Palliative Wound Care for PALTC

By Victoria Nalls, PhD, GNP-BC, CWS, ACHPN

It is well-known that many residents in the post-acute and long-term care setting have contracted, suffered from, and succumbed to COVID-19. Lesser known is that many PALTC wound experts expect the rates of pressure injuries to increase due to the virus's impact on oxygen perfusion and the vascular system. These experts are encouraging PALTC clinicians to have candid conversations with patients and their responsible parties about the concept of maintenance and/or palliative wound care (*Wound Manag Prev* 2020;66:5–7).

Maintenance Care

Maintenance wound care acknowledges that intrinsic and extrinsic factors exist that may impede the process of normal wound healing. Chronic wounds seen in the PALTC environment are often maintenance wounds because older adults are more likely to have intrinsic factors such as chronic comorbid conditions, impaired nutrition, and limited mobility, and extrinsic factors such as medical devices or smoking that negatively impact normal wound healing. Additionally, chronic wounds may develop abnormal wound edges such as epibole (rolled or curled-under wound edge) or callus that may also contribute to delayed wound healing.

Maintenance wounds may nevertheless heal, but they are unlikely to heal as quickly or smoothly as the wound of a healthy individual. Therefore, the primary goal of wound care for maintenance wounds shifts from wound closure to preventing further decline by minimizing the risk of infection, focusing on symptom management, and removing any potential modifiable barriers, when applicable.

Table. Palliative Wound Goals of Care

HOPPES	SPECIAL
H – Hemorrhage O – Odor control P – Pain P – Pruritus E – Exudate management S – Superficial infection	S – Stabilize the wound P – Prevent new wounds E – Eliminate odor C – Control pain I – Infection prophylaxis A – Absorbent wound dressings L – Lessen/reduce dressing changes
Alam et al., "Optimising Quality of Life for People With Non-healing Wounds," *Wounds Int* 2018;9(3):6–14; https://bit.ly/3q9ocjU.	Wendelken et al., "Case Studies in Palliative Wound Care," *Podiatry Today* 2009;22(7); http://bit.ly/35AEhXX.

Palliative Care

Palliative wounds are also commonly seen in PALTC. These wounds are unlikely to heal due to irreversible ischemia, malignancy, and/or the individual being at the end of life. Types of palliative wounds include pressure injuries, arterial and venous ulcers, fungating/malignant tumors, iatrogenic radiation injuries, Kennedy terminal ulcers, and Trombley-Brennan terminal tissue injury. A broader concept discussed in the wound care community that encompasses palliative wounds is SCALE: Skin Changes At Life's End (see the Resources box for additional reading).

Experts agree there are observable skin changes at the end of life, but further research is needed to understand the causes. Additional consensus statements and clinical guidelines from several professional wound organizations support the observation that pressure injuries may be unavoidable at the end of life, despite providing standard wound care. In these cases, the goals of care should focus on symptom management and maximizing quality of life rather than on wound healing.

Management and Dressings

Excluding ischemic palliative wounds, management of both maintenance and palliative wounds is the same as management of healable wounds. This management includes general wound principles of maintaining a moist wound environment, managing bioburden, caring for wound edges, and focusing on prevention, protection, and offloading.

The selection of wound dressings for maintenance and palliative wounds should take into account who is doing the dressing changes, what the goals are for the wound, and whether any financial considerations apply. For example, if a palliative wound has a copious amount of drainage and the patient has pain with dressing changes, then PALTC clinicians should consider alginates, hydrofibers, foam dressings, or a combination of these to maximize absorbency while also minimizing the frequency of dressing changes.

Wound technology has evolved to support less-frequent changes when dressings are used correctly. One way to ensure the appropriate use of advanced wound products would be to confirm the indications and contraindications for use before application. Most wound products are available with a silver component, which can help manage bioburden. Even with palliative care wounds, debridement may be an option if it aligns with the goals of care of the individual, and it could improve quality of life.

Documentation

One of the most crucial components for successful wound care is documentation. Although there has been no direct guidance from the Centers for Medicare & Medicaid Services in the State Operations Manual for Long Term Care Facilities regarding maintenance wounds, CMS does point out that there

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Palliative Wound Care Resources

- National Pressure Injury Advisory Panel (NPIAP) white papers, including guidance on COVID-19 and palliative wound care: https://npiap.com/general/custom.asp?page=WhitePapers.
- Palliative Wound Pro, a wound care app: https://palliativewoundpro.com/.
- Pressure ulcer guidelines: Wound, Ostomy and Continence Nurses Society, "WOCN Society Position Paper: Avoidable Versus Unavoidable Pressure Ulcers (Injuries)," WOCN, 2017; https://bit.ly/2XxK4cF.
- SCALE: Skin Changes at Life's End Final Consensus Statement: *Adv Skin Wound Care* 2010;23:225–236; https://dx.doi.org/10.1097/01.ASW.0000363537.75328.36.
- Types of palliative wounds: *Adv Skin Wound Care* 32:109–121; https://dx.doi.org/10.1097/01.ASW.0000553112.55505.5f.
- Wound Source, useful for dressing questions: https://www.woundsource.com/.
- WoundSource white paper on palliative wound care: Tippett et al., "Perspectives on Palliative Wound Care: Interprofessional Strategies for the Management of Palliative Wounds," WoundSource, 2011; http://bit.ly/3i64we6.

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are modifiable and nonmodifiable risk factors that impact wound healing. In addition, CMS recognizes pressure injuries that may occur at the end of life and the characteristics surrounding the Kennedy terminal ulcer.

Interestingly, the International Classification of Diseases (ICD-10) does not currently provide any codes to support accurate coding of end-of-life wounds or any COVID-19 skin manifestations, so it is vital that wound documentation correctly describes skin manifestation etiologies. Wound documentation should also identify a wound prognosis (healable versus maintenance versus palliative) and then discuss the evidence to support this prognosis. For example, the phrase "delayed wound healing is expected due to" would be followed by a succinct but clear explanation of the factors impeding normal wound healing to establish realistic expectations for maintenance and palliative care wounds.

For example, if managing a wound in a diabetic patient with uncontrolled blood sugars and underlying vascular disease, it would be reasonable to document "delayed wound healing expected due to poor perfusion and uncontrolled diabetes." This patient's maintenance wound may eventually close if blood sugars are regulated and perfusion is restored (if a candidate). Importantly, the clinician needs to document which standards of wound care are being followed to justify that a stalled or declining wound is not due to a lack of appropriate care.

When the primary focus for a wound is no longer wound closure, the documentation should still reflect what can be done for the wound (see the table). It is inappropriate to declare any palliative wound untreatable and not continue to apply wound care standards simply because wound closure is unlikely.

Treatment Goals

Measurable wound goals can and should be identified. For example, a malodorous wound treated with a palliative care prognosis could have a goal focused on minimizing the smell so the family can tolerate being at the bedside. Dressing selection, perhaps with charcoal, would align with this goal, and the measurable outcome would be diminished odor reported by the family.

In a world where older adults with chronic illness are living longer, successful wound management is not always defined by wound closure. Many maintenance wounds and even some palliative wounds do eventually heal. The goal for maintenance and palliative wound care, like any other condition, is to develop realistic plans of care and then take that next step to educate the patient and caregivers so everyone has the same expectations.

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Editor's Comment

Dr. Nalls's column on palliative wound care in the post-acute and long-term care setting reminds us of the importance of goals of care and symptom management when addressing maintenance wound care. As practitioners, we strive to cure what we can and close wounds. However, we need to recognize that delayed wound healing is common among older adults in PALTC settings. Preventing complications and effectively managing symptoms such as discomfort and drainage, as well as minimizing secondary infection are also worthy goals. We encourage you to share Dr. Nalls's suggestions for documentation of wound prognosis and links to practical resources with your wound care team.

— Elizabeth Galik, PhD, CRNP, editor in chief