DIABETIC ULCERS V PRESSURE ULCERS
SO, WHAT DO YOU CALL IT?

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Faculty Disclosure

Dr. Stone has listed an affiliation with:
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WHAT IS IT?

What causes that “Black Hard Tissue” on the heel?

- Pressure Ulcer
- Diabetic Foot Ulcer
- Arterial Ulcer
- Ischemic Ulcer
- Neuropathic Ulcer

Review

- Pressure Ulcer = wound from pressure
- Diabetic Foot Ulcer = wound on diabetic patient
- Arterial Ulcer = wound from lack of blood
- Ischemic Ulcer = wound with no oxygen
- Neuropathic Ulcer = wound from insensate tissue
Pressure Ulcer Definition

Localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction.

National Pressure Advisory Panel

Heel Pressure Ulcers

- Increasingly prevalent
- Second most prominent PU location
- Account for % of ulcers
  - 26% AC
  - 24% LTAC
  - 25% LTC

Salcido. Advances in Skin & Wound Care 2011

PU Prevention

- Agency for HealthCare Research & Quality (AHRQ) recommends:
  - Skin assessment
  - Risk assessment
  - Clear Care Plan

All necessary for pressure ulcer prevention
Diabetic Foot Ulcer
Definition/Classification

Diabetic foot ulcer is full-thickness penetration of the dermis of the foot in a person with diabetes

Classification Systems

Wagner Classification System

University of Texas Classification

How to differentiate?

- Identify the problem
  - Mixed etiology
- Create pathway for intervention
- Documentation
- Regulatory
- Reimbursement

Practitioner Knowledge

- Study
  - Photo of heel wound on pt with Diabetes
  - Nurses and Podiatrists
  - "How would this wound be managed?"

  - Nurses
    - 46% PU
    - 54% DFU
  - Podiatrists
    - 85% DFU
    - 15% PU
Evidence

• Diabetes
• Pressure
• Arterial insufficiency

National Institute for Health and Clinical Excellence

• NICE guidance sets the standards for high quality healthcare

• Guidance for practitioners on best practice for:
  – Diabetic Foot Ulcers
  – Pressure Ulcers

  – www.nice.org.uk

Diabetic Heel Ulcer in Ambulatory Patient

• Causative Factors
  – Loss of protective sensation
  – Excessive pressure

• Contributory Factors
  – Peripheral arterial disease
  – Intrinsic wound healing disturbances
  – Obesity
  – Poor vision

  – Singh N, Armstrong DG, Lipsky BA. JAMA 2005
Is there a Difference?

- PU
  - immobility and constant pressure

- DFU
  - multiple etiologies

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Case Study
QUESTIONS bring forward

- 1. How do you identify the problem?
- 2. What is your plan?

Multidisciplinary Team

- Knowledgeable about
  - pressure ulcers
  - diabetic foot ulcers

- Early assessment and intervention

PROPER ASSESSMENT CRITICAL

- Documentation/diagnosis
  - Home Care
  - Long Term Care
  - Hospital
Other Organization’s Position Statements

- Need to weigh in
  - Multiple impairments (legs/feet) (i.e. PAD, neuropathy)
  - Heel pressure ulcers due to immobility
- What are the ramifications of a label?
  - Payment
  - Proper treatment

Reimbursement Issues

Searching for answers
Selected References

- AHRQ Pressure Ulcer Toolkit. Available at http://www.ahrq.gov/research/ltc/pressureulcertoolkit/putool5.htm
- Peirce B, Mackey D, McNichol L. Wound Ostomy Continence Nurses Society Guidance on Oasis-C Integumentary Items. WOCN. December 2009
- Singh N, Armstrong D, Lipsky BA. Preventing Foot Ulcers in Patients with Diabetes. JAMA, January 12, 2005 293 (@) 217-227
- Shannon MA retrospective Descriptive Study of Nursing Home Residents with Heel Eschar or Blisters. Ostomy Wound Management January 2013;59 (1) 20-27