

Palliative wound care: Part 1

Although wound healing may no longer take priority, palliative wound care is far from a do-nothing approach.

By Gail Rogers Hebert, MS, RN, CWCN, WCC, DWC, OMS, LNHA

The World Health Organization defines palliative care as “an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.”

Setting goals for a patient with a wound doesn't require wound healing as an endpoint. If you propose this to colleagues who aren't familiar with the palliative approach to wound care, you may get puzzled looks in return. That's because the palliative approach to wound care is a fairly new concept.

Clearing up misperceptions about palliative wound care

Certain perceptions of palliative wound care need to be clarified.

- Choosing palliative wound care *doesn't* mean you're giving up on the patient and the wound. Studies show approximately 50% of patients receiving palliative wound care achieve wound healing.
- Palliative care *isn't* the same as hospice care. Hospice care is a component of palliative care chosen by patients when their physician determines they're within 6 months of dying. This prognosis qualifies them for hospice care benefits from Medicare as well as some insurance companies and managed care organiza-



tions. Palliative care can occur simultaneously with curative therapies. In contrast, hospice care plans don't normally include curative therapies. Also, palliative care can be chosen at any time, not just the last few months of life.

- Patients who choose palliative care *aren't* indirectly hastening their deaths. In one study, researchers randomized 151 patients into two groups. The control group received standard oncologic care alone; the study group received the same care plus early palliative care. Patients in the early palliative care group had a better quality of life and longer median survival than patients in the standard care group.

Why patients may choose palliative care

As healthcare consumers become more knowledgeable about their options, more are exercising the right to make decisions based on their best interests and belief systems. Palliative wound care is well suited for patients with wounds whose underlying causes don't respond to treatment, as well as those whose treatment demands are too taxing for their diminishing endurance level.

Some wound care treatments can be painful and distressing for the patient and family to perform—or too expensive for the patient to pay for. As the underlying disease

progresses, a move to palliative wound care shifts the focus to maximizing comfort and function for the patient and family, and away from more aggressive healing therapies. It's time we begin looking at wound care from the patient's and family's perspective, and realistically incorporate the patient's prognosis into goal setting.

When to consider a palliative approach

One article suggests wound care clinicians should ask themselves: Would the patient's quality of life improve significantly if the wound healed? If the answer is no, palliative wound care should be considered. When patients are coping with serious illness and the many distressing symptoms that may accompany it, standard wound care may impair quality of life—and deserve a lower priority. When proper prioritization takes place, wound care justifiably can be optional, especially when patients are actively dying or wound care causes undue discomfort. In those cases, the need to measure wounds at least weekly can be suspended.

The National Pressure Ulcer Advisory Panel's white paper titled "Pressure Ulcers in Individuals Receiving Palliative Care" states: "Healing is seldom the goal for these individuals receiving hospice or palliative care, and therefore, there is no purpose to frequently measuring the wound size or deterioration because no plans to intervene will be derived in these measurements."

Dispelling one last myth

Learning to incorporate a palliative approach to wound care means dispelling one last myth—that palliative wound care is a "do-nothing" approach. Nothing could be further from reality. Clinicians may decide to deprioritize wound care when the patient is actively dying or experiencing pain. But this plan is a conscious decision made by the patient and

Palliative care information

A useful link for general information and resources on palliative care is [Get Palliative Care](#). It includes resources for patients and providers, such as [handouts](#) and the video "[What palliative care is and why it matters.](#)"

Direct patients to <http://getpalliativecare.org/handouts-for-patients-and-families/> for simply worded information on palliative care, which is also available as a PDF handout you can print and give to patients.

family in conjunction with clinicians. The decision begins with completing a full wound assessment to determine patient factors and identify signs and symptoms that are having the greatest negative effect on quality of life. That's where the real work begins. ■

Editor's note: "Palliative wound care: Part 2" will provide clinical tips to address the most common issues in managing palliative-care wounds—pain, odor, exudate, bleeding infection, and cosmetic appearance. Look for this article in the March/April issue of *Wound Care Advisor*.

Selected references

Langemo DK, Black J; National Pressure Ulcer Advisory Panel. Pressure ulcers in individuals receiving palliative care: a National Pressure Ulcer Advisory Panel White Paper. *Adv Skin Wound Care*. 2010;23(2):59-72.

Letizia M, Uebelhor J, Paddack E. Providing palliative care to seriously ill patients with nonhealing wounds. *J Wound Ostomy Continence Nurs*. 2010;37(3):277-82.

Temel JS, Greer JA, Muzikansky A, et al. Early palliative care for patients with metastatic non-small-cell lung cancer. *N Engl J Med*. 2010;363(8):733-42.

Tippett A. Palliative Wound Care: Merging Symptom Management into Advanced Wound Care Practice. Posted April 27, 2011. www.woundsourc.com/blog/palliative-wound-care-merging-symptom-management-advanced-wound-care-practice. Accessed December 2, 2014.

Tippett A. What is Palliative Wound Care? Posted May 6, 2012. www.woundsourc.com/blog/what-palliative-wound-care. Accessed December 2, 2014.

Tippett A, Sherman R, Woo KY, Swezey L, Posthauer ME. Perspectives on Palliative Wound Care: Interprofessional Strategies for the Management of Palliative Wounds. December 2012. www.woundsourc.com/whitepaper/perspectives-palliative-wound-care-interprofessional-strategies-management-palliative-wou. Accessed November 16, 2014.

World Health Organization. WHO Definition of Palliative Care. www.who.int/cancer/palliative/definition/en/. Accessed December 2, 2014.

Gail Rogers Hebert is a clinical instructor with the Wound Care Education Institute in Plainfield, Illinois.

Available anytime... anywhere

Read in print or
on-line on your
computer or tablet!

American Nurse Today is the official journal of the American Nurses Association (ANA) and is a monthly award-winning, broad-based nursing journal.

- Award-winning relevant editorial
- Broad-based topics
- Peer-reviewed, clinical and practical
- Stay up to date on best practices
- Enhance patient outcomes
- Career and business editorial
- Mind/Body/Spirit articles — "taking care of the caregiver"

American Nurse
today
Official Journal of
ANA
American Nurses Association



American Nurse Today's hallmark is publishing useful resources and information that all nurses can use—no matter what specialty or practice setting as well as keep you up-to-date about ANA's advocacy for the nursing profession.

The journal is published 12 times a year – 6 print issues and 6 electronic issues. Whether you prefer to read print journals or online nursing editorial, **American Nurse Today** is available anytime, anywhere.

For subscription information, go to
www.AmericanNurseToday.com/subscribe.aspx
Or call 215.489.7000 ext. 119 to order by telephone.