

NORTHERN HEALTH PALLIATIVE CARE

HOT TIP April 2016

Malignant Wounds in Palliative Care



What Are Malignant Wounds?

Malignant wounds are caused by the infiltration of the skin by primary or metastatic cancerous cells.

Malignant wounds rarely heal and occur in 5-10% of patients with metastatic disease, commonly occurring in malignancies of the breast (62%), head and neck (24%) and most often in the last six months of life.

Factors To Consider:

- Head-to-toe assessment
- Comorbid health concerns
- Physical capabilities or functional limitations
- Risk factors: eg., risk of bleeding due to wound location
- Local wound management: eg. choosing appropriate dressings, wound bed preparation
- Symptom control
- Investigations/diagnostic reports/labs
- Nutritional status
- Allergies
- Medication review
- Past and current treatments
- Psychosocial impact
- Availability of Resources
- Patient and family goals of care: eg., healing vs. palliation

Symptoms Specific to Malignant Wounds:

- Pain
- Odour
- Exudate
- Bleeding
- Pruritus

Treatment of Malignant Wounds:

- The goals of treatment (healing vs palliation/comfort) depend on stage of disease, Palliative Performance Scale (PPS) and the patients goals.
- Active disease modifying therapies (palliative chemotherapy, radiation and surgery) can assist in the control of malignant wounds by treating the underlying malignancy.
- There may be more than one symptom to treat or control at once and can be systemic or local.

For more information please refer to BCCA Symptom Management Guidelines: Care of Malignant Wounds, Northern Health DST Malignant Wounds 1-28-4-220-G, & NH DST Wound Dressing Types and Indications 1-28-4-160-G.

Information on the NH PC Program and registration forms can be found at www.northernhealth.ca; Northern Health's OurNH page: OurNH > Clinical Programs and Services > Palliative Care or contact your local Palliative Care Nurse Consultant.