Kennedy Terminal Ulcers: A Palliative Care Unit's Experience over a 12 Month Period of Time
Kathy A. Trombley, RN, BS, CHPN
North Shore University Hospital
Mary Brennan

Problem: The phenomenon of Kennedy Terminal Ulcers is not well understood. The term describes skin changes occurring in patients just prior to the end of life. Staff observing skin changes on our Palliative Care unit documented it as deep tissue injuries and were concerned that their rigorous efforts in prevention may have been insufficient to prevent skin breakdown. After a comprehensive literature search, we realized we were noting a phenomenon that indicated impending death.

Evidence: Skin changes described above were noted and presented by Karen L. Kennedy and labeled after her. After reading the Consensus Statement on SCALE (Skin Changes at Life's End 2009), and conducting a literature review, a database of patients with suspected Kennedy lesions was created to identify trends in this unit.

Strategy: Data was collected on all suspected Kennedy Ulcers to track and trend skin changes, validate our hypothesis regarding these skin changes at life's end, and provide a basis for ongoing education and practice change.

Practice Change: As a correlation between identification of skin lesion and time of death emerged, we were better able to provide family members with timely information regarding prognosis.

Evaluation: As we evaluated our database, we were able to identify that the development of Kennedy Ulcers did not indicate a practice failure.

Results: Our database demonstrated a distinct correlation between development of lesion and time of death. Time frame for the development of the lesion ranged from 2 to 25 hours prior to death.

Recommendations: Further study and dissemination is needed along with guidelines to facilitate practice changes. We will be conducting a descriptive study. Our observations have been accepted for publication in 4/09 in the Journal of World Council of Enterostomal Therapists.

Lessons Learned: As a team leader, I have learned to always be open to new possibilities and unique scenarios, and to mentor my staff in a non-punitive and supportive environment. Inclusion of all staff members in this initiative has augmented its success.

BIBLIOGRAPHY


