

# DEVELOPMENT OF A FUNGATING MALIGNANT WOUND CARE POCKET GUIDE

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## Introduction

As a tissue viability nurse in an oncology specialist hospital I had noticed an increase in fungating malignant wounds (FMW), and not only an increase in numbers but in the complexity of these wounds. Staff both within the hospital and community were struggling to manage these wounds effectively, often using a multitude of different dressings, sometimes at the same time. I attended a wound care conference where there was a discussion around the impact and burden of wounds on the healthcare economy. However, it was noted that fungating malignant wounds had been left out of the numbers as these wounds are very unlikely to ever heal. We know that patients are living longer with a cancer diagnosis as initial cancer treatments are being more clinically effective at managing cancers in early stages. However, with this in mind it would be acceptable to expect an increase in FMWs but also as the subject is becoming less taboo more patients are likely to report cases of FMWs more freely.

## Method

I decided I needed to look more into the management of FMWs and applied to Health Education England (NIHR) for a place on their research internship. I was successful in gaining a place on the programme and used my time to learn principles of research and network with other professionals in the field of malignant wounds.

## Results

I performed a literature search which produced 97 articles. The majority of these articles were either heavily biased from an industry point of view recommending one wound dressing over another or were inconclusive in their findings. The main themes running through the research was that nurses struggle with effectively managing FMWs and recognising the varying changeable symptoms that patients present with. I pulled out concurrent symptoms from all the articles and pieces of literature and looked at guidance on effectively managing these.

The concurrent themes around symptoms evident in the literature were that FMWs can be painful, at risk of infection, malodorous, exuding heavily, have vulnerable fragile surrounding skin and have a psychological impact on the patient. I then collaborated with a neighbouring trust's Tissue Viability Nurse and together we decided to write up some guidance to support staff in both hospital and the community when assessing and managing these types of wounds. We called this guidance the POSIE'S Pocket Guide (Pain Odour Skin Infection Exudate/Bleeding and Self).



## POSIE'S CLINICAL SUPPORT PATHWAY FOR MALIGNANT WOUNDS

This pathway has been produced to aid clinicians caring for patients with malignant wounds. It's aim is to give guidance on all aspects of wound management.

- P PAIN
- O ODOUR
- S SKIN
- I INFECTION
- E EXUDATE AND BLEEDING
- S SELF

N.B. Always follow local guidelines and seek specialist advice if needed.

## Discussion

FMWs are still not on the national agenda despite them being so complex and challenging for all those involved including the patients and their families. It is clear that there is still the need to research the physiology and aetiology of FMWs in more depth however in the interim the priority was to guide staff on the best ways of assessing and managing FMWs and their symptoms.

## Conclusion

The POSIE's guidance was developed based on the research and information in the literature search, best practice statements and anecdotal evidence to give staff an easy to read, quickly accessible guide for the management of these wounds. It will prompt them to think of reversible causes to the various symptoms of the wound but also where not reversible give recommendations for treatments with the aim of improving patient quality of life.