Palliative Wound Care- Tips and Tricks

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HALLOWEEN is almost here!!!

ALICE, my favourite ride ☺

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WOUNDS…. What do we do with them??

Do we approach palliative wounds differently than other wounds?

“Comfort may be the overriding and acceptable goal, even though it may be in conflict with best skin care practice”

(Sibbald, Krasner, Lutz, SCALE)

What is most problematic for patient?

What is going to promote their comfort the most?

WHY DO WE USE THE DRESSINGS WE DO- HOW IS THIS PROMOTING COMFORT TO RESIDENT??

Overview: Tricks and Tips

- Less conventional approach
- A few basics
  - Multidisciplinary audience
- Case Based
- Themes
  - Promote Comfort & QOL
  - Refocus direction care – stabilize vs active care
- Simplify management

A few basics….

- Identify cause of wound
  - Correct contributing factors
- Treat the wound
  - Promote healing, slow progression
- Manage the symptoms
  - Exudate, pain, odour, bleeding

Tricks and Tips

- Cleansing:
  - PSI: Gentle pressure to get wound clean
  - Improve patient tolerance
  - Try wound irrigator tip, 30mL syringe with 18g angio cath
- Wash and dry periwound
  - warm water and cloth
  - use barrier wipe and let area dry before applying dressing
- Antimicrobials:
  - Leave in/on wound
  - Change change outer dressing to decrease pain, promote comfort
- Incontinence?
  - Use creams vs dressings
  - Use solid paste to bridge under dressings

Tricks and Tips

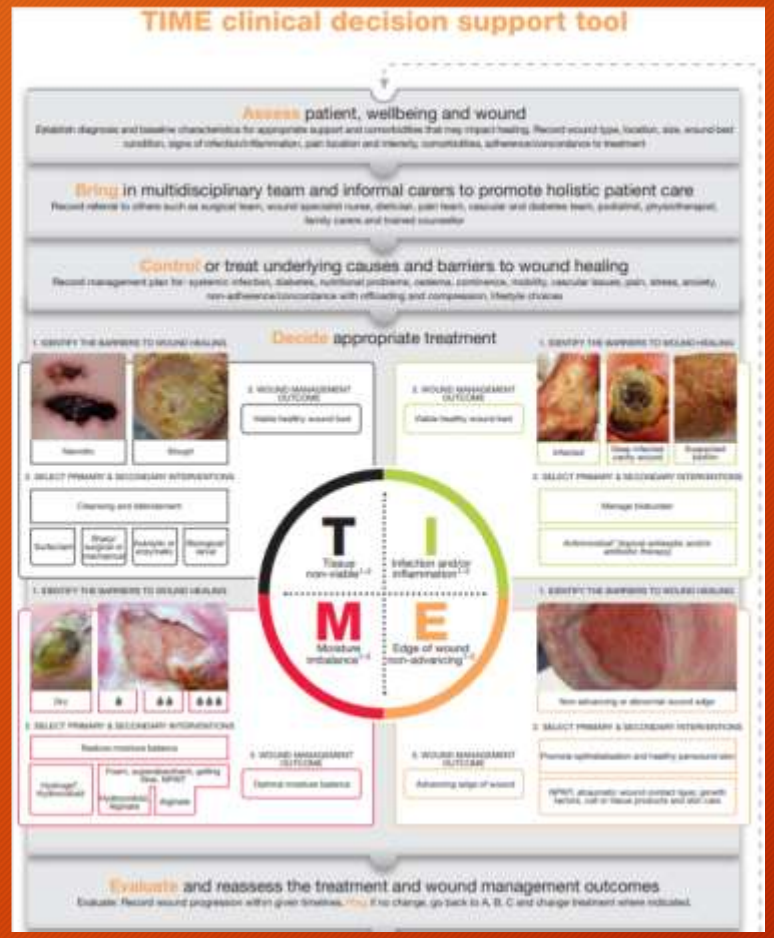
- Reassess wound!
  - At least several days (ideally 2 weeks)
    - before changes are made
    - this is the only way to tell if a treatment is working!
    - If wound treatment is not working, we can trial something else!

How to choose the ‘right’ product??!!

“TIME” to Guide Product Use

- Tissue
- Infection/Inflammation
- Moisture Balance
- Edge

“TIME” to Guide Product Use

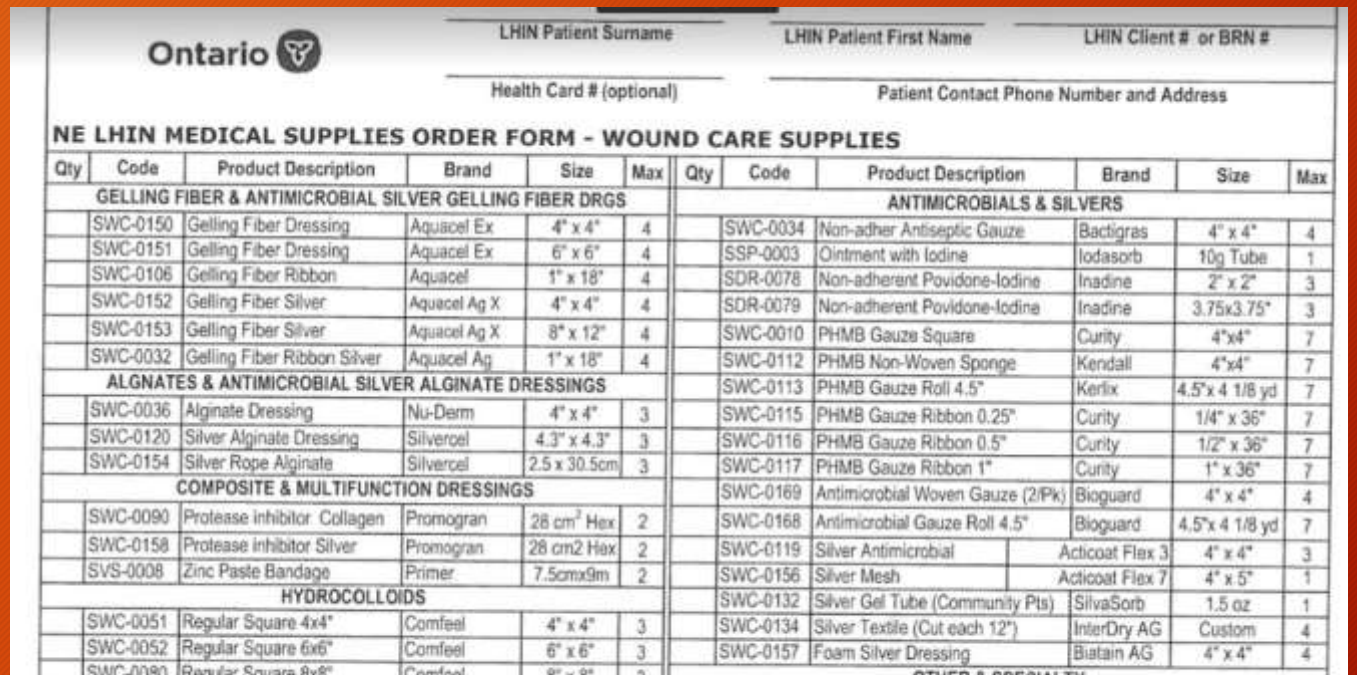


“TIME” to Guide Product Use

- TISSUE: non viable/deficit (debride)
  - hydrogel, calcium alginate, film, cadexomer iodine, silver, triad cream
  - Packing
- INFECTION/INFLAMMATION- localized
  - silver, cadexomer iodine, PHMB, calmoseptine cream
- MOISTURE BALANCE
  - Dry wound: hydrogel, film, hydrocolloid
  - Exudating wound: triad cream, foams, mesorb
- EDGE- undermining or advancing
  - packing or creams (fill dead space)

Dressing Basics: Tips on Supplies

- Find your friends
  - Wound care experts: Hospital, LHIN, Hospice
- Check your available LHIN & Hospital Supply List



Ontario

LHIN Patient Surname | LHIN Patient First Name | LHIN Client # or BRN #

Health Card # (optional) | Patient Contact Phone Number and Address

NE LHIN MEDICAL SUPPLIES ORDER FORM - WOUND CARE SUPPLIES

Qty	Code	Product Description	Brand	Size	Max
		GELLING FIBER & ANTIMICROBIAL SILVER GELLING FIBER DRGS			
	SWC-0150	Gelling Fiber Dressing	Aquacel Ex	4" x 4"	4
	SWC-0151	Gelling Fiber Dressing	Aquacel Ex	6" x 6"	4
	SWC-0106	Gelling Fiber Ribbon	Aquacel	1" x 18"	4
	SWC-0152	Gelling Fiber Silver	Aquacel Ag X	4" x 4"	4
	SWC-0153	Gelling Fiber Silver	Aquacel Ag X	8" x 12"	4
	SWC-0032	Gelling Fiber Ribbon Silver	Aquacel Ag	1" x 18"	4
		ALGNATES & ANTIMICROBIAL SILVER ALGINATE DRESSINGS			
	SWC-0036	Alginate Dressing	Nu-Derm	4" x 4"	3
	SWC-0120	Silver Alginate Dressing	Silvercel	4.3" x 4.3"	3
	SWC-0154	Silver Rope Alginate	Silvercel	2.5 x 30.5cm	3
		COMPOSITE & MULTIFUNCTION DRESSINGS			
	SWC-0090	Protease inhibitor Collagen	Promogran	28 cm^2 Hex	2
	SWC-0158	Protease inhibitor Silver	Promogran	28 cm2 Hex	2
	SVS-0008	Zinc Paste Bandage	Primer	7.5cmx9m	2
		HYDROCOLLOIDS			
	SWC-0051	Regular Square 4x4"	Comfeel	4" x 4"	3
	SWC-0052	Regular Square 6x6"	Comfeel	6" x 6"	3

Qty	Code	Product Description	Brand	Size	Max
		ANTIMICROBIALS & SILVERS			
	SWC-0034	Non-adher Antiseptic Gauze	Bactigras	4" x 4"	4
	SSP-0003	Ointment with Iodine	Iodasorb	10g Tube	1
	SDR-0078	Non-adherent Povidone-Iodine	Inadine	2" x 2"	3
	SDR-0079	Non-adherent Povidone-Iodine	Inadine	3.75x3.75"	3
	SWC-0010	PHMB Gauze Square	Curity	4"x4"	7
	SWC-0112	PHMB Non-Woven Sponge	Kendall	4"x4"	7
	SWC-0113	PHMB Gauze Roll 4.5"	Kerlix	4.5"x 4 1/8 yd	7
	SWC-0115	PHMB Gauze Ribbon 0.25"	Curity	1/4" x 36"	7
	SWC-0116	PHMB Gauze Ribbon 0.5"	Curity	1/2" x 36"	7
	SWC-0117	PHMB Gauze Ribbon 1"	Curity	1" x 36"	7
	SWC-0169	Antimicrobial Woven Gauze (2/Pk)	Bioguard	4" x 4"	4
	SWC-0168	Antimicrobial Gauze Roll 4.5"	Bioguard	4.5"x 4 1/8 yd	7
	SWC-0119	Silver Antimicrobial	Acticoat Flex 3	4" x 4"	3
	SWC-0156	Silver Mesh	Acticoat Flex 7	4" x 5"	1
	SWC-0132	Silver Gel Tube (Community Pts)	SilvaSorb	1.5 oz	1
	SWC-0134	Silver Textile (Cut each 12")	InterDry AG	Custom	4
	SWC-0157	Foam Silver Dressing	Biatain AG	4" x 4"	4

Dressing Basics: Tips on Talking Dressings

- Use product tool guide TIME
  - What product to use
- Function: What you need dressing to do
  - Absorption
  - Antibacterial
  - Hemostasis

Tips on Talking Dressings: Function

Function: What you need dressing to do

- Absorption
  - Foams
- Antibacterial
  - Alginate (with silver)
  - Ointment with iodine
  - PHMB
  - Silver
- Odour
  - Charcoal
- Hemostasis
  - Alginate

Case 1: Sarah

- 64 yF with end stage ovarian cancer, PPS 40%
- **Fistula** to her abdomen
  - Opening is 2cm long x 1cm wide
  - Draining small amounts of odourous fecal purulent drainage
  - Skin around opening is extremely red and weeping
  - Currently using abdominal pads and blue pads to area
- What products/wound care products would you consider?

Case 1: GOALS TO MANAGE

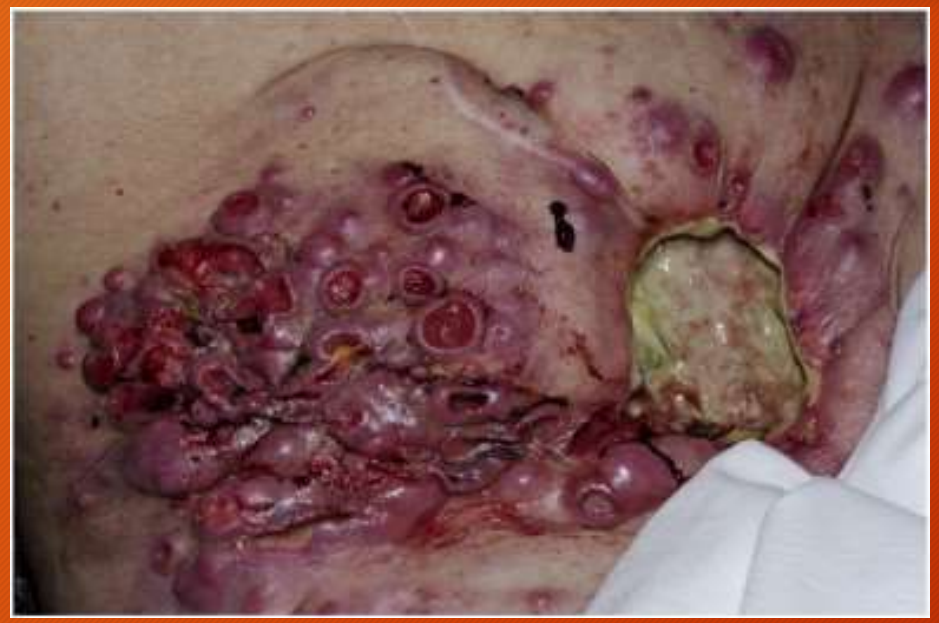
- MOISTURE
- PROTECT SKIN
- CONTAIN ODOUR
- QOL

Case 1: Sarah

Early stages/skin opening

- Protect Skin
  - Barrier wipe
  - Cavilon Spray (gentle to apply)
- Foam Dressing

Case 1: Sarah – *dressing???*



Case 1: MOISTURE/ODOUR

Consider ***POUCHING:***

- Contains drainage and odour
- Improves QOL
- Use >2-4x per day dressing changes
- Use pediatric ileostomy/ostomy pouch
- Change Q weekly/prn

Case 1: POUCHING

- PROTECT SKIN
  - If effluent liquid = solid paste to seal flange
  - Barrier wipe or spray
  - Irritated Skin – *before pouch application*
    - Micostatin powder
    - Stoma powder
    - “stacking” powder and barrier wipe

Case 2: Mark

- 25yM with end stage cancer of the throat, PPS 60%
- Fungating malignant tumor to his neck
  - 3x3cm, 1cm high
  - Friable, bleeding
  - Odourous
  - Restricting QOL
    - Painful
    - Embarrassed by odour
    - Family frightened by bleed risk

Case 2: GOALS TO MANAGE

- ODOUR
- QOL
- BLEED RISK

Case 2: Mark

- Odour
  - Treat Infection
- Flagyl rinses/compresses or oral flagyl
- Change outer dressings more often
- Essential oils to outer dressing or charcoal

Case 2: Mark

- Restricting QOL
  - Painful
  - Embarrassed by odour
  - Family frightened by bleed risk

Case 2: Mark

QOL: Reduce PAIN

- Change outer dressings more often
- Soak dressings off if sticks
  - can get into shower to wash wounds gently
- Non stick dressings- MEPITEL

Case 2: Mark

QOL: Reduce PAIN

- Analgesia tips
  - Manage incident pain and anxiety at time dressing changes
  - Consider adjuvants
    - Neuropathic pain component
    - Treat emotional pain/anxiety
  - Consider topical therapies
    - Morphine
    - Methadone

Case 2: QOL tips:

Combating odour and making dressings less visible will increase socialization for patient.

- Skin coloured foam
- Bandanas
- Essential oils to outer dressing or charcoal

Acute Bleed

Goals of care discussion
- Risk of terminal bleed
- Palliative sedation

- Pressure Dressings in home

- Dark Towels

- Palliative Sedation
  - Midazolam ready to go!

Case 2: Mark

BLEEDING:

- Minimize dressing changes
- Alginate – this is hemostatic
- Try silver nitrate to cauterize (caution)
- Tranexamic Acid
  - 500mg po tid
  - Parenteral, soak gauze, nasal packing
- Meds
  - NSAIDs
  - ASA
  - Anticoagulants

Case 3: Regis

- 90yM end stage COPD
  - PPS 30%
  - Bedridden, refuses to offload 2º to SOB
  - 5x5cm stage 2 pressure area to his left buttock
  - Drainage is minimal

Case 3: Treatment Goals

- Promote Comfort
- Promote Stability vs Healing
  - How to reduce contributing factors for wound?
  - What would be the ideal product to use in this case?

Case 3: Stage 2 Pressure Ulcer

#1 : OFFLOAD

- Ask “WHY” doesn’t patient want to offload?
- By addressing reason for not offloading:
  - ⬇ contributing factors to wound

#2: ACTIVITY INTOLERANCE

- Treat Symptoms!
  - Dyspnea: Opioids

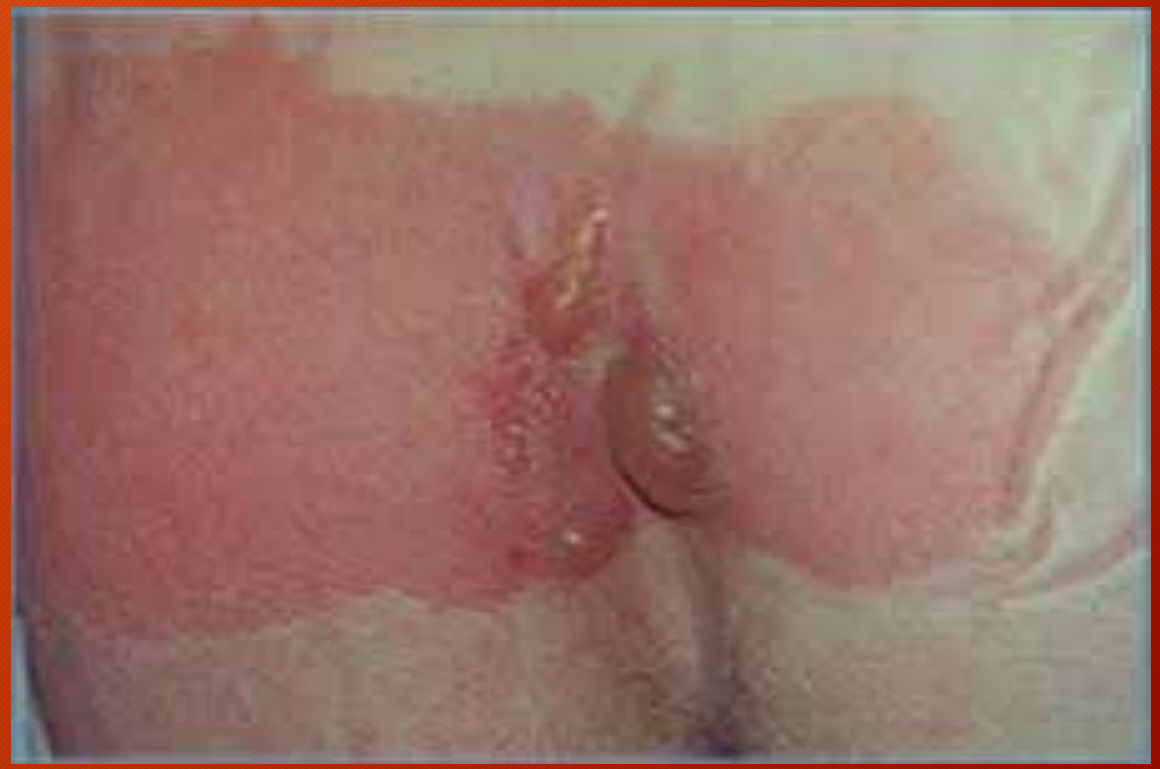
Case 3: Pressure Ulcers

- General:
  - Surfaces
    - Beds – pressure relief mattress, air beds
  - Reduce Sheer/Friction
    - HOB <30
    - Foot board/elevate knees
    - Protect elbows/heels

Case 3: Stage 2 Pressure Ulcer

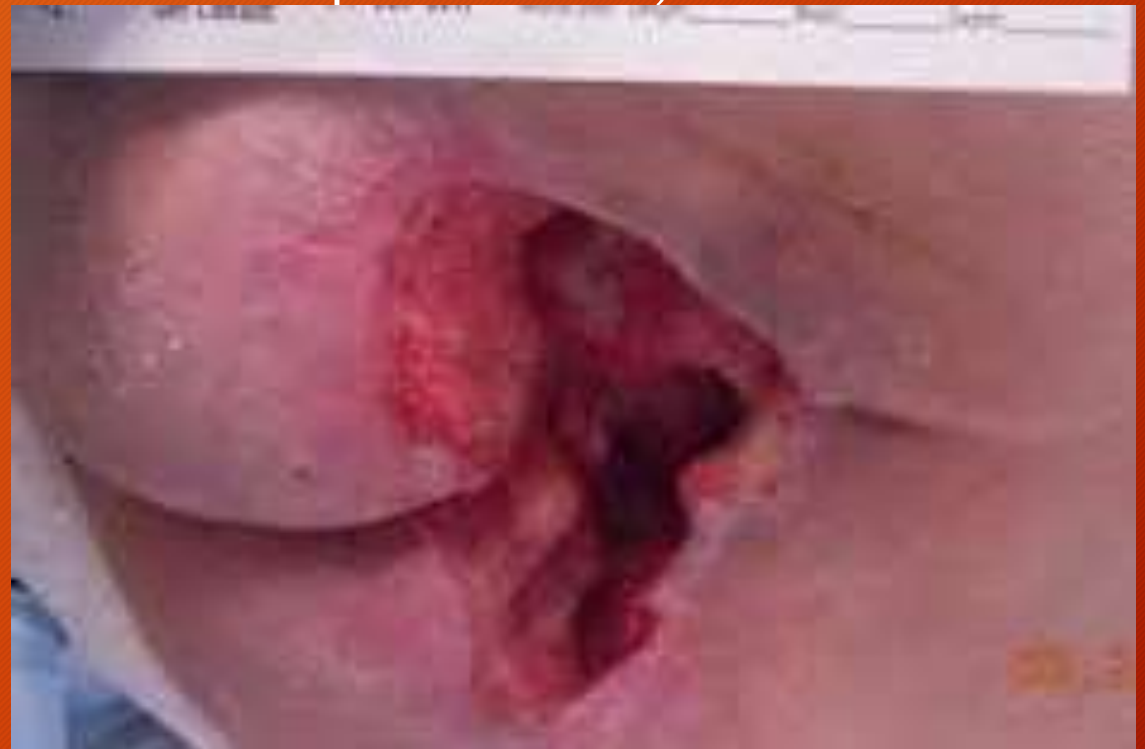
- STAGE 2
  - Very superficial
  - Minimal Drainage
  - Cleansing: plain water/cloth
  - Wash and dry periwound
  - Use barrier wipe, dry before product

  - PRODUCTS:
    - Critic aid Cream or Calmoseptine
    - Barrier Wipe



Case 3: Regis

- 90yM end stage COPD
  - PPS 30%, Bedridden, refuses to offload 2º to SOB
  - Now develops Stage 4 ulcer
  - Full thickness ulcer with exposed muscle, tendon or bone.



Case 3: Stage 4 Pressure Ulcer Tips

- Goals
  - Keep clean and dry
  - Manage pain and dyspnea with care
- Treatment: OFFLOAD
- Infection or inflammation: use antimicrobials
  - PHMB, silver, iodosorb.
- Is there undermining, tunneling?
  - Pack loosely
- High exudate:
  - Alginates, foam & mesorb to cover
  - Leave antimicrobial packing in wound and just wash periwound and change outer dressing

Case 4: Alice

- 74yF end stage liver failure, DVT, PVD
  - PPS 50%
  - Lower extremity edema
    - Red, copious drainage, weeping onto clothes
- How to manage?
  - Tips to wound care
  - Products?

Case 4: Alice

- Goals of treatment:
  - Keep mobile
  - QOL: manage drainage, pain
- Conservative:
  - Elevation
  - Keep clean and dry
- Compression therapy:
  - Screen for arterial flow issues
  - Edema wear
  - Dressings - *mesorb* - underneath edema wear
    - Antibacterial: Silver

Case 4: Alice

- 74yF end stage liver failure, DVT, PVD
  - PPS now 10%
  - Lower extremity edema
    - Red, copious drainage, weeping onto bedding
- How to manage?
  - Actively dying
  - What is appropriate now?

Case 4: Alice

- Remove edema wear
- Use incontinent pads underside of legs
- Goal is to absorb drainage
  - Use incontinent pads underside of legs
  - May cover non border foam on top to keep blankets dry
  - Don’t wrap, keep drainage away as much as possible

Tricks and Tips: ODOUR

Antibacterial:

- Flagyl powder/rinse
- Antibacterial dressing/packing
  - Alginate with Silver
- Cover with Charcoal dressing
  - Absorbs odour

Tricks and Tips: ODOUR

Odour Control:

- Fan/ ultraviolet air filter
- Kitty litter in room under bed, coffee grounds, vanilla extract
- Change dressing more often (OUTER layer)
- Shower resident without dressing on to cleanse wound well
- Consider pouching of fistulas

Tricks and Tips: Exudate

- **Foams:**
  - ++++ Absorbant
- Pouching
- Manage infection
  - Parenteral, topical antibiotics
  - Anti- bacterial
- Antibacterial dressing
  - Silver, alginate with silver, PHMB, ointment with iodine

Tricks and Tips: PAIN

- Change outer dressings more often
- Soak dressings off if sticks
  - can get into shower to wash wounds gently
- Non stick dressings as contact layer- Mepitel, non adhesive foam
- Analgesia:
  - Manage incident pain and anxiety at time dressing changes
  - Consider adjuvants
    - Neuropathic pain component
    - Treat emotional pain/anxiety
  - Consider topical therapies
    - Morphine
    - Methadone

Tricks and Tips: BLEEDING

- Dressing removal:
  - Soak dressings off
- Change contact layer infrequently
- Non adherent dressings:
  - mepitel or mepilex non border
  - Alginate (SILVER alginate is not hemostatic)
- Silver nitrate (caution)
- Tranexamic acid

Conclusion

- Overall goal is comfort
  - Wound healing is rarely an obtainable goal
- Symptom focused care
  - Manage pain
  - Manage QOL issue
  - Address underliying cause
- Use product tool guides to help determine what product to use
  - TIME

JUST DON'T USE GAUZE!!!! ☺

Questions??

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Moisture Related Injury

Moisture Related Injury;

Incontinence-associated dermatitis (IAD) is predominantly a chemical irritation resulting from urine or stool coming in contact with the skin.

Treatment – try to minimize contact with stool/urine (catheter)

Interdry sheets- good up to 5 days to be re used. PHMB good up to 3 days. Mepilex foam non adhesive can be re used for several days if not soiled.

Stoma powder dusted to areas

Barrier sprays/wipes

Critic aid after washing and drying skin

Skin Tears

Preventative measures- moisturized skin is less likely to break open!

IF full flap loss- try to re approximate flap after cleansing. If flap fully lost- apply intrasite/hydrogel for debridement.

Barrier wipe to good skin.

If minimal drainage- tegaderm absorbant.

If excessive bleeding- apply mepitel to base, can use alginate on top, and tegaderm, hydrocolloid or foam dressing and leave on as long as possible!

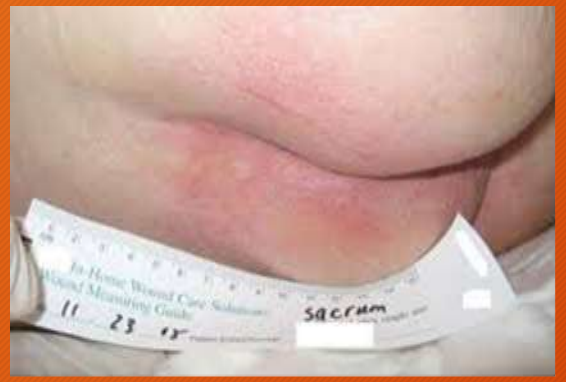
Ideally, indicate direction to remove dressing as not to pull at flap if dressing not see through.

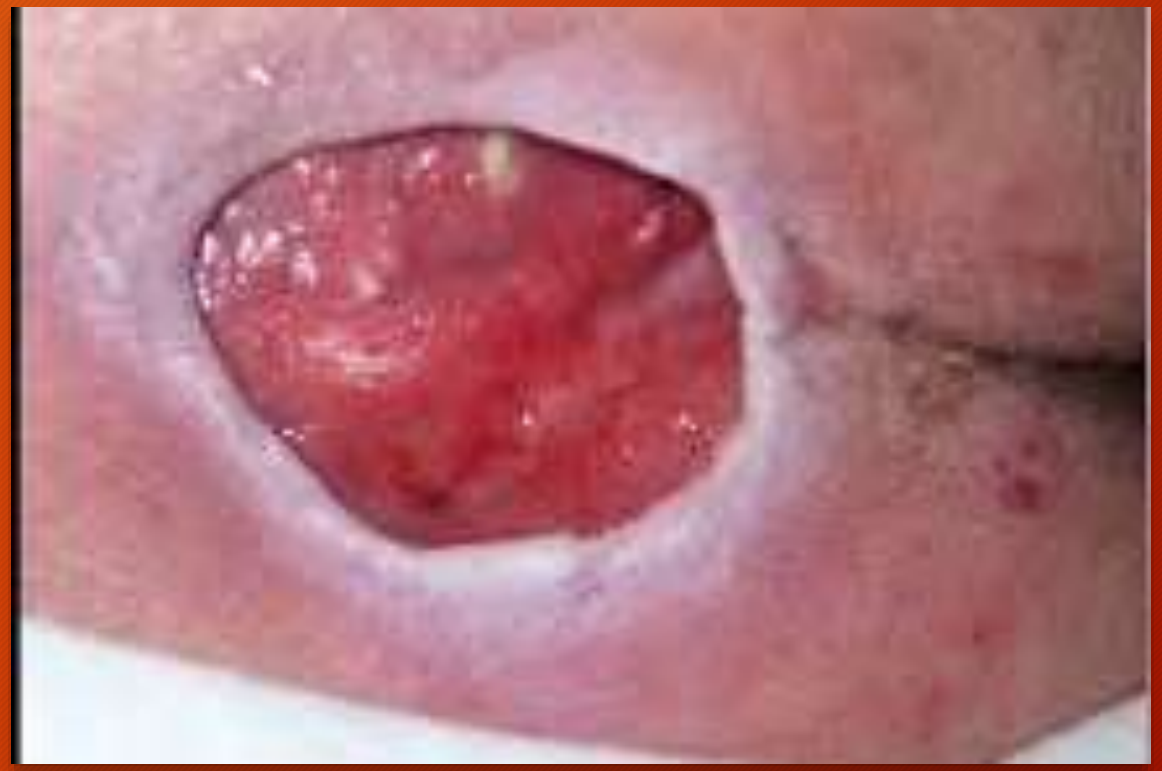
Deep Tissue Injury

A **deep tissue injury** is a unique form of pressure ulcer. A pressure-related **injury** to subcutaneous **tissues** under intact skin. Initially, these lesions have the appearance of a **deep** bruise.

Initially, wash dry and moisturize without dressing. Can use tegaderm absorbent, hydrocolloid, mepitel or non adhesive foam if excessive shearing an issue. OFFLOAD. Likely for skin to break. Less frequent the dressing changed the better as removal of dressing will cause further stress to skin integrity.

Pressure Injuries





Pressure injury staging Stage 1

Stage 1- Localized reddened area

Non blanchable

Treatment- OFFLOAD

Moisturizer, barrier ointment or cream

(Critic aid, cavilon, calmoseptine)

Can consider transparent film, thin hydrocolloid, or foam (FOAM is expensive so not ideal)

Pressure injury staging Stage 2

Stage 2- Partial Thickness loss of dermis/open or broken blister

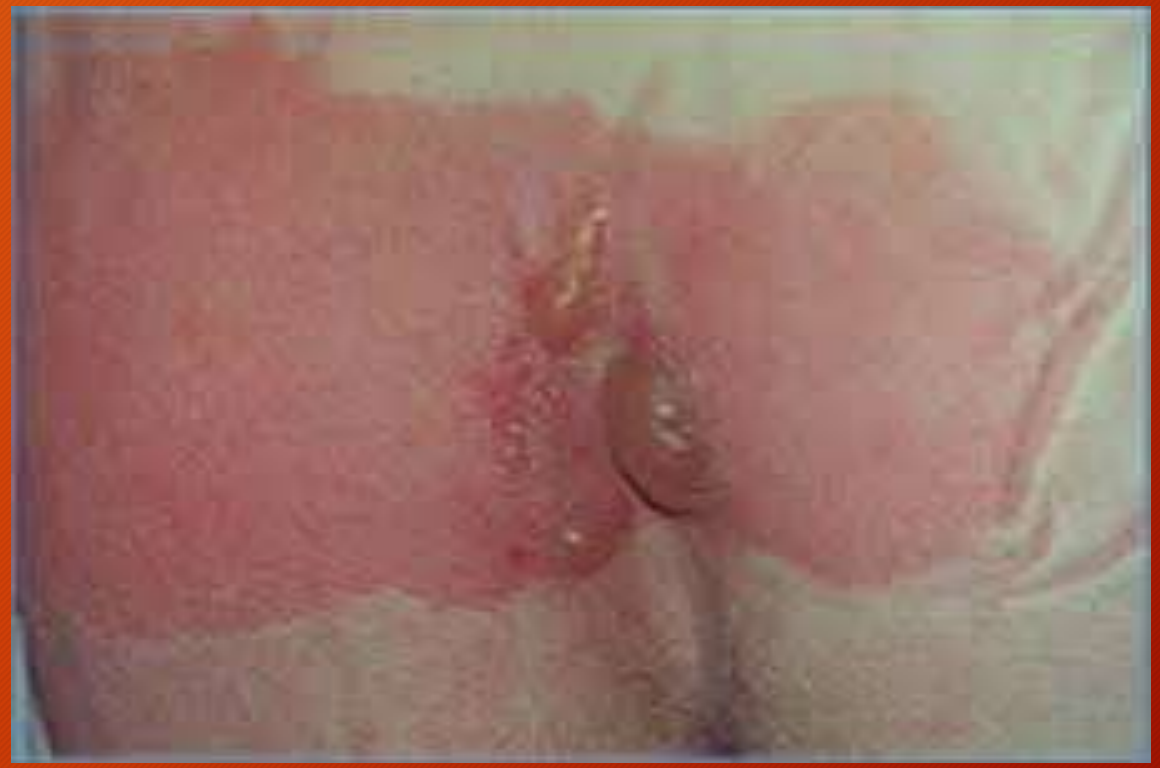
Treatment- OFFLOAD

Can use critic aid or cavilon if little or no drainage (preferred if frequent incontinence)

Can use tegaderm or hydrocolloid if little to no drainage.

If difficult to dress area, can use hydrophilic wound dressing (triad cream)

If increased drainage can use alginate or foam.



Pressure injury staging Stage 3

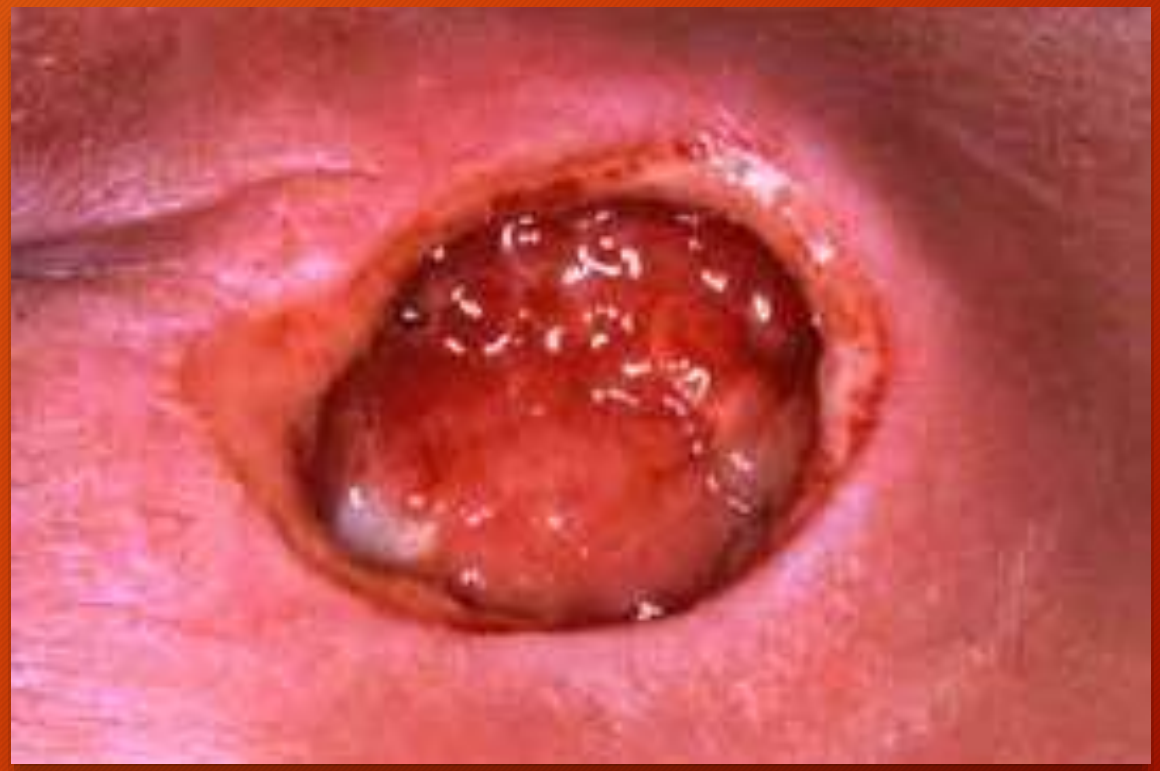
Stage 3- Full Thickness ulcer with subcutaneous tissue visible

Treatment- OFFLOAD

If wound base sloughy- hydrogel

If signs of infection or inflammation- use antimicrobial; PHMB, silver, hydrofera blue, iodosorb. If depth, pack loosely ** antimicrobials last up to 72 hours**

Foam, alginates, mesorb (high exudates)



Pressure injury staging Stage 4

Full thickness ulcer with exposed muscle, tendon or bone.

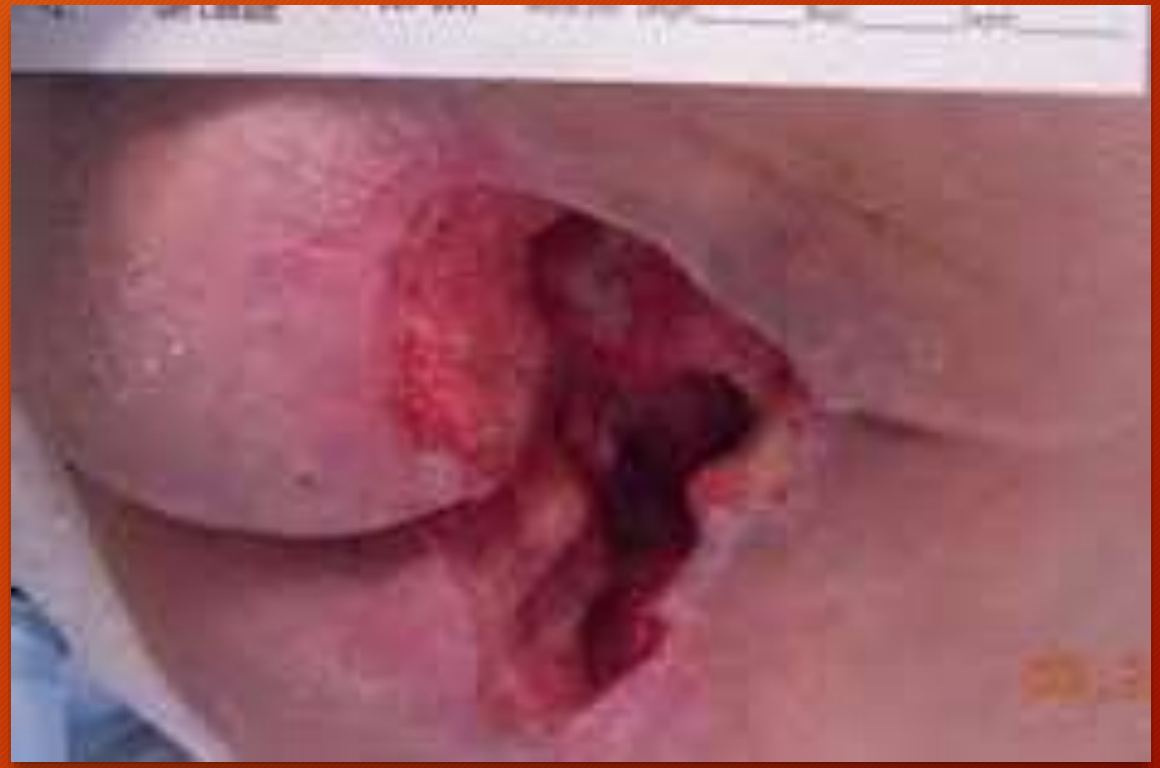
Treatment; OFFLOAD

If signs of infection or inflammation- use antimicrobial; PHMB, silver, hydrofera blue, iodosorb.

Assess for undermining, tunneling. If depth, pack loosely

Foam, alginates, mesorb (high exudates)

Leave antimicrobial packing in wound and just wash periwound and change outer dressing



Unstageable

Unstageable- Pressure injuries that are full thickness tissue loss in which the base is covered by slough or necrotic tissue.

If suspect arterial flow issues/diabetic limbs and eschar is STABLE (ie dry) do not try to debride- betadine paint to maintain only.

If tissue perfusion adequate, or if eschar unstable can try intrasite/hydrogel, or iodosorb to debride area.

Tips on Talking Dressings: Products

- Calcium Alginate
  - Multiple forms – sheets, packing, *Nu-derm*
  - Absorbent: minimize pain, reduce frequency dressing changes
  - Antibacterial – *Alginate with silver*
  - Hemostatic: Alginate
- Charcoal:
  - Absorb odour - *Actisorb*
- Silver
  - Antimicrobial
  - *Silver mesh, silver foam, silver textile, Alginate with silver*
- Absorptives:
  - Mesorb, Mextra
- Hydrogels
  - Minimal absorbancy, think dry wounds, debridement
  - *Intrasite gel* can compound with morphine
- Hydrocolloids
  - Reduce pressure/friction – Duoderm, *Comfeel*

Tips on Talking Dressings: Products

- Foams:
  - Absorbent, keep moisture away from wound
  - Border, non-borders
  - *Mepilex*
- Nonadherent
  - Impregnanted Dressing: *Mepitel*
  - Impregnanted Gauze: *Adaptic, Jelonet*
- Transparent Films
  - Limited role
  - Zero absorbency
  - Adhesive may damage surrounding skin
  - Early ulcer protection/reduce sheer, non-draining skin tears
- Gauze
  - Limited role – these stick and hurt
  - Cotton 4x4, Synthetic cling