Case Study 3

Patient
A 72-year-old white female had a history of congestive heart failure, hypothyroidism, tongue cancer, and renal insufficiency.

Diagnosis
The patient was admitted for respiratory failure. Patient developed a Candida rash and skin tears (A).

Initial Treatment/Application of Skin IQ™ Microclimate Manager
The patient was placed on Skin IQ™ MCM and a pressure redistribution surface (B). Additional materials used with Skin IQ™ MCM were paper blue pads underneath the patient and a single draw sheet used for positioning patient. Critic-Aid® Clear AF Moisture Barrier with Antifungal (Coloplast®, Minneapolis, MN) was applied twice daily and as needed after bowel movements.

Discharge and Follow-up
Patient skin breakdown was resolved after 2 weeks on Skin IQ™ MCM (C) and patient was discharged.

Jean de Leon, MD
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Dr. de Leon is a consultant for KCI USA, Inc.

NOTE: As with any case study, the results and outcomes of these patients should not be interpreted as a guarantee or warranty of similar results. Individual results may vary depending on the patient’s circumstances and condition.

NOTE: Skin IQ™ Microclimate Manager has specific indications, contraindications, safety information and instructions for use. Please consult product labelling and instructions before use. For instructions, compatibility and safety information specific to the bed mattress/frame, consult product labelling provided by the manufacturer. Rx only.
**Case Study 1**

**Patient**
A 54-year-old African-American female with human immunodeficiency virus (HIV) presented with a complaint of a clogged tracheostomy.

**Diagnosis**
The patient had acute renal insufficiency along with Methicillin-sensitive *Staphylococcus aureus* (MSSA) pneumonia. After tracheostomy, the patient underwent respiratory failure and also suffered from stool incontinence and encephalopathy with skin breakdown (A). Prealbumin levels remained <5 (severe malnutrition) with a C-reactive protein (CRP) level of 1.4.

**Initial Treatment/Application of Skin IQ™ Microclimate Manager**
The patient was placed on Skin IQ™ MCM (B) and has remained on for two weeks (C). Paper blue pads were used to allow air flow. A single layer draw sheet was placed on top of the Skin IQ™ MCM to assist when moving the patient. Critic-Aid® Clear Moisture Barrier Ointment (Coloplast®, Minneapolis, MN) was applied twice daily or as needed.

**Discharge and Follow-up**
Skin breakdown resolved and patient was discharged to acute rehabilitation.

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**Case Study 2**

**Patient**
A 63-year-old white female patient had a history of multiple abdominal surgeries, including ileostomy and reversal, small bowel obstructions, and lysis of adhesions.

**Diagnosis**
The patient was admitted for care of a complex abdominal wound following resection of the necrotic bowel. A subsequent gastric perforation with a jejuna patch was performed. A biological mesh was placed on the open abdominal wound. Patient suffered from chronic diarrhea due to short bowel syndrome with skin breakdown (A).

**Initial Treatment/Application of Skin IQ™ Microclimate Manager**
The patient was placed on Skin IQ™ MCM (B). Additional materials used with Skin IQ™ MCM were paper blue pads underneath the patient and a single draw sheet used for positioning patient. At the request of patient’s family, a zinc-based barrier cream and cornstarch were applied.

**Discharge and Follow-up**
Skin breakdown resolved after 3 weeks of placement on Skin IQ™ MCM (C) and patient was discharged to rehabilitation unit. Ten days after Skin IQ™ MCM discontinuation, the patient presented with peri-rectal breakdown (D).
Case Study 1

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Diagnosis
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Case Study 2

Patient
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