ 12-12 = 1.0 cm T @ 5 = 14.0 cm	 6.5 x 3.0 x 0.5 cm	 2.0 x 3.0 x 1.0 cm U @ 6-8 = 2.0 cm T @ 5 = 4.0 cm
April 2022	 6.2 x 7.0 x 0.5 cm U @ 6-11 = 0.5 cm T @ 5 = 7.5cm	 5.0 x 2.5 x 0.25 cm	 1.5 x 2.5 x 0.5 cm U @ 6-8 = 1.0 cm T @ 5 = 1.5 cm
August 2022	 6.0 x 6.5 x 0.0 cm U = 0 cm T @ 5 = 0 cm	 4.0 x 2.5 x 0.25 cm	 1.0 x 2.5 x 0.5 cm U @ 6-8 = 0.5 cm T @ 5 = 0.5 cm

