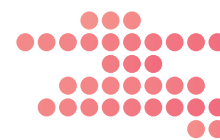


PALLIATIVE WOUND CARE

SHORT GUIDANCE FOR HEALTH CARE PROFESSIONALS



Purpose

Palliative wound care focuses on comfort, dignity and quality of life for patients with advanced or life-limiting illness. In many cases, wound healing is unrealistic and not aligned with the overall goals of care. Management therefore prioritises symptom relief such as pain, exudate, odour, bleeding and infection - while minimising treatment burden. A patient-centred, holistic and proportionate approach is essential, supported by shared decision-making with patients and families and interdisciplinary collaboration.



Key principals

- Holistic care: address physical, psychosocial, and spiritual aspects.
- Patient-centered: involve patient and family in shared decision-making.
- Interdisciplinary: collaborate across nursing, medicine, and allied health.
- Proportionality: avoid interventions with more burden than benefit.



Common wound types

- Malignant/fungating wounds – irregular, friable, bleeding, odorous.
- Pressure ulcers → often sacral/heel, linked with immobility.
- Ischemic wounds → painful, dry, or necrotic.
- Chronic wounds → diabetic, venous, arterial, failing to heal in palliative settings.

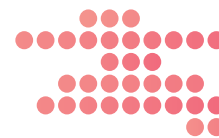


Symptom management

Symptom	Strategy
Pain	Systemic analgesia (WHO ladder). Opioids often required. Topical: lidocaine, morphine gel, NSAID dressings.
Exudate	Use absorbent dressings (foam, alginate, hydrofiber, super-absorbent). Protect periwound with barrier film. Consider drainage bags for high output
Odour	Charcoal dressings, topical metronidazole/iodine, systemic metronidazole (if severe). Improve room ventilation, essential oils as adjunct
Bleeding	Handle gently. Use haemostatic dressings (alginate, oxidized cellulose). Apply topical adrenaline/silver nitrate for focal bleeding. Avoid trauma.
Infection	Antimicrobial dressings (silver, iodine, PHMB). Topical antibiotics in selected cases. Avoid overuse of systemic antibiotics unless systemic infection.
Itching/Pruritus	Non-adherent dressings, emollients, antihistamines. Reduce dressing frequency. Consider corticosteroid creams if inflammation.

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Dressing selection

- Aim for comfort, low trauma, minimal dressing changes.
- Use non-adherent/atraumatic dressings (silicone, hydrofiber).
- Secure with soft silicone or retention bandages, avoid adhesive tape.
- Choose dressings based on symptom priority (e.g., absorbent for exudate, charcoal for odour).



Psychological support

- Address emotional distress, isolation, altered body image.
- Provide clear, compassionate communication.
- Educate families on wound expectations and management.
- Encourage dignity and shared decision-making.



Ethical considerations

- Respect patient autonomy and advance care plans.
- Balance benefit vs. burden of interventions.
- Avoid futile treatments. Reassess goals regularly.



Clinical takeaway

Palliative wound care = relieve suffering, not healing. Prioritize comfort, dignity, symptom relief, and support for patients and families. Keep interventions simple, atraumatic, and proportionate.

Reference:

Gethin G, Kottner J, Lamza A, Meaume S, Megal C, Conde Montero E, Rawlinson F, Ryan H, Probst S. Palliative wound care. Recommendations of the management of wound-related symptoms. *J Wound Management*, 2025;26(1 Sup1):S1-S40. DOI: 10.35279/jowm2025.26.01.sup01

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