

## **Q&A Summary**

### **Wound Management: Identifying Risks, Complications and Treatments**

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**If a member says he doesn't want to kill himself, but says he wouldn't care if something happened to him and he did die, do you consider him to be suicidal? My member said all he has to "look forward to is a hole in the ground."**

This is considered a passive death wish and we are unable to predict those that will follow through. The fact that the member is articulating his thoughts means there is an opportunity for us to make an impact.

**I had a psychiatric patient that refused care for his ulcers that were down to his bone & smelled horribly. He was 21 years old and wheelchair bound due to gunshot wound. I was amazed that as a psychiatric patient that he could refuse [treatment]! I talked with him, and when I shared that he had a bad odor, that motivated him to let me address his wounds. My question is how is this possible that a psychiatric patient that is admitted to the hospital for being a danger to himself could refuse wound care?**

You can treat a person against his or her will if you obtain a court order, by proving he or she has impaired capacity to make a medical decision. This may result in a direct court order for treatment or the appointment of a surrogate to make medical decision on behalf of the patient.

**Is a serum albumin recommended for members with chronic wounds?**

Yes to assess their nutritional status — you may want to consider a pre-albumin as well.

**Is there a general rule of thumb on protein intake goal for a member without renal disease?**

Approximately 90 grams of protein a day when there is no renal disease.

**Will there be a discussion on different specific treatments for wounds?**

Please reference the appendix of the slide deck.