

Wound Care at the End of Life

Barbara Delmore, PhD, RN, CWCN, and Diane Duran, MSN, RN, CWOCN®

As wound care nurses, dealing with patients with wounds in the end-of-life stage can be very challenging. The first instinct is to create the environment for healing by addressing systemic issues and providing the appropriate topical treatment. However, this feat is not always practical or realistic given a palliative care situation (Langemo & Brown, 2006). When the body is failing, healing is unlikely or less likely, regardless of the treatment. However, failure to aggressively treat a wound may be interpreted by patients and their families as neglectful or uncaring. Palliative wounds often can be maintained with less expensive topical treatments that would keep the wound clean and stable as well as provide comfort to patients. However, without clear progress in wound healing, expensive treatments may continue until death because the overall prognosis has not been accepted by the patient or family. Lack of healing progress is defined as an “unresponsive” wound over a two to four week period despite optimal care, possibly from the presence of cofactors that were not or cannot be addressed (Nix, 2007). Another scenario is that the wound has been healed at all cost but the patient dies anyway. Aesthetically, this may be more pleasing to the family as the patient dies with their skin intact. However, wounds can occur because of the dying process. The skin is the largest organ so, as multi-organ failure continues, the skin fails as well (Stokowski, 2008). These wounds often are attributed to poor nursing care instead of to the natural process that causes them. This natural process of wound denigration from multiorgan failure also may bring other signs and symptoms, such as malodor and pain. Choosing appropriate topical treatments to address these is-

issues may provide comfort to the patient by avoiding embarrassing odors and the pain sometimes associated from dressing placement and removal.

Wound Types and Care

The wound healing process is dependent on an interplay of factors. Wound healing requires an adequate absorption of nutrients, absence of an infectious process, and absence or control of a pathologic condition (Rolstad & Ovington, 2007). These factors may be difficult to correct or control as the body fails. Patients with cancer may present with malnutrition, poor immune function, edema, and physical limitations that place them at higher risk for developing pressure ulcers and other chronic wounds that do not heal. Wound care specialists are obligated to provide evidence-based topical treatments and ensure that systemic elements are in place to promote wound healing (e.g., glycemic control, infection control, pressure redistribution surfaces). Wounds should be treated by their characteristics, but certain principles also should be followed when determining the best topical treatments (Baranoski & Ayello, 2007; Rolstad & Ovington) (see Table 1).

Dry, Shallow Wounds

A moist wound bed promotes healing as it facilitates cellular movement (Rolstad & Ovington, 2007). Topical treatment options and typical oncology

wounds should be kept moist and clean by using products that provide moisture to the wound bed. Examples include hydrogels, impregnated gauzes, and gauze with Ringer solution. For dry, shallow wounds, a typical dressing might use a small amount of a hydrogel on gauze moistened with normal saline and covered with dry gauze and a transparent dressing.

Wet, Shallow Wounds

Topical treatments that absorb excess moisture, which promote bacterial growth, are required. Examples include hydrofibers that are placed in the wound dry or as foam. If the wet, shallow wound is a painful radiation desquamation, a hydrogel dressing can provide a cooling effect for the patient and promote healing by cleaning the devitalized tissue and creating a viable wound bed.

Dry Cavity Wounds

Dry cavity wounds require moisture. An example would be to cleanse the wound with normal saline, apply a small amount of hydrogel into the cavity followed by a loosely packed and moistened normal saline gauze, and then cover the dressing. Dressings should be changed daily.

Wet Cavity Wounds

Wet cavity wounds require absorptive topical treatment options such as an alginate or a hydrofiber. A foam cover can

Barbara Delmore, PhD, RN, CWCN, is a clinical nurse specialist in the Langone Medical Center at New York University and Diane Duran, MSN, RN, CWOCN®, is a clinical nurse specialist in the Weill Cornell Medical Center at New York-Presbyterian Hospital, both in New York.

Digital Object Identifier: 10.1188/09.CJON.381-383