



WOUND CARE IN A PALLIATIVE POPULATION

Presented by Christeena Barber BN, RN, ETN (student)


OVERVIEW

- ▶ Important concepts to consider
 - ▶ Focus on symptom management
 - ▶ Common types of wounds within palliative population
 - ▶ Discussion and Interventions for Pressure ulcers, Fungating/Malignant wounds and skin tears.
- 
- A decorative graphic consisting of several parallel white lines of varying lengths and orientations, located in the bottom right corner of the slide.


IMPORTANT CONCEPTS:

- ▶ General wound healing- moist wound healing
 - ▶ Symptom management- enhancing quality of life
 - ▶ Special considerations- protecting peri-wound, dry eschar, NPWT
- 
- A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.

SYMPTOM MANAGEMENT

- ▶ Wound Pain:
 - ▶ Pain with dressing changes:
 - ▶ Odor:
 - ▶ Exudate:
 - ▶ Bleeding:
 - ▶ Itching:
 - ▶ Appearance:
- 
- A decorative graphic consisting of several parallel white lines of varying lengths and thicknesses, arranged in a diagonal pattern from the bottom right towards the top right of the slide.


COMMON TYPES OF WOUNDS

- ▶ Pressure ulcers (most commonly reported)
 - ▶ Fungating or malignant tumors (most common admitting diagnosis)
 - ▶ Skin tears
 - ▶ Venous or Arterial Ulcers
 - ▶ Diabetic foot ulcers
- 
- A decorative graphic consisting of several parallel white lines of varying lengths and orientations, located in the bottom right corner of the slide.

PRESSURE ULCER

- ▶ Patients are sometimes admitted to home care or hospice services with existing pressure ulcers. Remember all patients are at an increased risk at developing pressure ulcers.
- ▶ Perform thorough skin assessments every shift
- ▶ Use tools to assess risk for pressure ulcers. i.e: Braden scale
- ▶ Develop individual care plans with appropriate interventions.
**Remember frequent turning and repositioning may not be ideal for patients with increased pain.*
- ▶ Provide patients with a special mattress to help alleviate pressure, use pillows to position or elevate heels to dangle

FUNGATING OR MALIGNANT WOUND

- ▶ The term “fungating” specifically describes a condition of proliferation that arises when malignant tumor cells infiltrate and erode the barrier properties of the skin. (Emmons, Dale & Crouch (2014).
 - ▶ Tend to have a “cauliflower” like appearance
 - ▶ These wounds rarely heal
 - ▶ They can grow rapidly
 - ▶ Wounds may have increased exudate, odor, bleeding,
- 
- A decorative graphic consisting of several parallel white lines of varying lengths and orientations, located in the bottom right corner of the slide.

SKIN TEARS

- ▶ Use pH regulating soaps and moisturize intact skin frequently to prevent breakdown
- ▶ Best treatment is to clean wound and re-secure any flap of skin if available.
- ▶ Apply non-adherent gauze or foam to heal. Protects tear from further trauma with dressing removal
- ▶ Avoids applying tape or adhesives on skin OR use more sensitive tapes and adhesive remover for gentle removal

REFERENCES:

- ▶ Emmons, K., Dale, B. & Crouch, C. (2014). Palliative wound care part 2: application of principles. *Home Healthcare Nurse* 32(4), 211-222.
- ▶ Riot, S., Bonnecaze, G., Garrido, I., Ferron, G., Grolleau, J.L. & Chaput, B. (2015). Is the use of negative pressure wound therapy for a malignant wound legitimate in a palliative context? "The concept of NPWT ad vitam": A case series. *Palliative Medicine* 29(5), 470-473
- ▶ European Oncology Nursing Society: Recommendations for the care of patients with malignant fungating wounds.