Let’s Get Real About Wounds:

An Inter-Professional Approach for Healing, Maintenance, and Palliative Goals
Julie Husmann, RDN, LD
Martha R. Kelso, RN, LNC, HBOT
Jeanine Maguire, MPT, CWS
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.
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.

https://www.merriam-webster.com/dictionary
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

January 2017

- 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:

Client/Patient:
- Benefits & Risks
- Goals

RN/MD

RD

PT

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

Client/Patient: Benefits & Risks

Goals

RN/MD

RD

PT

Re: Alb and PAB – NOT nutritional markers
## The Heable Wound

### Nutritional considerations:

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Nutrition history</td>
<td>• Increased protein energy needs related to wound healing as evidenced by stage III pressure ulcer on sacrum</td>
</tr>
<tr>
<td>• Nutrition-focused physical assessment</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Monitoring/ Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increase protein: 1.2–1.5 g/kg</td>
<td>• % intake</td>
</tr>
<tr>
<td>• Increase calories: 30–35 kcal/kg</td>
<td>• Interdisciplinary focus</td>
</tr>
<tr>
<td>• May need supplementation</td>
<td></td>
</tr>
<tr>
<td>• Addition of multivitamin</td>
<td></td>
</tr>
</tbody>
</table>
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’**

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Diagnosis</th>
</tr>
</thead>
</table>
| • Appetite/Food Tolerance/Preferences  
  • Nutrition routine | • Inadequate oral intake related to lack of adherence to nutrition recommendations as evidenced by 25% of meals consumed |

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Monitoring/ Evaluation</th>
</tr>
</thead>
</table>
| • Protein: 0.8–1.2 g/kg  
  • Calories: 25–30 kcal/kg  
  • Food as primary source of nutrition | • Attitude: “Burnout” and disinterest 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

Client/Patient: Quality of Life

- 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.
Wound Rounds with the Team: **Martha**

**Objective: Maintenance**

- **Client/Patient:** Quality of Life
- **RN/MD**
- **PT**
- **RD**

**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 (i.e., 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 (i.e., 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:

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Transparency of clinical team related to patient status</td>
<td></td>
</tr>
<tr>
<td>• Psychosocial climate of patient and family</td>
<td>• Nutrition diagnosis inappropriate at this time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Monitoring/ Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Liberalized diet with no restrictions</td>
<td>• Patient refusal and documented clinical response</td>
</tr>
<tr>
<td></td>
<td>• Changes and pattern of advanced directives</td>
</tr>
</tbody>
</table>
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

RN/MD

Client/Patient

RD

PT

- 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
At the conclusion of this Question & Answer session, you will be redirected to complete an evaluation.

Continuing Education Certificate
Once you have completed the program evaluation, you will be able to view, download, and print your certificate.

If you have any questions, please email rnorris@hmpglobal.com.