Case 1b: Healed in 2 weeks

Protocol not only provides a treatment plan for the healthcare provider but a step by step process to follow when evaluating and managing a new patient. A MRSA Wound Healing Protocol (Protocol) was created for use in multiple settings including a wound care center or private practice. (Chart 1)

51 pathogens, including MRSA and VRE. One in-vitro time-kill study revealed the Oakin wound dressing's ability to eliminate 99.2% of MRSA in 6 hours and tannin harvested from oak extract (AmeriGel Wound Dressing, Amerx Health Care Corp., Clearwater, FL), exerts bactericidal and fungicidal activity against antibiotic agents to treat skin or soft tissue infections. In many situations, the use of one of the various topical antimicrobial formulations or specialty formulations of an antibiotic agent, or systemic antibiotics, may be used to achieve rapid control of infection and to optimize wound healing. Perhaps more than any other medical specialty, wound care providers are in a unique position to more readily lessen the unnecessary use of systemic antibiotic agents to treat skin or soft tissue infections. In many situations, the use of one of the various topical antimicrobial formulations or specialty preparations with systemic antibiotic therapy may be used to achieve rapid control of infection and to optimize wound healing.

INTRODUCTION

demonstrate the potential effectiveness of the Protocol (30gm) tube or individually wrapped, sterile 2" x 2" saturated gauze instructions for daily dressing changes that explained proper

METHODS

A total of 40 lower extremity, MRSA infected, chronic wounds were randomized to the Oakin antimicrobial dressings or a control dressing with an equal number of males and females. Wounds were classified by etiology: 58% (n=23) Diabetic neuropathic ulcers (DNU), 25% (n=10) Venous insufficiency ulcers (VU), and 17% (n=7) Pressure ulcers (PU). Overall, 26% (n=10) of wounds were infected with MRSA. The study was double-blinded, prospective, with all patients enrolled over three months. Participants were randomly assigned to one of two groups: group A, Oakin antimicrobial dressing, or group B, control dressing. The Oakin antimicrobial dressing was applied to all wounds daily and select participants were administered broad-spectrum oral antibiotic(s). Wound healing outcomes were assessed at 30, 60, and 90 day intervals.

RESULTS:

Table 1 – Proportion healed by wound type

<table>
<thead>
<tr>
<th>Wound Type</th>
<th>Total Wounds</th>
<th>Proportion Healed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic Nerve Ulcers</td>
<td>23</td>
<td>56.5%</td>
</tr>
<tr>
<td>Venous Ulcers</td>
<td>10</td>
<td>40.0%</td>
</tr>
<tr>
<td>Pressure Ulcers</td>
<td>7</td>
<td>62.9%</td>
</tr>
</tbody>
</table>

Table 3 – Gender breakdown

<table>
<thead>
<tr>
<th>Gender</th>
<th>Total Wounds</th>
<th>Proportion Healed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>22</td>
<td>59.1%</td>
</tr>
<tr>
<td>Female</td>
<td>18</td>
<td>55.6%</td>
</tr>
</tbody>
</table>

DISCUSSION

The following guidance provided de-escalation concepts which were incorporated into the treatment protocol for this article:

1. Location, etiology, duration, and type of wound.
2. Condition of the periwound skin.
4. Condition of the underlying structure.

CONCLUSION

This is the first clinical case series involving the use of Oakin antimicrobial wound dressings in the treatment of chronic, MRSA infected, lower extremity wounds. Results from this article have implications for the development of new treatment protocols for patients with both MRSA and VRE infections.

LIMITATIONS

With high environmental contamination, the Oakin antimicrobial dressings in efforts to maintain wound dressings in a combination of different challenges, including the use of a broad-spectrum systemic antibiotic, may be used to achieve rapid control of infection and to optimize wound healing.

REFERENCES