Kennedy Terminal Ulcer

Karen Lou Kennedy-Evans, RN, FNP, APRN-BC

• 1983
  – Skin Care Team 500 Bed LTC
    • Fort Wayne, Indiana
  – Weekly PU/PI rounds
    • Photographed
    • Evaluated
    • Measured
    • Documented
    • Made sure preventative and treatment plans were in place
Kennedy Terminal Ulcer

• Rounded with:
  – Wound nurse
  – Head Nurse
  – Pharmacist
  – DON
  – Dietician
  – Nurse aid
  – Medical Director in consultation
    • Dr. Stephen Glassley

Kennedy Terminal Ulcer

• PU/PI Team noticed
  – Some patients who developed pressure ulcers/injuries with certain characteristics went on to die
Kennedy Terminal Ulcer

- March 2, 1989
- 1st NPUAP Consensus Conference
  - #1 What is the prevalence and incidence of pressure ulcers in acute, long-term and home care settings?

- "Incidence of Pressure Sores in a 500 Bed Long Term Care Facility"
Kennedy Terminal Ulcer

- Roberta S. Abruzzese, EdD, RN, FAAN
  - Editor of Decubitus

1. Shaped like a pear
2. Always on the coccyx or sacrum
3. Red, yellow and black
4. Sudden onset
5. Death is imminent
Kennedy Terminal Lesion

Kennedy Terminal Ulcer (Retrospective Study)
Kennedy Terminal Ulcer (Retrospective Study)

Photographs I and II are typical Kennedy Terminal Lesions. It has been our experience that for these particular lesions the life expectancy has been from two weeks to several months.
Further Research & Additional Findings

Chapter 46

WOUND, OSTOMY, AND CONTINENCE NURSING SECRETS

Questions and Answers
Reveal the Secrets to Successful WOC Care

2003

- It can be shaped like a pear
- It is usually on the sacrum
- It can include the colors, red, yellow, and black
- The borders of the ulcers are usually irregular
  – www.hanleyandbelfus.com

Jean Martin Charcot

- French Neurologist
- “Father of Neurology”
- Text Book 1877
- 1st Describe MS
- Amyotrophic lateral sclerosis
- Sigmund Freud
  – One of his students
J. M. Charcot – 1877

Decubitus Ominosus

140 Years Later

Decubitus Ominosus

Kennedy Terminal Ulcer

Photo courtesy: Dot Weir
140 Years Later

Decubitus Acutus  3:30 Syndrome

Jean Martin Charcot

Decubitus Ominosus  Decubitus Acutus
Byron Health Center

Kennedy Terminal Ulcer 3:30 Syndrome

1877

Decubitus Ominosus

Decubitus Acutus
Decubitus Ominosus | 140 Years Later | Kennedy Terminal Ulcer

Decubitus Acutus | 3:30 Syndrome

Why is this Important?
Pressure Ulcers

- Not all pressure ulcers can be prevented ….and those that do develop may become chronic.

  » Federal Guidelines p.11

Unavoidable/Avoidable LTC

- **Nursing Homes F-tag 314**
  - Evaluate the resident’s clinical condition
  - Evaluate pressure ulcer risk factors
  - Define and implement interventions consistent with residents needs, goals, and recognized standards of practice
  - Monitor and evaluate the impact of the interventions
  - Revise interventions as appropriate
Unavoidable/Avoidable

• Acute Care
  – October 2008
  – Non payment for pressure ulcer Stage 3 and Stage 4 development

SCALE
(Skin Changes At Life’s End)

• Funded by Gaymar (NPUAP)
• Met in Chicago April 2008
• Discuss end-of-life (EOL) skin changes which included the Kennedy Terminal Ulcer
SCALE
(Skin Changes At Life’s End)

• Co-Chairs
  – Dr. Gary Sibbald
  – Diane Krasner

• Presented at the European NPUAP (EPUAP) in Brugge 9/4/08

• SCALE Final Consensus Statement
  – EPUAP Website

SCALE
(Skin Changes At Life’s End)

• Dr. Gary Sibbald
• Diane Krasner
• Dr. William Ennis
• Dr. David Thomas
• Oscar Alvarez
• Diane Langemo
• Dot Weir
• Joy Schank
• Tom Stewart

• Nancy Stotts
• Sharon Baranoski
• Elizabeth Ayello
• Nancy Faller
• Karen Lou Kennedy-Evans
• Jane Hall
• Rick Hall
• Cynthia Sylvia


AMDA Guidelines

- **Kennedy Terminal Ulcer**
  - Unavoidable Pressure Ulcer
  - P. 11
  - Considered a Deep Tissue Injury
    - ICD-9 Code 707.25

- **Unavoidable Pressure Ulcer**
  - Kennedy Terminal Ulcer
  - P. 11
  - Considered a Deep Tissue Injury
Skin ulcers that develop in patients who have terminal illness or are at the end of life should be assessed and staged as pressure ulcers, even if it is determined that the ulcer is part of the dying process (also known as Kennedy ulcers).

Kennedy ulcers can develop from 6 weeks to 2 to 3 days before death.

These ulcers present as pear-shaped purple areas of skin with irregular borders that are often found in the sacrococcygeal areas.

When an ulcer has been determined to be a Kennedy Ulcer, it should not be coded as a pressure ulcer.

Florence Nightingale

- If a patient is cold,
- If a patient is feverish,
- If a patient is faint,
- If he is sick after taking food,
- If he has a bed-sore,
- It is generally the fault not of the disease, but of the nursing.

– Notes on Nursing: What it is and what it is not (1859), 6.
Maybe there is another REASON

Benefits/Consequences of this Terminology

• Points out this occurs with impending death
• Challenges “We did something WRONG”
• Assists with Quality Measures
  – These wounds/lesions need not be coded as “Pressure”