INTRODUCTION:

Bedsore also called pressure ulcers or decubitus ulcers are injuries to skin and underlying tissue resulting from prolonged pressure on the skin.

STAGES OF BEDSORE:

1st Stage: The area looks red and feels warm to touch.

2nd Stage: The area looks more damaged and may have an open sore scrape or blister.

3rd Stage: The area has a crater – like appearance due to damage below the skin surface.

4th Stage: The area is severely damage and a large wound is present.

INCIDENCE OF BEDSORE:

Bedsore is a serious health issue for patients in all the kinds of settings. Incidence of bedsore varies from 0.4% to 38.0% in major hospitals ,2.2 to 23.9% in those on long term care and 0 to 17% in home care settings.

OUTCOME OF BEDSORE:

Once a bedsore develops, it is often very slow to heal. Depending on the severity of the bedsore, the person's physical condition and the presence of other diseases (such as diabetes), bedsore can take days, months or even years to heal. They may need surgery to help the healing process.

EXPECTED OUTCOME:

Patient will remain free of signs of wound infection: redness, drainage, odor, warmth. Patient will remain free of systemic infection as evidenced by temperature and white blood count within normal limits. Wound care dressing will remain intact to prevent the entrance of bacteria.

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AIMS OF THE STUDY:

The aim of the study is to measure the effectiveness of coconut oil in the management of bedsore in long stay hospitalized patient in ICU as well as WARD by measuring the following clinical outcomes.

1. Percentage of patient improved.
2. Duration required for healing (In Days)

METHODOLOGY:

All hospitalized patients admitted for more than 15 days were included in the study and Braden score of more than 14 with bedsore Grade 2 or less are included in the study. Braden score of less than 14, hospital stay length less than 15 and bedsore Grade less than 2 were excluded in the study.

A total of 675 patients enrolled in the study after meeting inclusion criteria, they were randomized to control group where standard protocol for bedsore management was implemented. A total of 340 patients were in the Coconut oil treatment group and 335 patients enrolled in the standard therapy group.

Standard therapy comprises of cleaning with Normal Saline followed by application of Siloderm ointment (Dimethicone, Zinc Oxide, Calamine & cetrimide Cream)and covered with Aquaseal Foam(promote wound healing rapidly, high absorbent and breathable surfaces keep the wound moist and clean)daily.

The Coconut Oil regime comprises of cleaning the at risk or already developed sore with Normal Saline or warm water followed by application of coconut oil ant Oxygen Therapy 2nd hourly 5 times in a day starting 6:00am – 22:00Hrs daily.

The standard position changed 2nd hourly was done for both the group.

Outcome measurement comprises of 2 parameters:

1. Percentage of improvement which is calculated by the following formula

Total Number of patient Improved/Total Number of patient with bedsore grade 2 or less than 2 X 100

2. Days taken for bedsore healing. Data collected with effect from June 2022 –

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RESULTS:

238 patients out of 340 patients treated with Coconut regime improved(70%) within an average of 11 days.

167 patients out of 335 patients treated with Standard Therapy improved(50%) within 14 days.

DISCUSSION:

STUDY FINDINGS:

In our study there is significant difference in percentage of improvement and average days to heal bedsore is seen favouring the coconut oil regime. The days taken for improvement is also seen better in coconut oil regime and the procedure of using coconut oil in bedsore management is easy to do and cheaper.

CONCLUSION:

Decubitus ulcers pose a serious risk in increasing morbidity and hospital stay of a patient. It is a preventable condition and its prevention or successfully stopping from progressing speaks volumes about nursing care. In our study we attempted to find a simple yet cost effective method for prevention of bed sores. Coconut oil effectively applied as a moisturizer to the skin so that it can improve skin hydration and accelerate healing of the skin. Fatty acid contents in the oil also keeps the skin soft. The use of Oxygen as a supplement helped speed up the process.

With this encouraging findings we have recommend the use of coconut oil in bedsore grade 2 or less. We hope this will significantly reduced the cost of bedsore care in hospital and can be done very easily.

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Disclaimer during the study there is no conflict of interest with anybody. No fund has been taken from anyone. Patient consent have been taken and ethical clearance taken.

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