

Where's the Clinitron Bed? Decubitus Ulcers Care

Acutely injured patients with spinal cord and traumatic brain injuries are at risk for hospital acquired deep Grade III and Grade IV decubitus ulcers.

SANTA BARBARA, CA, UNITED STATES, March 18, 2020 /EINPresswire.com/ -- Acutely injured patients with [spinal cord](#) injured and [traumatic brain injuries](#) are at risk for hospital acquired deep Grade III and Grade IV decubitus ulcer (bed sores).

The management of patients with deep Grade III and Grade IV Decubitus Ulcers requires a facility that can deliver a coordinated physician led effort including allied health professionals and physicians of multiple specialties to best manage the treatment of patients with these diagnoses. It is the author's opinion that spinal cord injured and traumatic brain injury patients are too complex for most post-acute rehabilitation hospitals and nursing homes and this population must be directed to appropriate facilities. The surgical management of deep Grade III and Grade IV decubitus ulcers are a significant economic burden with cost approximately \$120,000 and outcomes are optimized at hospitals with the resources to manage these patients and prevent complications.



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Dr. Greg Vigna

Greg Vigna, MD, JD, practicing physician, national neurological injury attorney, and Certified Life Care Planning has gained extensive experience during his residency at Baylor in Houston in Physical Medicine and Rehabilitation and managing a comprehensive wound care program at Northern Louisiana Specialty Hospital and medically providing both pre-operative and post-operative management of spinal cord and traumatic brain injury patients requiring myocutaneous flap closure. He states, “The most important aspect of a wound care program is

clearly the plastic surgeon. It has been my experience that there are some wounds that are best served by early operative management by way of myocutaneous flap. A lack of a plastic surgeon will take the patient down the wrong path leading to prolonged suffering, bed confinement, and recurrent infections.”

Dr. Vigna adds, “There must be one physician overseeing the patient's medical issues and rehabilitation. The medical issues are more often than not significant since patients with deep Grade III or IV decubitus ulcers are chronically ill. Patients must be maximized nutritionally and will require a licensed dietician working with physicians to maximize nutrition to support healing. Interventions will include calorie count, oral supplements, nutrition by vein, and feeding tubes that all of which will be necessary at some point when managing patients with decubitus ulcers. Simply malnourished patients will not heal. Speech therapy is necessary to evaluate and treat swallowing dysfunction that may interfere with proper nutrition. The Vigna Law Group is a

national neurological injury law firm, and we understand that our clients must capture all future care cost of complications that are more likely than not to occur over the life-time for those with spinal cord injury and traumatic brain injury. Wound complications must be considered and the cost of spasticity management to reduce the risk of wounds, specialized mattresses and wheelchairs must be captured and the expense of foreseeable hospitalizations in the future.”

The Vigna Law Firm’s Position Statement regarding Grade III and Grade IV Decubitus Ulcers: “It is simply unacceptable for a client to develop a decubitus ulcer while under the care of a health care provider. In fact, the National Quality Forum of the United States has identified Grade III and Grade IV Decubitus Ulcers as ‘never events which are inexcusable actions in a health care setting, the “kind of mistake that should never happen.”

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