WOUND MANAGEMENT ALGORITHM

- for lesions in chronic stage -

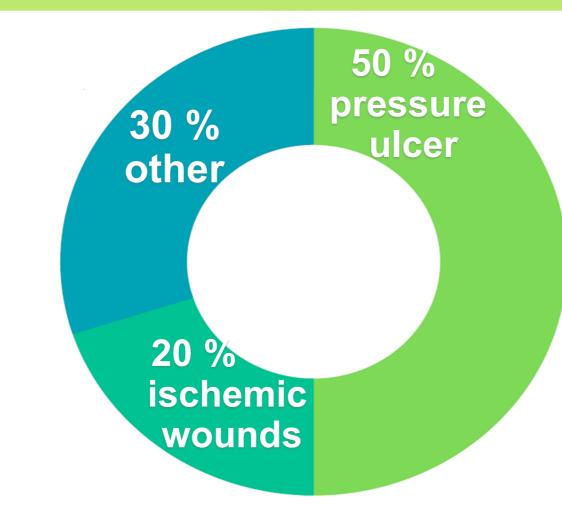
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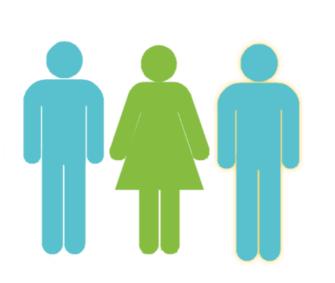
Brasov - ROMANIA

Introduction: One of the main challenge that palliative care (PC) professionals face is the management of chronic wounds (CW), like pressure sores and fungating tumours. Patients with CW show several factors that slow down the healing process and induce a general discomfort.

Aim: The development of a clinical algorithm is meant to synthetize the already existing knowledge and to elaborate specific recommendations for a proper, evidence based, nursing practice for patients with CW.

Material and method: Literature review on CW management; PC nurses focus groups analysing relevant articles, studies and guides; studies of 50 patients files with CW.





35 % patients in palliative care have chronic wounds

Assessment

GENERAL

- ♦ Health status
- ◆ Age
- ◆ Diagnostic ◆ Medication
- Nutritional status
- Psycho-emotional aspects
- ◆ Daily activity limitation

- WOUND
- ♦ Size/Area
- ◆ Type of lesion
- ♦ Necrosis
- ♦ Infection
- ◆ Bleeding
- ◆ Surrounding tissue
- Dressing used

LONG **Objectives** prognosis Preventing aggravation or other injuries Maintaining quality of life Symptoms control Healing

SHORT prognosis

ISSUES	INTERVENTION		
	LONG prognosis	SHORT prognosis	
Wound Infection	 ANTIBIOGRAM – wound secretion Locally infected wound—no signs of spreading - topical antiseptic/antimicrobial agent Systemic antibiotic should be considered in line with antibiogram 	Absorbent dressings (e.g. polyurethane foam dressings)	
	 Dressings: Antimicrobial dressings (e.g. silver impregnated dressings) Absorbent dressings (e.g. polyurethane foam dressings) 		
Increased exudate	Absorbent dressings (e.g. Polyurethane Foam dressings; Ca alginate dressings, hydrofiber dressings) Changing dressing as needed	 Absorbent dressings (e.g. polyurethane foam dressings) Changing dressing as needed 	
Bleeding	Ca alginate dressing Oncological consult—local radiotherapy Local management (e.g. compression; ice) Haemostatic medication	Ca alginate dressing	
Necrosis	Surgical debridement Autolytic debridement (e.g. Hydrogel dressings)	Vaseline gauze	
Odour	Activated charcoal dressing Metronidazole dressings / paste		
Dressing pain	Pain medication before dressing		
Dry wound	Hydrocolloid dressing Vaseline gauze	Vaseline gauze	
Surrounding skin lesions	Apply Skin barrier protection (film dressing or cream)		
Nutritional deficiency	Nutritional supplements , increased intake of proteins, vitamin A, C and Zn	X	
Psycho-emotional issues	Assess and respond to patient/family concerns		
	GENERAL	WOUND	

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Intervention

GLIILIML

Frequency—every month / health status changes

Reconsider objective Stable / improved condition and intervention **YES**

Frequency—every 3 days Stable / improved condition

YES

Reconsider intervention

Reassess objective and intervention Continue intervention

Conclusion: A study was made in an inpatient PC service for a period of 6 months (January—June 2018). Using items on this algorithm, the study assessed how pressure sore are treated and it showed the following results:

Stage of pressure ulcer **17.14%** Stage 1 **35.72**% Stage 2 **17.14%** Stage 4 **30.00%** Stage 3 46% **LONG** prognosis 54 % **SHORT** prognosis

Objectives 46% symptom control and healing 54% maintaining quality of life and symptom control All patients had same complex assessment.



11.43% wound infection 4.29% bleeding **8.57%** odour 38.57% nutritional deficit **Identified issues** 38.57% increased exudate **18.57%** necrosis 55.71% surrounding skin lesions

Type of dressings

44.00% hydrocolloid dressing **5.71%** silver impregnated dressing 22.86% polyurethane foam dressing 31.43% Ca alginate dressing 32.86% Vaseline dressing



31.43% psycho-emotional issues