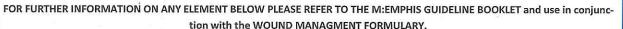
M:EMPHIS pathway for malignant wounds

This pathway is designed to aid clinicians caring for patients with malignant fungating wounds





Consider all aspects of wound management below

EXUDATE

Assess volume and appearance as change may indicate infection

Consider absorbency of secondary dressing

- Always apply non-adherent contact layer below to reduce trauma/ bleeding risk
- · Protect surrounding skin with barrier film in highly exuding wounds
- · Consider referral to dietician if exudate is excessive

REFER TO EXUDATE PATHWAY FOR **FULL GUIDANCE**

MALODOUR

If cause of odour is devitalised tissue then aid autolytic debridement using Flaminal Hydro, hydrogel, hydrofibres dressing

Consider activated charcoal) dressings as adjunct to above products. Place odour control dressing over absorbent dressing in wet wounds as it will not be effective when it becomes wet

Irrigate or use soaked gauze on wound with PHMB * cleanser eg Prontosan at dressing changes

Commence Metrotop antibiotic wound gel if exudate levels are low. (7 days treatment) If high exudate then commence Flaminal Forte

> Increase dressing changes if necessary

Consider essential oils as per your local complementary therapy team guidance

PAIN (related to a wound)

Limit wound cleansing to only when necessary to remove excess exudate and debris

Choose dressings that minimise trauma and pain during application and removal

Give analgesia continually or prior to dressing changes dependent on need

Evaluate need for pharmacological and non-pharmacological strategies to minimise wound related pain

Swab wound and treat infection that may be causing pain

Refer to pain specialist nurse, GP or palliative care team as necessary for further advice

HAEMORRHAGE

BLEEDING:

- . LIGHT-apply pressure for 10-15 mins with moist nonadherent dressing and apply alginate/haemostatic dressing
- · HEAVY-apply pressure to wound . Utilise other haemostatic agents-see M:EMPHIS Guideline-seek urgent advice if no management plan already in place.
- ANTICIPATED/SUSPECTED-Give emergency contact Numbers to family/carers.

Supply dark sheets/towels/gloves/

Ensure Benzodiazepine, Adrenaline and calcium alginate dressings are in patient's home

ther details)

INFECTION

If wound is locally or clinically infected, an antimicrobial dressing should be applied:

· For dry/low exudate-Flaminal Hydro or honey based dressings or ointment.

Metronidazole Gel can be considered for short term use.

- · For moderate/high exudate-Flaminal Forte or silver based hydrofibres dressings.
- · Use of wound cleansers/soaks at dressing changes with PHMB* can be useful such as Prontosan.
- *Polyhexamethylene Biguanide

If clinical signs of infection (increased pain, exudate, fever etc):

- · Take wound swab
- · Consider antibiotics (only if patient is unwell and pending swab result)

SKIN ISSUES

MACERATION:

- · Protect surrounding skin with a skin barrier film
- · Select an appropriate absorbent secondary dressing

EXCORIATION:

- Consider cause i.e. exudate, skin stripping, allergy
- · Protect surrounding skin with a skin barrier film
- · Select alternative dressing if allergy suspected
 - Consider topical steroid
- · Use adhesive remover if skin stripping is suspected

ITCHING:

- Consider cause—exudate, allergy, endogenous (internal cause)
- · Reverse cause where possible
- · Consider topical steroid
- · Consider oral antihistamines
- · Seek further advice if needed (Dermatology/Hospice)

SEVERE END OF LIFE BLEEDING

aprons/plastic sheet/clinical waste

(see M:EMPHIS Guideline or fur-