

Pressure ulcer approach in palliative care patients

Author: María Nuin Pérez
Tutor: Jesus Martín Martín



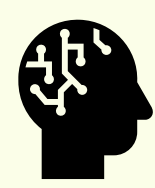
INTRODUCTION

- Pressure ulcers (PU) are a big issue in today's society. Concretely in palliative care patients, due to their pathologies and stage of life, some PUs are unpreventable (1) and appear more frequently. Increasing their incidence up to 26% and even 100% in different countries around the world (2,3).
- Nurses have the main role in the process of caring for PUs. In palliative care comfort is the ultimate goal emphasizing the need for trained professionals and clear scientific evidence to deliver quality care (1).

AIM

To explore the proper care approach to manage pressure ulcers in palliative care patients.

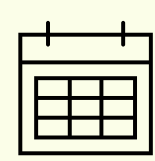
METHODOLOGY



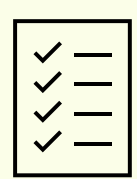
"PALLIATIVE CARE PATIENTS"
"MANAGEMENT"
"PRESSURE ULCERS"



PUBMED
CINAHL
PSYCHINFO



FROM: OCTOBER 2022
TO: DICEMBER 2022



LITERATURE REVIEW
LAST 10 YEARS
ENGLISH AND SPANISH

RESULTS

ASSESSMENT



- **Holistic assessment** of the individual through scales like Braden scale (4-8).
- **Frequency** of assessment adapted to patient's condition (4).
- **Goal setting:** Assessment results + patient's & family's decisions after being educated (5,9,10).
 - Possible outcomes (12)



- Complete healing
- Clinical improvement
- Clinical stabilization

- **Care plan:** consistent with wishes of the patient & family + adapted to changes in patient's circumstances (4,12).

PREVENTION

Always adapted to the patient's comfort (4,13,14) assessment and care goals (9).

- **Hydration and nutrition:** Fluid intake + maintaining serum protein levels (4,13).
- **Clean, hydrated and dry skin:** Use of Ph balanced soap and protective barrier creams to hydrate and protect from body fluids (4,6,13).
- **Protection of bony prominences:** use of prophylactic dressing in patients with high risk of developing pressure ulcers (13).
- **Repositioning:** Every 2-4h. Adapt frequency if there is pain or if the patient is in treatment with opioids or sedatives (4,5).
- **Surface selection:** High specification mattress or pressure redistributing support surfaces for patients with high risk of developing pressure ulcers (6,14).

MANAGEMENT

- **Clean and moist environment:** The wound should be cleaned with saline solution (6) and debrided if eschar, slough, sphaceli or necrotic tissue are present (11).
- **Protection of the wound bed and dressing choice:** Dressing chosen has to palliate the most amount of symptoms possible while been easy to remove, long lasting and absorbent (6,7,13).
- **Symptom control:**
 - **Pain treatment:** Pain is the most distressing symptom for patients (7,13)
 - Pharmacological (opioids, topical morphine, clinical ladder for systemic pain (4,6,15))
 - Nonpharmacological (music, relaxation, therapy animals and massage (4,14,15)).
 - **Odor and exudate:** Starts by treating the cause (4,7). Controlled by dressing, antibacterial products, topical metronidazole, medical grade honey and others like electrical nerve stimulation or Negative Pressure Wound Therapy (6,7,14,16,17).

CONCLUSION

This study demonstrates the need for a concrete approach of care in palliative care patients with PUs. Highlighting the specific measures that should be taken to deliver the most appropriate care based on the existing scientific evidence. Lastly aiming to be used as an accessible resource for nurses working at the bedside of palliative care patients.

REFERENCES

