Scientific Evidence on Interventions for Palliative Care Patients With Wound: A Scoping Review

Evidências Científicas Sobre Intervenções para Pessoas com Feridas em Cuidados Paliativos: Revisão de Escopo

Evidencia Científica Sobre Intervenciones para Personas con Heridas En Cuidados Paliativos: Revisión de Blanco

Pablo Leonid Carneiro Lucena¹; Maria Auxiliadora Pereira²; Andrezza Pereira de Santana³; Thainá Karoline Costa Dias⁴; Carla Mousinho Ferreira Lucena⁵; Solange Fátima Geraldo da Costa⁶

How to quote this article:

ABSTRACT

Objective: The study’s purpose has been to map scientific evidence on interventions targeting people with wounds in palliative care. Methods: It is a scoping review conducted with studies in Portuguese, English, and Spanish, from national and international databases, published from 2010 to 2019. Results: 41 publications from 14 nationalities were included. Studies have as their main theme the evaluation and treatment of wounds of different etiologies. The interventions were presented concerning aspects of care management, basic stages of wound care, psychosocial, and spiritual aspects. Conclusion: Careful assessment of the patient and wound is required. If the parameters are favorable to healing, the team will adopt specific therapy to achieve it. Otherwise, care should include more conservative and less invasive techniques, management of signs and symptoms, and interventions aimed at the social, psychological, and spiritual impacts related to the wound.

Descriptors: Nursing, Wounds and injuries, Palliative care, Therapeutics, Nursing care.

¹ Nursing Graduate, PhD Student in the Nursing Postgraduate Program at Universidade Federal da Paraíba (UFPB), Specialist’s Degree in Palliative Care, Nurse of the Skin Committee of the Complexo Hospitalar Clementino Fraga, Researcher and member of the Center for Studies and Research in Bioethics and Palliative Care at UFPB. Universidade Federal da Paraíba (UFPB), Brazil
² Nursing Graduate, PhD in Nursing, Professor of the Department of Clinical Nursing at UFPB, Researcher and member of the Study and Research Group on Adult and Elderly Health. Universidade Federal da Paraíba (UFPB), Brazil
³ Nursing Graduate, Specialist’s Degree in Occupational Nursing, Nurse at Hospital Universitário Lauro Wanderley, Researcher and member of the Center for Studies and Research in Bioethics and Palliative Care at UFPB. Universidade Federal da Paraíba (UFPB), Brazil
⁴ Nursing Graduate, Researcher and member of the Center for Studies and Research in Bioethics and Palliative Care at UFPB. Universidade Federal da Paraíba (UFPB), Brazil
⁵ Social Assistant Graduate, MSc in Social Service, Social Assistant at Unidade de Pronto Atendimento UPA 24h, Researcher and member of the Health and Social Service Studies and Research Sector at UFPB. Universidade Federal da Paraíba (UFPB), Brazil
⁶ Nursing Graduate, PhD in Nursing, Full Professor at UFPB, Head of the Teaching Management at Hospital Universitário Lauro Wanderley, Researcher and member of the Center for Studies and Research in Bioethics and Palliative Care at UFPB, Coordinator of the Specialization Course in Palliative Care at UFPB. Universidade Federal da Paraíba (UFPB), Brazil

DOI: 10.9789/2175-5361.rpcfo.v12.9467
REDISUMEN

Objetivo: El propósito del trabajo es caracterizar a pacientes elegibles para cuidados paliativos internados en un hospital universitario. Método: Este es un estudio descriptivo, transversal, y cuantitativo, en el que se adoptó una muestra de población, seleccionando pacientes mayores de 18 años, presentando diagnóstico de enfermedad crónica, internados en un hospital universitario, en el período de junio a julio de 2019. Resultados: Participaron 44 pacientes, 29 (65,9%) del sexo femenino, 21 (47,7%) franja de edad superior a 60 años, 28 (63,6%) no casados, 36 (81,8%) viviendo con familiares; 23 (52,3%) internados en la clínica médica, 39 (88,6%) relatando internaciones anteriores; 20 (45,5%) tenían enfermedad cardíaca, cáncer o diabetes, 37 (84,1%) con comorbilidades, 40 (90,9%) con medicaciones de uso continuo, 24 (54,5%) tabagistas y 18 (40,9%) etilistas. Fueron elegibles para cuidados paliativos y 4,5% estaban en observación clínica. Conclusión: La investigación mostró que la mayoría de los participantes de este estudio, acometidos por enfermedades crónicas, tenían internaciones anteriores; 20 (45,5%) tenían enfermedad cardíaca, cáncer o diabetes, 37 (84,1%) con comorbilidades, 40 (90,9%) con medicaciones de uso continuo, 24 (54,5%) tabagistas y 18 (40,9%) etilistas. Fueron elegibles para cuidados paliativos, y 4,5% estaban en observación clínica. Conclusión: La investigación encontró que la mayoría de los participantes en este estudio, que padecían enfermedades crónicas y estaban hospitalizados, estaban indicados como elegibles para cuidados paliativos, según la escala Palliative Care Screening Tool.

Descripciones: Enfermedades crónicas, Cuidados paliativos, Clasificación, Unidades de internación, Calidad de vida.

MÉTODOS

In order to carry out this study, the Scoping Review method was used, guided by a specific manual and systematized by the PRISMA tool with an extension for scoping reviews (PRISMA-ScR). This tool has control items that provide methodological rigor to the research. The search was carried out by three people independently and later the results were compared. Doubt cases were resolved by consensus among researchers.

The eligibility criteria were: sources of evidence published in English, Portuguese or Spanish; available in full; including theses, dissertations, and articles from online journals; without restriction of modality or methodology; in the period of January 2010 and last search carried out on July 13th, 2019. Studies related to ostomy and specific medical therapies (chemotherapy, radiotherapy, surgery, hormone therapy) were excluded, since they are outside the scope of this research that comprehensively addresses wounds and interventions.

The data used came from the bases: Medical Literature Analysis and Retrieval System Online (MEDLINE), System for Information on Grey Literature in Europe (SIGLE), and other pertinent sources.
Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS) [Latin American and Caribbean Literature in Health Sciences], Spanish Bibliographic Index of Health Sciences (IBECS), Base de Dados de Enfermagem (BDENF) [Nursing Database], and Bibliografia Nacional en Ciencias de la Salud Argentina (BINACIS) [National Bibliography in Argentinean Health Sciences]. Access to the Capes Portal and Virtual Health Library (VHL) via the institutional internet of the Universidade Federal da Paraíba increased access to some paid documents.

For electronic search, the Health Sciences Descriptors (DeCS) were used, which consists of a translation and extension of the Medical Subject Headings (MeSH) and presents health science terminology in Portuguese, Spanish, English, and French. The descriptors were operated by the Boolean logic Wounds and Injuries AND Palliative Care. These terms comprise 15 synonyms, among the main ones are: wounds, injuries, traumas, palliative care, and palliative treatment.

The extracted data were grouped and compiled into a single spreadsheet covering the variables: title, year of publication, main theme, reference, country of the main author, language, type of publication, type of injury, main problems/symptoms related to injuries, and main interventions mentioned in the publication.

It was observed that the publications demonstrated the interventions relating them to the symptoms/problems associated with the wounds, with that, there was a high repetition of some procedures. Thus, in order to systematize the content concerning the objective of the study, it was decided to synthesize the main interventions of the studies and present them associated to three aspects, namely: aspects of care management (Table 1), basic steps of the wound care (Table 2), and psychosocial, and spiritual aspects (Table 3).

RESULTS AND DISCUSSION

Description of the studies

From the identification and analysis of the studies, 41 publications were included in the scoping review (Figure 1).

The English language was identified in 30 publications, Portuguese in eight and Spanish in three. Concerning the main author's country of origin, 13 searches were from the United States of America, followed by Brazil (8), Canada (7), Spain (3), Poland (1), Turkey (1), France (1), England (1), Switzerland (1), Taiwan (1), Italy (1), Germany (1), Colombia (1), and South Africa (1).

The studies were published between 2010 and 2019, with the greatest highlight being the year 2014 (12), followed by 2010 (6), 2015 (5), 2013 (4), 2017 (4), 2016 (3), 2018 (3), 2012 (2), 2011 (1) and 2019 (1). About the type of publication, two dissertations and 39 articles were found, from these, 16 were empirical research and 23 review studies.

Regarding the main themes, there was a prevalence of publications on wound management, mainly related to the assessment and treatment of signs and symptoms, totaling 22 studies. Other themes were found, such as difficulties faced by caregivers; concept analysis; identification of risk, incidence, and prevalence of injuries; quality of life; parameters associated with healing; social isolation associated with odor; nursing care plan; treatment-related costs.

From all the publications, 29 addressed wounds of only one etiology and 12 presented, together, wounds of various etiologies. The wounds most described in the studies were neoplastic wounds, pressure injuries, venous ulcers, arterial ulcers, burns, enterocutaneous fistulas, and diabetic ulcers. The use of the term palliative wounds has been identified to refer to wounds that are unlikely to heal.

Description of interventions

It was observed that there are common symptoms in wounds of various etiologies, and some interventions are useful for acting against any of them, although there are some peculiarities. In contexts where healing is no longer the primary focus, whether due to wound or patient limitations, it was found that the therapeutic approach focused on healing loses space for the palliative approach, which focuses on the management of wound symptoms, promoting comfort and respect for the patient's dignity. It is noted that the focus of this study is the interventions of the palliative approach, although both can coexist.

Table 1 presents elements of care management, since a thorough assessment of the patient and all the circumstances surrounding them is necessary so that appropriate therapy can be planned.
Concerning the psychosocial and spiritual aspects, it was observed that nine studies approached the theme in a more evident way, verifying the occurrence of terms such as low self-esteem; social isolation; anxiety; financial expenses; loss of autonomy; embarrassment; body image disorder; difficulty interacting with the social network; depression; loss of social identity, and inability to self-care. Regarding the aspect of spiritual expression, meanings such as loss of hope, spiritual peace, beliefs, and spiritual support were found. Table 3 summarizes interventions related to this context.

Table 3 - Summary of interventions related to psychosocial and spiritual aspects. João Pessoa City, Paraíba State, Brazil, 2019

<table>
<thead>
<tr>
<th>Stage: Intervention relating to psychosocial and spiritual aspects</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage: Interest</strong></td>
<td>Show interest in care; Identify psychological, social, and spiritual concerns; Provide alternatives for social, emotional, psychological, and financial support to the patient and caregiver; Use strategies to promote social interaction at a level acceptable to the patient; promote group work; Strengthen the closer relationship between the individual and the caregiver; Construct the importance of monitoring with mental health professionals, with a pharmacological and non-pharmacological approach (massage, therapeutic touch, music therapy, aromatherapy, occupational therapy); Track beliefs, respect, and refer for spiritual support; Encourage a sense of well-being, high self-esteem, and spiritual peace; Believe fears and feelings of uncertainty related to the disease; treat distressing symptoms providing comfort; Promote dignity; Encourage autonomy and independence, so that the patient is a participant in decisions about treatment, but does not feel abandoned.</td>
</tr>
</tbody>
</table>

The findings provide an overview of the evidence on the main interventions aimed at people in palliative care with wounds and point out that the theme is a focus of interest for national and international scientific production. The synthesized actions focus on aspects of care management, application of dressing techniques and symptom management, in addition to other interventions aimed at psychological, social, and spiritual impacts.

An important relationship was found between the context of palliative care and the existence of neoplastic, traumatic wounds, pressure injuries, diabetic ulcers, venous, and arterial ulcers.13,24,41,42,43 For effective care, the results (Table 1) reveal the importance of using clinical indicators, scales, protocols and instruments to guide, and document care. Thus, assistance will be developed systematically, guided by scientific evidence, safe for the patient and for those who provide care.12-16

When the primary goal of treatment is healing, the fundamental principles of care are to control or eliminate causal factors and to provide systemic support to reduce coexisting and potential factors, and to provide a local...
environment that promotes wound healing. However, when a patient does not have physiological conditions for healing, the integration of palliative care principles adds benefits to the treatment.31

It was found that the ability to assess and manage the symptoms related to wounds is essential to direct interventions in all stages of a wound dressing, such as preparing the environment and equipment necessary for care, cleaning the wound, choosing products and adopting proportional techniques to people in palliative care. From the analysis of the studies, it was possible to list the main interventions related to direct wound care (Table 2).

Regarding the infection of the injury, it was verified that choosing the dressing cover only due to the physical characteristics of the wound can lead to error in treatment. Thus, the collection of swab material for wound culture is indicated to the nurse, with the analysis of the antibiogram.27,34 The superficial infection can be treated with antiseptics, topical antimicrobials, and antibiotics. In cases of deep infections, systemic treatment is indicated.18,27,40-42,44,45,49

When the exudate drained from the wound is elevated, exceeding the absorption capacity of the covering, it can generate aggressions to the perilesional tissue such as maceration, which is often accompanied by pain. It is advisable to adopt a high absorption covering or that allows the transfer of the exudate to a second covering, such as foams dressing, alginates, and hydrofibers. Another recommended strategy is the protection of the perilesional area with the application of products that form a barrier to contact of the exudate with the skin.13,15,42,45,48 In some cases, wound dressings with negative pressure may be adequate and facilitate the drainage process.35,45

Pruritus frequently occurs due to irritating skin processes due to contact with substances and stimulation by pruritogens (histamine, serotonin, cytokines, and opioids). Options for the treatment of this symptom are the regular use of humectants and lubricants on the skin, in addition to topical steroid, menthol cream and Transcutaneous Electrical Nerve Stimulation (TENS). It is recommended to avoid excessive washing, as they remove the natural protection of the skin.13,18,29,42,45

Pain is one of the clinical parameters that most negatively affects the quality of life.45 Although it can be related to different etiologies, pain is often associated with the presence of the wound and with procedures.28

Pain management should include non-pharmacological measures (relaxation therapy, music, acupuncture, distraction, visual images, cold, and heat therapy), and pharmacological treatment with the stepped analgesia recommended by the World Health Organization (WHO).13,28,45 A topical use of analgesic and opioid becomes a useful alternative to enhance pain control without excessive side effects.15,46 Regarding the procedures, it is recommended to adopt milder techniques, non-adherent products, and atraumatic coverings.15,28,42

Bad odor is one of the most distressing problems, capable of generating social isolation of the patient.15,31 It is usually associated with increased bacterial load and for this reason, needs a specific assessment. The local use of topical metronidazole (ointment, cream, powder, solution), sodium bicarbonate, and antiseptic solutions are items widely found in publications on neoplastic wounds.38,40,45,47

In addition to these, the recommendation for use of activated charcoal dressings, adequate wound occlusion and the adoption of measures to alleviate the odor in the environment, such as the use of aromas.27,37,42 Negative pressure therapy is indicated as useful in most cases, except for if in cases of neoplasms it is still contraindicated.35,48,50

The occurrence of bleeding in the wound is often related to the presence of fragile capillaries. Thus, a simple cleaning or removal of cover adhered to the wound bed can cause bleeding. Employing gentle cleaning and irrigation, moistening the coverage before removal and applying non-adherent dressings are conduct to be considered in these cases.28,38,14 To collaborate in hemostasis, it is advisable to use dressings with calcium alginate and collagen. The most complex cases, such as bigger hemorrhage, must be evaluated and submitted to invasive medical intervention.15,39,40,42,45

The presence of devitalized tissue in the wound requires the professional to assess the debridement.27,40,42 Aggressive debridement is generally not recommended for wounds that do not heal. After careful analysis, conservative debridement may be adequate to reduce loose necrosis and the associated odor. The purpose of conservative debridement is not to heal, but to reduce the risk of infection and increase the quality of life.45

The person with a wound is inserted within a social and cultural context, so the experience of living with the injury, often deforming, can cause disabilities and consequences such as loss of social function, anguish, and increased financial expenses.15,51,52 Although they have been found to be a central focus in few studies, psychosocial and spiritual aspects point to interventions aimed at improving self-esteem, quality of life, and spiritual peace (Table 3).12,13,18,26,29,30

In this sense, shared care planning is relevant, in which educational practices and the care process value beliefs, values, knowledge, and aspects of the patients’ culture, favoring a participatory environment in the care process.53

The conditions can be different for each patient and the treatment involves different stages, so the evidence shows that the association of knowledge of Palliative Care with wound care favors appropriate nursing interventions, centered on the person and the family.

CONCLUSIONS
Caring for people with wounds in the context of palliative care is challenging, so to guide interventions it is important to have a multidisciplinary team trained to assess aspects such as etiology and characteristics of the wound, clinical conditions and palliative performance, and with that, decide together with the patient what will be the most appropriate conduct for the situation.

If the conditions are favorable to healing, the team will adopt specific therapy to achieve it. Otherwise, care must include performing more conservative and less invasive techniques, handling signs and symptoms, in addition to interventions focused on social, psychological and spiritual aspects related to the wound. To that end, care management must be developed to provide comprehensive care, guided by scientific evidence and that encourage respect for dignity, promotion of comfort, harm reduction, and social insertion of the patient.

The study provided a broad base of evidence for the care of people with wounds in palliative care, thus contributing to the practice of nursing in various performance scenarios. It is important to develop new investigations on the subject, especially on psychological, social, and spiritual aspects related to wounds, as it has been the focus of a small number of publications in this research.

Search limitations with specific descriptors are considered a limitation of the study, which may have excluded some studies because their contents are not indexed to the descriptors used.

REFERENCES