Pressure Ulcer Prevention and Treatment
Does it have any place in Palliative Care?
Karen Lou Kennedy-Evans, RN, FNP, APRN-BC

Faculty Disclosure
Karen Lou Kennedy-Evans

Affiliation with:
- Advisory Board - Principal Business Enterprise, Precision Fabrics, SCI, Tridien and Kestrel
- Consultant - Stryker
- Speaker’s Bureau – Coloplast, 3M, Principal Business Enterprise, Precision Fabrics

However, no conflict of interest exists for this conference.

- 43 years RN
- 39 years FNP
- 38 years LTC
25 Years

Byron Health Center - 25 years

1 Death a Week
1,196 Deaths

Head Butt Checker

Missouri Deaths 2003

- 28% occurred in nursing homes
Missouri Deaths 2003

- 28% occurred in nursing homes
  - 24% was the national average

Abbasi and Rudman, 1994

2020 - estimate
- 40% will occur in nursing homes
  - Christopher, 2000

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YES
Important Aspects of Wound Care for the Palliative Patient

Karen Lou Kennedy-Evans, RN, FNP, APRN-BC

Important Aspects

• 1. Pain Control

Nothing Else Matters!!!!
Important Aspects

1. Pain Control
2. Frequency of Turning and Repositioning

4. Possibilities of Healing
Important Aspects

1. Pain Control
2. Frequency of Turning and Repositioning
3. How Aggressive? Treatment Modalities
   - Dressings to control pain
   - Odor control
4. Possibilities of Healing
5. Patient and Family Expectations

What is Palliative Care??

That being said......

What is Palliative Care?

- Medical subspecialty 1987
  - Internal medicine
- Combines
  - Supportive care
  - Medical management
    - Disease-modifying therapy

- Byock, 2000
Palliative Care

- The active total care of patients whose
disease is not responsive to curative
treatment.
  - World Health Organization

Palliative Care Issues

- Physical
- Psychological
- Social
- Spiritual
- Practical

  - Brink et al. Factors Associated with Pressure
    Ulcers in Palliative Home Care, Journal of Palliative
    Medicine, 2006

Palliative Care Issues

- Expectations
- Needs
- Hopes
- Fears

  - Brink et al. Factors Associated with Pressure
    Ulcers in Palliative Home Care, Journal of Palliative
    Medicine, 2006

Palliative Wound Care

- Evolving body of knowledge and skills
  that takes a holistic approach to:
  - relieving suffering and
  - improving quality of life for
    - patients and families living with
      - chronic wounds,
      - whether healable or not.

  - Ferris et al 2007
Dr. Davin Haraway

- Who qualifies for Palliative Care?

Dr. Davin Haraway

- “If you woke up tomorrow and read their name in the obituary column would you be surprised?”

Palliative Care

- Appropriate for anyone living with, at risk for developing a life-threatening illness.
- Relieve suffering
Palliative Care

- Appropriate for anyone living with, at risk for developing a life-threatening illness.
- Relieve suffering
- Improve quality of
  - Living
  - Dying

  - Brink et al. Factors Associated with Pressure Ulcers in Palliative Home Care, Journal of Palliative Medicine, 2006

Symptom management
Nutrition
Physical therapy
Occupational therapy
Counseling
Spiritual support

Hospice is a Component of Palliative Care

- Both are appropriate when there is little hope for cure of the patient’s underlying disease.
  - Palliative: Incurable illness
  - Hospice: 6 month life expectancy

Hospice
How did this come about?

Palliative Care

• 1958 – St. Joseph Hospice London
  – Cicely Saunders worked for 7 years
• 1967 – St. Christopher’s Hospice London
  – Opened
• 1974 – Connecticut Hospice
  – Opened – Florence Wald - Yale
• 1987 - Palliative Care Established

Palliative Wound Care

• Stabilization of existing wounds
• Prevention of new wounds
• Symptom management
• Focus on “Quality of Life”

Palliative Wound Goals

• “Reducing the number of hospitalizations while maintaining comfort at home.”
  Dr. William Ennis
Seven Skill Sets Needed

1. Effective communication.
2. Patient-centered decision making appropriate for the stage of disease and condition of the patient.
3. Management of cancer or nonmalignant disease complications.
4. Symptom control.
Seven Skill Sets Needed

1. Effective communication.
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3. Management of cancer or nonmalignant disease complications.
4. Symptom control.
5. Psychosocial and spiritual care.

Davis et al., 2002

Palliative Care

- Not time confined
- Goal-oriented and
- Patient-centered care

- (Davis et al., 2002)
• Patient-Centered Care

*(Davis et al., 2002)*

• Preventative
  – Sometimes treatment is painful

• Preventative
  – Early interventions prevent and improve poorly managed pain and other symptoms
Palliative Care

- Preventative
  - Early interventions prevent and improve poorly managed pain and other symptoms
  - Improve communication patterns between patient and providers
  - Reduce a fragmented care approach
  - Reduces psychosocial or spiritual suffering that is amplified if left untreated in the dying process
  - (Davis et al., 2002)

Terms

- Curative Care
- Supportive Care
- Palliative Care
- End-of-Life Care
- Hospice Care
Supportive Care

• Optimizing comfort
• Improving function
• Maintaining social support
• Minimizing adverse effects of antitumor therapy during active cancer treatments.
  – (Cherny et al., 2003)

13 Characteristics – Supportive Care

• 1. Coordination of care.
• 2. Patient views and values are ascertained during the development of supportive services.
• 3. Face-to-face communication.
• 4. Information that includes options at each pathway of care and free information services (verbal, written, or video) sensitive to culture, education, spiritual, and language needs.
• 5. Psychological supportive services.

13 Characteristics continued

• 6. Social supportive services
• 7. Spiritual supportive services
• 8. Palliative care services (general)
• 9. Specialists in palliative care services
• 10. Rehabilitation services
• 11. Complementary services
• 12. Social services for families and caregivers
• 13. Workforce development for supportive and palliative services
  – (Cherny, N. 2003)

Pain
Chronic Wound Pain Mechanisms

- Noncyclic acute
  - Single or infrequent single episode

- Cyclic acute
  - More regular basis
  - Wound manipulation
  - Position change
  - Treatments

- Chronic
  - Persistent (Neuropathic)
  - Without external stimulation
    - NPUAP Palliative White Paper

Acute, Home, Extended Care -32

- 87.5% pain with dressing change

- NPUAP Palliative White Paper
Acute, Home, Extended Care -32

- 87.5% pain with dressing change
  - 75% pain was mild to distressing
  - 18% pain horrible or excruciating
- 84.4% pain at rest

- NPUAP Palliative White Paper
World Health Organization (WHO) Analgesic Ladder

- Analgesic Ladder for treating pain
  - Severity of Pain
    - Mild
    - Moderate
    - Severe
  - Drugs
  - Reminders

Less Used Pain Modalities

- Music
- Meditation
- Guided imagery

Dressings Pain Friendly

- Hydrogels
  - Feel soothing
  - Moisten dry wounds
- Non-adherent foams
  - Absorptive
  - Comfort
  - Ease of removal
- Silicone dressings/tapes
  - Ease of removal

Frequency of Turning and Repositioning
Turning and Repositioning

- **Patient Centered**
  - Allow patient to decide
  - Individual’s clinical status
  - Individual’s tolerance
  - Comorbid conditions

- **Palliative Care**
  - Pressure-redistributing mattress
    - At least every four hours
    - As consistent with the individual’s goals
  - Non-pressure-redistributing mattress
    - Every 2 hours

- **Palliative Care**
  - Pressure-redistributing mattress
    - At least every four hours
    - As consistent with the individual’s goals
  - Non-pressure-redistributing mattress
    - Every 2 hours
    - And document

- May be harmful or even scary to some patients
- Offering immeasurable comfort to others
• Case Study - Fred
  – 28 year old male
  – 9 years post gun shot wound to neck

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  – Multiple skin breakdown and skin issues
**Case Study - Fred**
- 28 year old male
- 9 years post gun shot wound to neck
- Multiple skin breakdown and skin issues
- Multiple flap procedures
- Multiple bouts of pneumonia and UTI
- Multiple hospitalizations
• Case Study - Fred
  – July 5, 2012 - Thursday
  • June 30 days
  • Turn q 2 hours

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  • 24 hours = 12 times a day

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  • X 30 days in June
  • = 360 times
Turning and Repositioning

- Case Study - Fred
  - July 5, 2012 - Thursday
  - June 30 days
  - Turn q 2 hours
  - 24 hours = 12 times a day
  - X 30 days in June
  - = 360 times
  - "Take a guess, out of 360 times last month, how many times you allowed the nurses aids to turn you?"

7/360 = 1.94%
Turning and Repositioning

- May be harmful or even scary to some patients
- Offering immeasurable comfort to others
- Prefer a single position for comfort
- Turning and positioning may serve only to increase pain, discomfort, and distress

- Langemo, Black, Pressure Ulcers in Individuals Receiving Palliative Care: A National Pressure Ulcer Advisory Panel White Paper, Advances in Skin and Wound Care, 23:59-73

Support Surface
- Dryer and cooler microclimate
- Low air loss
- Dryer and cooler microclimate
- Microclimate overlays
- Therapy sheets
- Incontinent briefs

Possibilities Of Healing

Wound Goals

- Acute Care
  - Heal the wound
- Palliative Care
  - Prevent deterioration
  - Symptom control
Expectations

• The pressure ulcer will:
  – heal within the next 30/60/90 days.
  – show signs of healing in the next 30/60/90 days.

STOP!

• Goal:
  – Wound will show signs of healing in next 90 days
• Reality:
  – Wound closure may not be a realistic goal.

STOP!!!!

Many wounds in Palliative Care do heal.
Will it HEAL?

- Healing Probability Assessment Tool
- Dr. Oscar Alvarez 1999
- For the recognition of the adult immobilized life (F.R.A.I.L.)
  - April 1999
  - 20 comments
  - The more checked the less likely

FRAIL
Healing Probability Assessment Tool

- FRAIL-For Recognition of Adult Immobilized Life.
- Tool to estimate the probability for a wound to respond to aggressive local intervention and heal.

Treatment Modalities
How Aggressive?

Dr. James Schmutz

“You don’t have to do everything possible to your loved one to let them know you love them.”  

4/27/12
Dying

In our country is not always a peaceful process..

“...Is not always a peaceful process...

“There are a lot of things in Life worse than death.”

Mom

Dressings

- Moisten dressings before removing

Dressings

- Moisten dressings before removing
- Extended wear dressings
  - Skin prep before application of dressing
Dressings

- Moisten dressings before removing
- Extended wear dressings
- Ease of dressing removal
  - Silicone dressings

- Ease of tape removal
  - Silicone tape
  - Moisten with wound/skin cleansers
  - Tape removal swabs

Odor Control

- Removal of necrotic tissue
  - Enzymatic debriding agents
- Wound irrigation
  - Copious
  - Newer wound irrigation agents
- Room deodorizer
- Kitty Litter
  - In shallow pan
  - UNDER THE BED

- Dressings
  - Antimicrobial dressing
    - Silver
    - Cadexomer iodine – antiseptic agent
      - Allows release of iodine over time
      - Promotes acid pH
    - Metronidazole – antimicrobial agent
      - Topical gel
      - Tablets crushed and placed into the wound
    - Charcoal impregnated dressings
    - Dakin Solution
Negative Pressure Wound Therapy

• If appropriate
  – Drainage
  – Odor
  – Change q.o.d.
  – Protection from incontinence
  – Faster healing if pt status sufficient

Patient and Family Expectations

Realistic Expectations

• The pressure ulcer will heal within the next 30/60/90 days.

Pressure Ulcer

• The development of pressure ulcers may be a sign of impending death.

Death After A Pressure Ulcer

- **Acute Care**
  - 75% mortality rate in 180 days – Brown
  - 59.5% mortality rate in 365 days – Thomas et al
- **Long Term Care**
  - 55.7% mortality rate in 42 days – Kennedy
  - 66.7% mortality rate in 180 days – Brown
- **Hospice Patients**
  - 62.5% mortality rate in 14 days – Hanson et al

Palliative Care

- **Philosophy**
  - Regards dying as a normal process
  - Patient and family centered

Kennedy Terminal Ulcer

- A pressure ulcer that some people get in the dying process.
- Not all patients that die with a pressure ulcer have a KTU
- Sudden onset
- Shaped like a pear, butterfly, horseshoe
- Colors red, yellow, purple
- Progresses rapidly
- Death imminent

Photo courtesy Dot Weir
Kennedy Terminal Ulcer
Bariatric Patient

Jean Martin Charcot
“Long Term Care”

- Decubitus Ominosus
- Decubitus Acutus
- Lecture on Diseases of the Nervous System 1877
  - Levine JM, JAGS, 53: 1248-1251

112 Years Later

Skin Failure

- An event in which the skin and underlying tissue die due to hypoperfusion that occurs concurrent with severe dysfunction or failure of other organ systems.
  - Langemo DK, Brown G, Skin Falls Too: Acute, Chronic, and End-Stage Skin Failure, Advances in Skin & Wound Care, Vol. 19 No. 4 pp. 206-211
SCALE (Skin Changes At Life’s End) 2006

- Dr. Gary Sibbald
- Diane Krasner
- James Lutz
- Dr. Oscar Alvarez
- Dr. William Ennis
- Dr. David Thomas
- Dot Weir
- Rick Hall
- Cynthia Sylvia
- Sharon Baranoski
- Nancy Stotts
- Elizabeth Ayello
- Nancy Faller
- Karen Lou Kennedy-Evans
- Diane Langemo
- Jane Hall
- Joy Schank
- Thomas Stewart

SCALE

- Skin is the body’s largest organ
- Subject to loss of integrity
- Comprehension of skin changes that can occur at life’s end is limited
  - Insidious
  - Difficult to prospectively determine
  - Additional research and expert consensus is necessary
- Contrary to popular myth, not all pressure ulcers are avoidable

Avoidable vs. Unavoidable

F-tag 314 (LTC)
- Evaluate patients:
  - Clinical condition and risk factors
- Define and implement interventions:
  - Consistent with residents needs, goals and standard of practice
- Monitor and evaluate impact of interventions or revise as appropriate
Palliative Care

- Guidelines for Pressure Ulcers:
  - www.npuap.org
  - SCALE
  - FRAIL

Pressure Ulcer Prevention and Treatment
Does it have any place in Palliative Care?

YES

Absolutely YES
Questions?

The End