

I CARE FOR PALLIATIVE PATIENTS WHAT SHOULD I DO?

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PALLIATIVE WOUNDS

Patients at the end of life can develop wounds that won't heal, because of the altered body functions, which won't support healing.



The Skin Changes at Life's End Final Consensus Statement (2009), shows that compromised skin, caused by reduced tissue perfusion, decreased tolerance to external insults, and impaired removal of metabolic wastes can lead to unhealable wounds.

The SCALE (2009) document proposes that the skin, the largest organ of the body, may suffer from skin/tissue damage, including pressure ulceration.

Sibbald RG, Krasner DL, Lutz J. SCALE: Skin Changes at Life's End: Final Consensus Statement: October 1, 2009. Adv Skin Wound Care. 2010 May;23(5):225-36.

WHAT TO DO?

- As with any other wound type, an holistic patient and wound assessment will be required before a treatment plan is designed and agreed.
- The patient or carer - if patient not able to discuss the treatment plan - should be involved as the patients' needs should be at the centre of care.
- The main difference between these wound types is that the goal is to prevent infection and promote patient comfort as wound healing might not be achievable.
- The goals should be discussed and agreed with the patient/carers and Multidisciplinary Team that will be supporting the patient in palliative care.
- In terms of wound assessment, it will be the same as for other wounds: make sure you utilise a framework, in order to maintain care continuum; make sure that the care plan and subsequent changes to the plan are clear to all of those involved in the patient care.

There are numerous support groups both for patients and for family members/ carers.

Don't hesitate to contact them!

A multidisciplinary team approach will lead to better outcomes as well as involving a Specialist Wound Care Nurse.