

Let's Get Real About Wounds:

**An Inter-Professional Approach for Healing,
Maintenance, and Palliative Goals**



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Objectives

As a result of this educational opportunity, the participant will be able to:

1. Describe three main wound types/categories of “heal-ability.”
2. Review barriers to wound care as presented by the interdisciplinary team (ie, medical, financial, or psychological).
3. Relate barriers to the appropriate wound type, thereby establishing therapeutic goals.

For the purpose of today's webinar:

The three main wound types:

1. **Healable:** Capable of being healed.
2. **Maintenance:** To keep in an existing state or preserve from failure or decline.
3. **Palliative:** To ease symptoms without curing the underlying disease.

As agreed upon by this panel:

The goals for each wound type:

1. **Healable:** Heal by primary or secondary intention through aggressive means as fast as possible.
2. **Maintenance:** Prevent wound from deterioration or further destruction. Wound may heal by secondary intention.
3. **Palliative:** To reduce or eliminate physical, psychological, or financial discomfort.

Objective: Healable

Pressure Stage 3, Left Buttock

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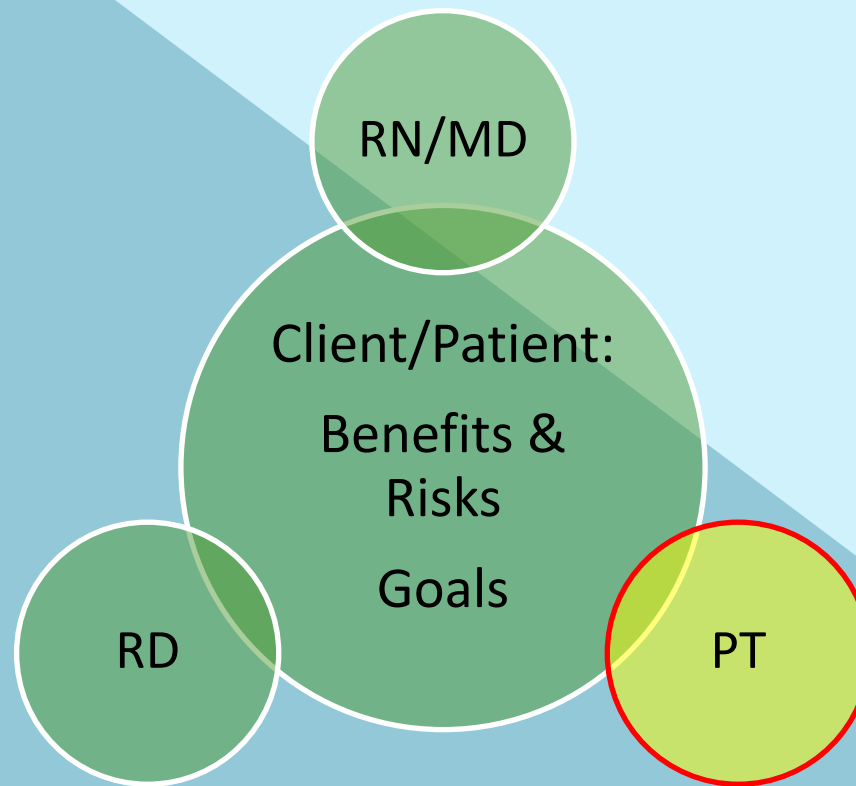
- 65 YO Male
- Type 2 DM, MS, Urosepsis
- Admit to SNF after 28-day hospital stay
- Had been living independently prior to episode and independent with ambulation and ADLs. Cognition intact
- This client/patient wants to restore physical function, improve his health, and return home
- Objective: To heal the wound



Objective: Healing the Wound

Wound Rounds with the Team:

Jeanine:



Rehabilitation:

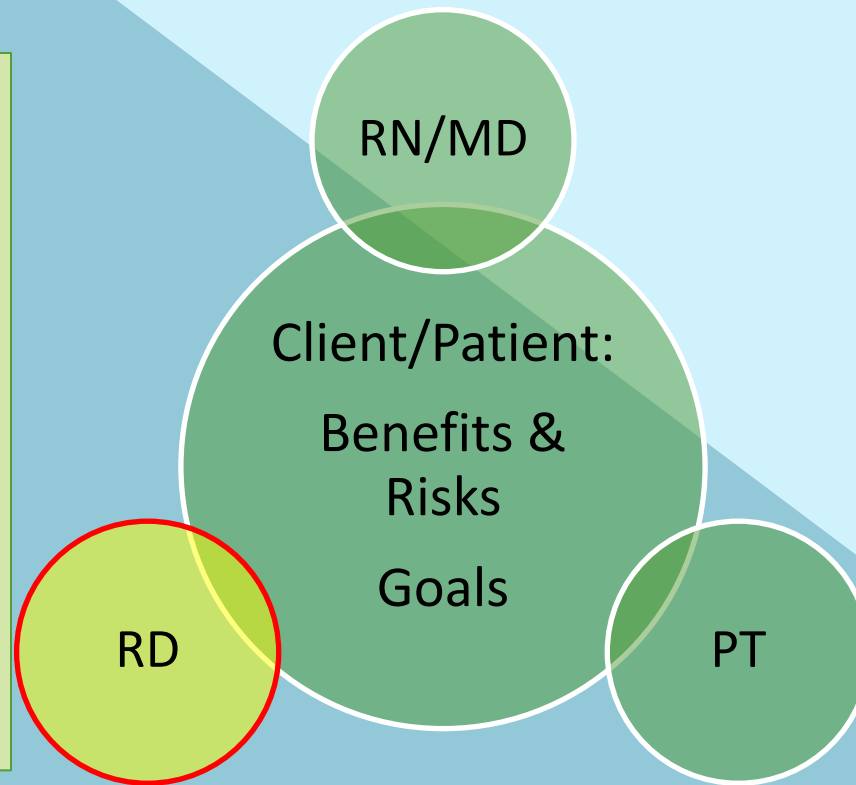
- Strength and mobility
- Gait training and therapeutic exercise**
- Seating and positioning
- Bed surface
- Modalities**

Objective: Healing the Wound

Wound Rounds with the Team:

Julie

- Eating patterns and preferences
 - Allergies
 - Weight loss, BMI, A1C, monitoring
 - Nutritional Hx and Dx supplements
 - Protein, fluids, and calories
 - Lab considerations
- Re: Alb and PAB – NOT nutritional markers



The Healable Wound

Nutritional considerations:

Assessment	Diagnosis
<ul style="list-style-type: none">• Nutrition history• Nutrition-focused physical assessment	<ul style="list-style-type: none">• Increased protein energy needs related to wound healing as evidenced by stage III pressure ulcer on sacrum
Intervention	Monitoring/ Evaluation
<ul style="list-style-type: none">• Increase protein: 1.2–1.5 g/kg• Increase calories: 30–35 kcal/kg• May need supplementation• Addition of multivitamin	<ul style="list-style-type: none">• % intake• Interdisciplinary focus

Objective: Healing

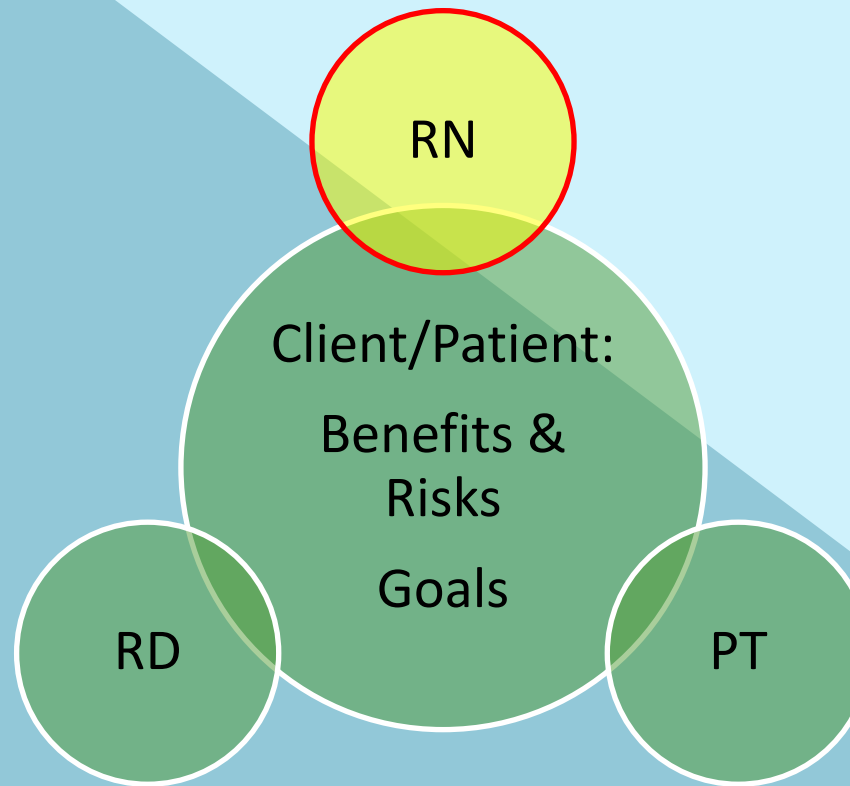
Team discussion:

- What is the patient's goal?
- Is the goal reasonable?
 - Good granulation, previous scar tissue is noted
- Can the goal be achieved in the expected timeframe?
- Are there financial barriers to treatment plan? If so, what would be the alternative?
- Are there physical barriers to the treatment plan? If so, what would be the alternative?
- Is Mr. Jones interested and willing to proceed with this approach? If so, yes, from a PT perspective
- What about other wound characteristics—what are the challenges?

Objective: Healing the Wound

Wound Rounds with the Team:

Martha



- Manage unstable blood sugars
- Maceration and drainage
- Bioburden
- Epiboly
- Prolonged hospitalization
- Scar tissue
- Sharp debridement
- Pain management
- Medical management
- Labs
- Prevent hospitalization
- Negative pressure

Thank you Mr. Jones

Mr. Jones, what are your preferences?

Are you willing to proceed with this plan of care?

Do you have any questions or concerns?

Let's proceed!

Objective: Maintenance

Pressure Stage 4 with Osteomyelitis

- 66 YO Male
- Type 2 DM, MS, Hx of Urosepsis
- Resides in nursing home; recidivism of a previously closed stage 3 occurred after hospitalization with urosepsis 1 year ago
- Mobility: Ambulates 1x a day with nurses x 10–20 ft with assistance. Sits most of day in a w/c with a specialty cushion. Enjoys attending activities and enjoys visits with family
- Resident does express desire to heal wound, however, also is reluctant to have treatments or to take rest breaks off the wound
- Aware bone now shows infection and he does not want surgical bone debridement or to return to hospital



Objective: Maintenance

Criteria:

- Typically **underlying medical** issue is not able to be resolved (ie, osteomyelitis but not a surgical candidate for bone debridement or unable to tolerate lengthy course of IV antibiotics)
- Unable to afford or **comply** with necessary interventions or treatment and no financial assistance is available
- Psychologically **not willing to commit** to eliminate barriers or follow prescribed healing regimen
- We may not be able to heal this wound, but we can keep it from getting worse for a reasonable amount of time

Objective: Maintenance

Julie: Nutritional considerations for 'Maintenance'

Assessment	Diagnosis
<ul style="list-style-type: none">• Appetite/Food Tolerance/Preferences• Nutrition routine	<ul style="list-style-type: none">• Inadequate oral intake related to lack of adherence to nutrition recommendations as evidenced by 25% of meals consumed
Intervention	Monitoring/ Evaluation
<ul style="list-style-type: none">• Protein: 0.8–1.2 g/kg• Calories: 25–30 kcal/kg• Food as primary source of nutrition	<ul style="list-style-type: none">• Attitude: “Burnout” and dis-interest in mealtime• Commitment to nutrition plan of care

Objective: Maintenance

Jeanine: PT considerations

- Off-loading, mobility
- F686 comprehensive **seating** and positioning evaluation
- **Bed surface selection**: consider mobility, safety, and pressure redistribution
- Modalities to promote healing (even if slow)
- Care-Planning considerations

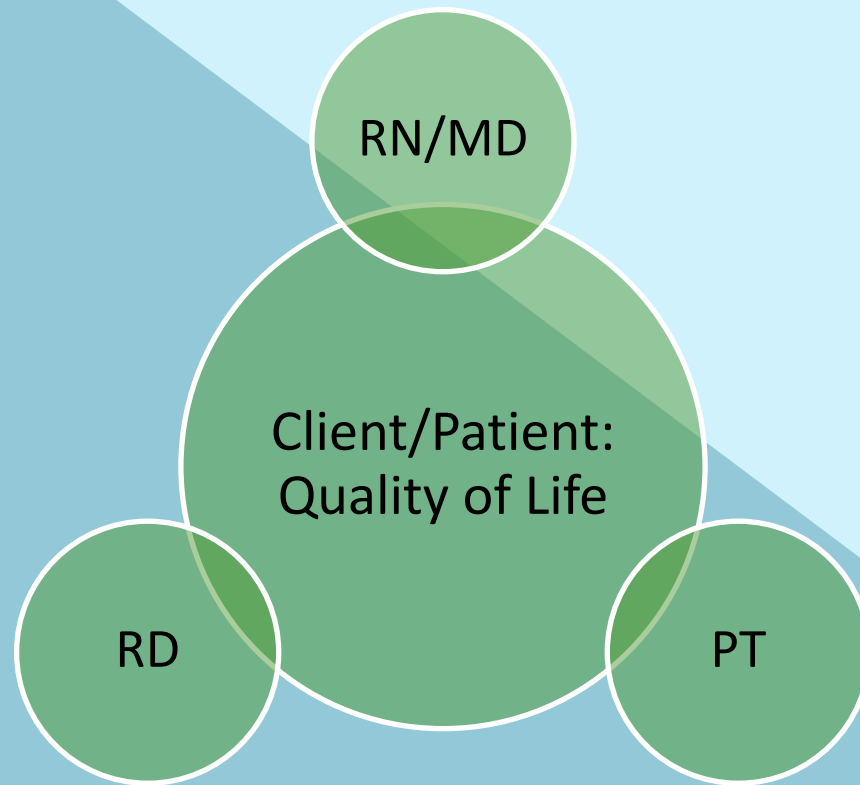
What is Mr. Jones willing to do?

Objective: Maintenance

Wound Rounds with the Team: Julie

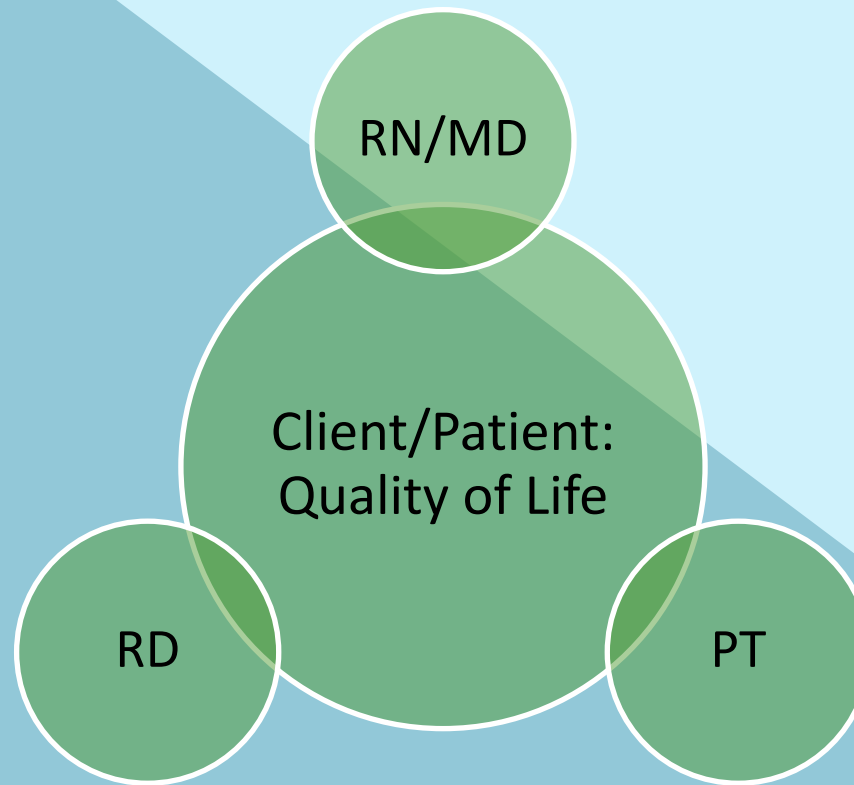
Nutritional Considerations:

- How is your appetite?
- Do you like your supplement?
- What foods do you like?
- Are you tired of the menu?
- How committed are you to your nutrition plan of care?



Objective: Maintenance

Wound Rounds with the Team: **Jeanine**

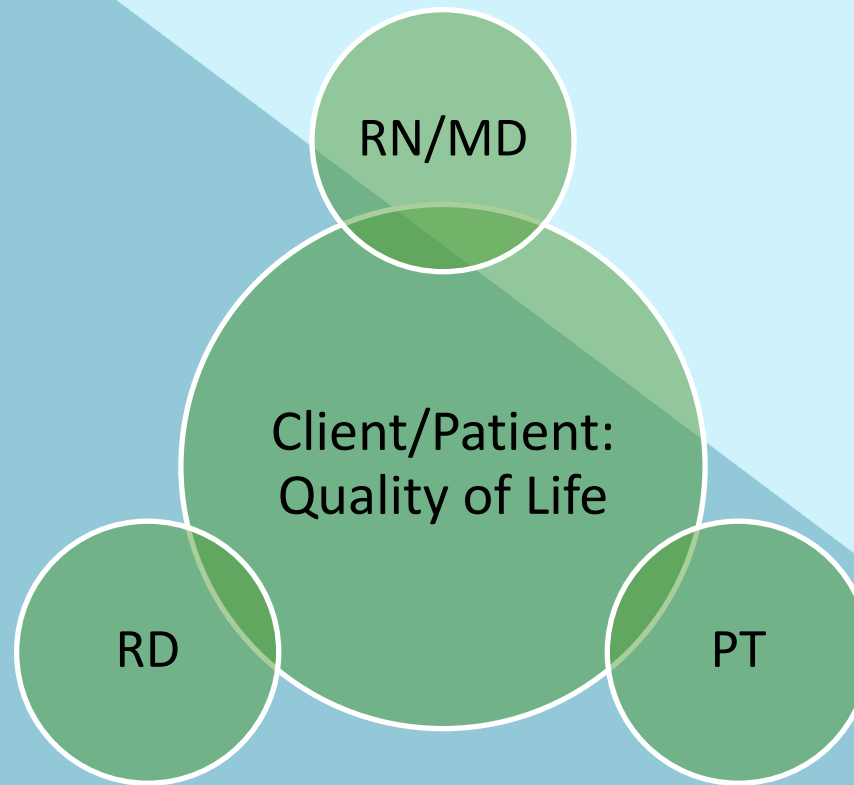


Benefits vs. Risks:

- Willingness for lifestyle changes and participating with exercise and mobility?
- How can Mr. Jones make an **informed decision**?
- Consider other factors related to the wound and quality of life—odor, drainage, etc

Objective: Maintenance

Wound Rounds with the Team: **Martha**



Maintenance Goal is reasonable from a medical standpoint. Let's review all risk factors. If there is decline or new wounds, we will need to revisit. Are there in-house options so we can avoid sending Mr. Jones out of the Center? Also, let's continue to monitor changes with medical status.

Maintenance is the most appropriate
objective for now.
Thank you, Mr. Jones

Objective: Palliative

Pressure Stage 4 with Osteomyelitis

- 66 YO Male
- Type 2 DM, MS, Hx of Urosepsis
- Resides in nursing home; recidivism of a previously closed stage 3 occurred after hospitalization with urosepsis 2 years ago. Resident has impaired sensation and no discomfort from the wound
- Mobility: Bedbound/chair bound
- Resident enjoys attending some activities and religious services at the facility. He does engage with RNP for chair exercises and eats with assistance in the dining room
- He is on a pureed diet with thickened liquids—and he really loves his sweets



Objective: Palliative

Criteria:

- Wound will not heal without aggressive intervention; however aggressive intervention is not possible or desired
- Aggressive intervention would cause further medical deterioration in the patient
- Patient not willing to follow treatment plan (ie, arterial wounds but still smoking or using nicotine) and failure to follow treatment plan will cause worsening disease
- Comfort is the goal which can cause wound deterioration
- Longer wear dressings decrease dressing changes thereby increasing comfort (or at least decreasing discomfort)
- Generally aggressive approach is not recommended unless it provides comfort (ie, sharp debridement, negative pressure wound therapy, skin grafts, compression wraps, etc)

Objective: Palliative

Factors to consider:

- What is the patient/responsible party's goal?
- Is the goal reasonable?
- Can the goal be achieved in the expected time frame?
- Are there financial barriers to treatment plan? If so, what would be the alternative?
- Are there physical barriers to the treatment plan? If so, what would be the alternative?
- If underlying medical causative factors cannot be eliminated, does this change the treatment plan or even the way the wound is classified?

Objective: Palliative

Jeanine: PT considerations

- Still promote healing
 - But quality of life rather than aggressive measures to heal the wound
- Evaluate for most appropriate seating and bed surfaces, minimize pressure
 - Pressure redistributing surfaces
 - Address safety/falls/entrapment and mobility
- Honest conversations
 - About options to minimize wound decline and maximize quality of life
- Possible modalities
 - To manage discomfort or decrease bioburden

Martha: Let's be sure we are on the same page...

There is a difference between 'palliative' and 'hospice'

- You can have a palliative wound objective even if the patient is not on hospice
- A patient can be on hospice, with a wound, and the wound may not have a palliative objective

Objective: Palliative

Julie: Let's talk about nutritional considerations:

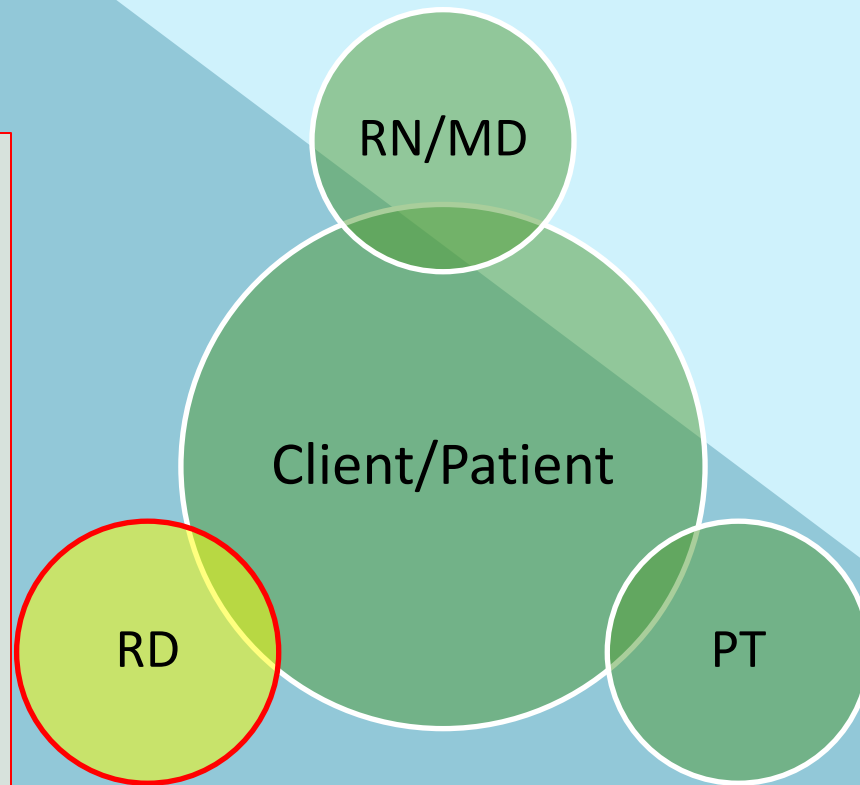
Assessment	Diagnosis
<ul style="list-style-type: none">• Transparency of clinical team related to patient status• Psychosocial climate of patient and family	<ul style="list-style-type: none">• Nutrition diagnosis inappropriate at this time
Intervention	Monitoring/ Evaluation
<ul style="list-style-type: none">• Liberalized diet with no restrictions	<ul style="list-style-type: none">• Patient refusal and documented clinical response• Changes and pattern of advanced directives

Objective: Palliative

Wound Rounds with the Team:

Julie: Nutritional Discussion

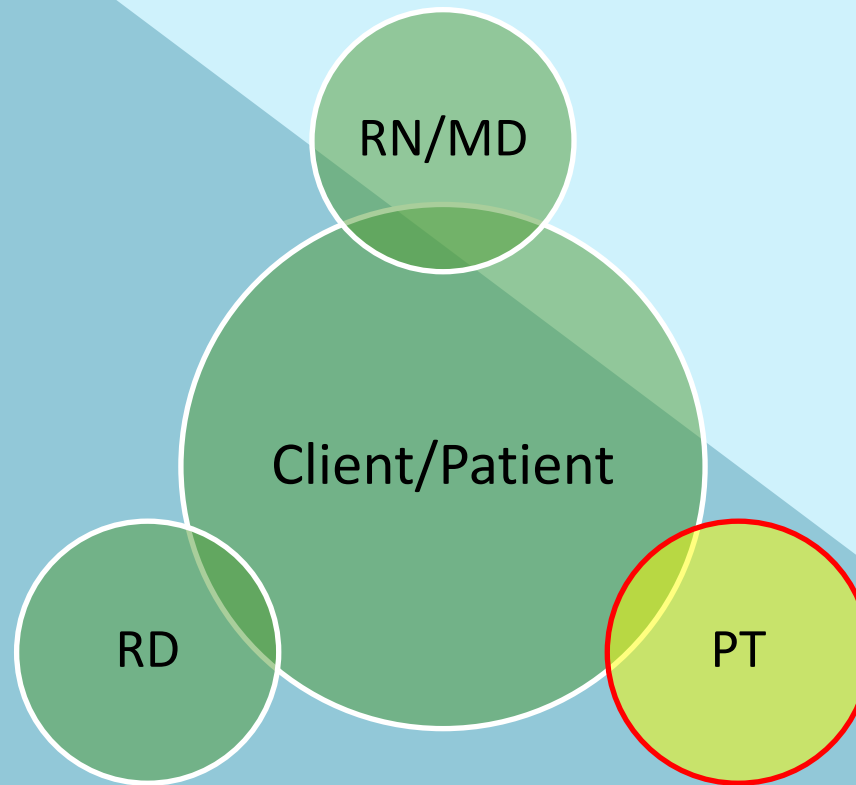
- How was your food?
- Is there anything we can do to make your food experience more enjoyable?
- We will still monitor intake
- Nutritional Dx is not appropriate
- Liberalize. Its all about quality of life- not just 'wound healing'



Objective: Palliative

Wound Rounds with the Team:

Jeanine - Address PT considerations



Let's discuss benefits and risks of options. Let's discuss why off-loading is still beneficial.

-What are you open too?

-Can we work together to find the best options?

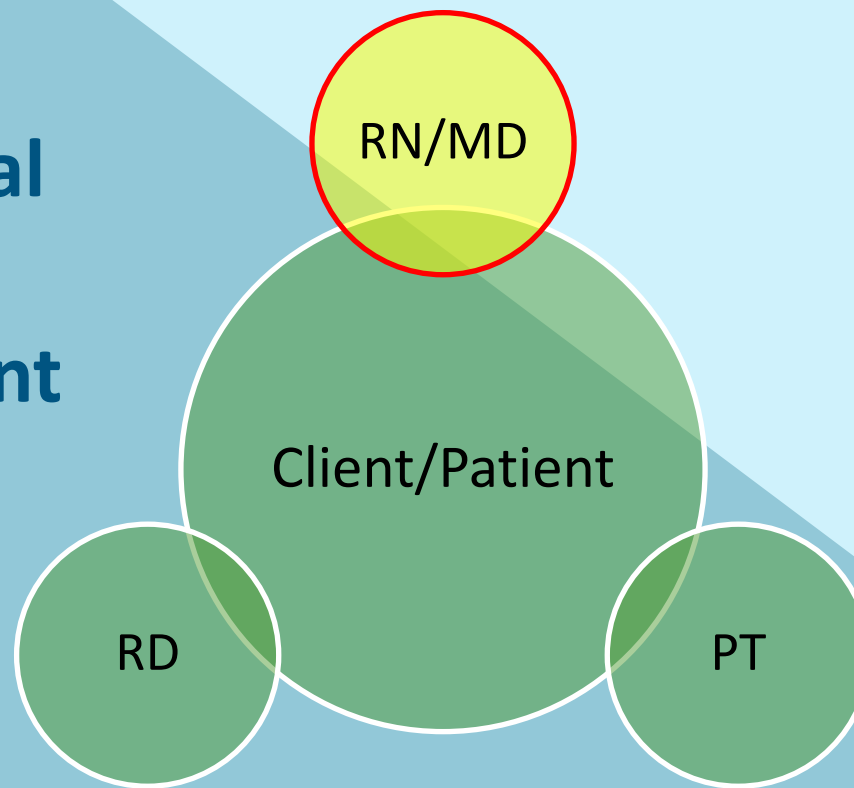
-Can we create a schedule together?

Objective: Palliative

Wound Rounds with the Team:

Martha-

Address goal
and wound
management



- Prevent decline to the extent possible.
- Decline is possible due to underlying conditions and lifestyle choices.
- If a decline occurs, we may recommend some medical management if that happens, like labs, but ultimately the choice is up to Mr. Jones.
- Offer dressings that best manage wound drainage and odor.
- Ensure Mr. Jones can attend activities without embarrassment.
- Do you have any questions?

Take Home Points

- Not all wounds are heal-able
 - However, holistic patient-centered care can still be provided regardless of the wound objective
- Each profession has a specific role in wound management
- Honest conversations
 - Address all medical factors, patient goals, and weighing out benefits vs. risks of treatment options is necessary in order to determine the most appropriate objective
- These examples included one patient with different stories over his life span—pointing out how changes in situations, age, medical status, and goals direct care. Objectives are different based on co-morbid conditions, mobility, lifestyle, patient goals, and preferences—even if the wound characteristics are almost the same!
- Wound Rounds for Mr. Jones today included the RN, the PT, and the RD
 - However, it is important to understand that our team will be collaborating with Mr. Jones's provider and others, such as a surgeon, the nursing assistants, social service, the administrator, the director of nursing, a risk manager, the activity coordinator, family members, and others
- For ultimate patient satisfaction and successful outcomes, work with the interprofessional team to identify the right objective and the plan of care

We appreciate you attending this webinar today. We are now ready to take questions from our listeners.



Question & Answer Session

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