

Necrotic Decubitus Ulcer: DIC or Uncontrolled Bleeding Warning

Bedsore with dead tissue either get infected leading to sepsis or even disseminated intravascular coagulation that leads to uncontrolled bleeding.

SANTA BARBARA, CA, UNITED STATES, April 17, 2023 /EINPresswire.com/ -- "I'm seeing a very disturbing trend where hospitals are discharging patients with necrotic large decubitus ulcers. Bedsore with dead tissue either get infected leading to sepsis or even disseminated intravascular coagulation that leads to uncontrolled bleeding. We are investing physician malpractice for unsafe discharge to skilled nursing facilities who simply don't have the scope of services to manage these hospital acquired wounds," states Greg Vigna, MD, JD, national malpractice attorney, wound care expert.

Dr. Greg Vigna, national malpractice attorney, shares, "Hospital or nursing home acquired decubitus ulcers that haven't been debrided are perfect environments for bacteria including *Staphylococcus aureus*,

Pseudomonas aeruginosa, and other gram-negative bacteria that lead to sepsis and DIC which is characterized by abnormal coagulation profiles and low platelets. These patients bleed from anywhere, including their gastrointestinal tract, nose, brain, urinary tract, and the wounds."

Dr. Vigna continues, "Sepsis and DIC are largely preventable even with the most severe decubitus ulcer with early debridement, nutritional support, adequate pressure relief, and treatment with antibiotics for symptoms and signs of infection. Patients with these serious injuries with necrotic tissues cannot be discharged with dead tissue to a skill nursing home. Bed sores are generally not caused by physician malpractice, but unsafe discharges will be analyzed."

Dr. Vigna concludes, "At the end of the day, all my attorney teams can do is sue the responsible parties. We are seeing hospital employed physicians push patients toward hospice after their employers nursing staff failed to keep patients safe by providing necessary repositioning to prevent bedsore. Are the hospital employed physicians doing what is best for the injured patients or doing what is best for the economic interest of their employer?"



Dr. Greg Vigna



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Greg Vigna, M.D., J.D.

To learn more from Dr. Vigna related to decubitus ulcers visit the [Decubitus Ulcer Help Desk](#) and learn more about decubitus ulcers and disseminated intravascular coagulation (DIC).

Greg Vigna, MD, JD, is a national malpractice attorney and an expert in wound care. He is available for legal consultation for families and patients who have suffered decubitus ulcers because of poor nursing care. Nursing

homes and hospitals must be held accountable for the complications they cause. [The Vigna Law Group](#) along with Ben C. Martin, Esq., of the Martin Law Group, a Dallas Texas national pharmaceutical injury law firm, including a license to practice law in Pennsylvania, jointly prosecute hospital malpractice and nursing home neglect cases, nationwide.

Read more on Flaps:

<https://www.ncbi.nlm.nih.gov/books/NBK546581/#:~:text=Myocutaneous%20flaps%20are%20compound%20flaps,fascia%2C%20and%20the%20underlying%20muscle>.

Read more on LTAC:

<https://assets.ctfassets.net/plyq12u1bv8a/7MqV3gy1fzWD6rAkk8eBc0/fc057a4279fc8f7123a46deceeeecfb3/CG062 Long-Term Acute Care Hospital LTACH .pdf>

Pressure Ulcer Trends in the United States: A Cross-Sectional Assessment from 2008-2019:

<https://journals.sagepub.com/doi/full/10.1177/00031348231158691>

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