Palliative wound care: Part 2

This approach brings patient-centered care to life.

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Editor's note: This article is the second in a two-part series on palliative wound care. For the first part, **click here**.

By preventing and relieving suffering, palliative care improves the quality of life for patients facing problems associated with life-threatening illness. This care approach emphasizes early identification, impeccable assessment, and treatment of pain and other issues—physical, psychosocial, and spiritual.

When relieving distressing symptoms takes higher priority than healing the wound, the patient may choose palliative wound care after consulting with the medical team. Addressing such issues as pain, odor, exudate, bleeding, infection, and cosmetic appearance, this treatment approach couples the elements of traditional wound care with symptom management. When delivered correctly, it brings patient-centered care to life.

Addressing pain

Many wound care patients have ongoing pain. Dressing removal can be the most painful part of wound management. If pain intensifies with each dressing change, the palliative-care approach may call for use of nonadherent long-wear-time dressings to reduce dressing-change frequency. Minimizing unneeded stimuli to the wound also is important; topical lidocaine preparations help by numbing the area locally during dressing changes.

Try to schedule dressing changes for a time when patients feel their best, if possible. Before you start, offer pain medication; wait until it reaches maximal effectiveness before assessing whether the patient is ready to begin the procedure. Also consider using music, relaxation, position changes, meditation, guided imagery, and transcutaneous electrical nerve stimulation. If the patient has dis-

comfort during the dressing change, call frequent time-outs: Stop the procedure and ask if the patient would like a break. If so, don't resume activity until the patient consents.

Reducing odor

When unpleasant wound odor reduces quality of life, odor management becomes a palliative-care goal. Wound odor can embarrass the patient, causing depression and self-imposed isolation. Family members may feel guilty if they can't approach the bedside owing to overpowering wound odors. Wound odor also may decrease the patient's appetite, which impedes the palliative-care goal of providing adequate nutrition.

Because odor commonly results from bacteria in necrotic tissue, consider wound debridement if it's consistent with the patient's overall plan of care. Autolytic methods commonly are used because they're gentle and easy to implement with moisture-retentive dressing products. Other aids to managing odors include systemic and topical antibiotics, silver dressings, charcoal dressings, topical honey dressings, cadexomer iodine–impregnated dressings, and properly diluted antiseptic solutions.

If wound odor permeates the patient's room, consider placing essential oils, kitty litter, or coffee beans nearby. Also consider using scented candles and having visitors place methylated preparations under their noses to mask the smell. These strategies help enable the patient to socialize with others.

Decreasing wound exudate

High exudate levels can pose challenges for both palliative wound care patients and clinicians. Consider using absorbent dressing products, such as foams, alginates, and specialty dressings. The goal is to manage exudate to keep excess moisture off surrounding skin, where it could cause further breakdown.

If exudate volume is high enough to necessitate frequent dressing changes or if odor control is needed, consider pouching the wound. Negative-pressure wound therapy (NPWT) helps contain the drainage if all other wound factors are consistent with use of this therapy. Pouching and NPWT help manage odor because these closed systems don't allow exudate to contact room air, except during equipment or dressing changes.

> A palliative-care approach may avoid moist wound healing for dry and scabbed areas.

Unlike traditional wound care treatment, a palliative-care approach may avoid moist wound healing for dry and scabbed areas. Although moist wound healing is widely accepted to expedite healing, when the patient's prognosis is limited and the wound can be managed without further complications, healing

takes lower priority, and scabbed areas can be left open to air with no dressing.

Managing bleeding

In malignant wounds, bleeding may result from the effects of cancer cells on blood vessels. Tissue becomes friable and more susceptible to local trauma. Bleeding also may result from overall health conditions, including abnormal platelet function.

For minor bleeding, calcium alginate dressings (typically used to absorb exudate) can help trigger the coagulation cascade. Also consider such products as absorbable gelatin powders, collagens, and vasoconstrictors. Chemical cauterization with silver nitrate may be required, as well as suturing of involved vessels and laser therapy.

Preventing and managing infection

Preventing wound infection is an important goal for all wound care patients. Use basic infection-prevention measures—good nutrition, wound cleaning, exudate management, and timely dressing changes—if these can be done in alignment with the patient's wishes. If healing is a palliative-care goal for a patient with a wound infection, traditional treatment approaches (including culturing) are appropriate. Be sure to weigh the benefits of treating the infection against the burden the treatments could place on the patient.

If wound healing isn't a goal for your patient, formal diagnosis and treatment of a wound infection isn't necessarily warranted. If treating it won't yield benefits and the patient can be maintained comfortably, the infection may not require active treatment.

However, in many cases, bacteria in the wound cause pain, odor, and high levels of exudate, which are problematic and reduce quality of life. In this case, to meet palliative-care goals you may need to take steps to reduce the bioburden. Try such traditional methods as debridement, antiseptics, antibiotics, and various antimicrobial dressings and therapies.

Improving cosmetic wound appearance

Most patients don't want others to see their wounds. If the wound is on the head, neck, or other highly visible area, this poses a challenge. Patients may be embarrassed and not want to frighten others by their appearance. A major challenge in palliative care is to dress the wound in an inconspicuous way that protects patients' dignity and supports their desire for socialization. One way to do this is to avoid bulky dressings in favor of lower-profile, more streamlined dressings.

Creating symmetry with dressings is important, too. Dressing just one side of the body immediately draws the observer's eye to that side because of the asymmetry. So when feasible, use dressings to

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build up both sides of the body to restore symmetry and make the wound less noticeable. Also, dressings come in various skin tones to blend better against the skin; choose the most appropriate tone for your patient. And try to use clothing creatively to cover the wound.

Palliative wound care embodies the best of patient-centered care by focusing on what's best for the patient—even if that's not what's best for the wound. Aggressively managing the most distressing symptoms of chronic wounds helps maximize patients' quality of life. ■

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