PALLIATIVE CARE GUIDELINES: FUNGATING WOUNDS
MANAGEMENT

Principles:
- Fungating wounds can cause social isolation and low self esteem. However, with the appropriate support the majority of patients and their family members can manage even the most difficult of wounds.
- Good treatment manages all aspects of wound care including exudates, malodour and pain as well as promoting the emotional well being of the patient and family.

Assessment:
- Take a history from the patient and examine the wound.
- Consider the potential for serious complications such as catastrophic haemorrhage.
- Explore the psychological, social and spiritual effects the wound has on the patient and family.

Management:
- Good holistic care requires a combination of general advice, wound treatment and appropriate symptomatic treatment(s). All three aspects of care are important and ideally should occur concurrently, however for certain patient’s treatment of the wound itself may be limited due to e.g. advanced disease status. Management for these patients should focus on improving symptoms and quality of life whilst regularly reassessing.

| General measures | Clean the wound regularly (at least daily) using a simple salt solution (dissolve 1 teaspoon of salt per pint of cooled boiled water – this is approximately equivalent to 0.9% saline).  
|                  | Apply clean dressings daily. These can be made from local materials.  
|                  | Protect the normal skin around the wound with barrier creams. |
| Treatment underlyiing cause(s) | Consider what treatment options are available. Local or systemic treatment may be possible and could include surgery, radiotherapy and/or chemotherapy.  
|                            | Liaise with the appropriate colleagues to organize such treatments |
| Symptomatic treatment | Pain General constant pain Ensure that the pain is not caused by infection or dressings. Prescribe appropriate analgesia (see separate pain guideline).  
|                         | Pain with dressing changes only Soak dressings off with a simple salt solution.  
|                         | Give an extra dose of analgesia 30mins before dressing change.  
| Malodour +/- Exudate | Prescribe non-enteric coated metronidazole tablets. These should be crushed and the powder applied directly to the wound when changing the dressing, ideally daily.  
|                       | For foul smelling PV discharge use metronidazole pessaries or non-enteric coated metronidazole tablets inserted PV. |
| Infection Systemic upset or cellulitis | Continue management above AND  
|                                         | Prescribe an appropriate antibiotic (may need to be give parenterally). |
| Bleeding Mild | Avoid trauma especially when changing dressings that should be soaked off with a simple salt solution.  
|               | Consider palliative radiotherapy, surgery or chemotherapy  
|               | Consider adding tranexamic acid tablets po 500mg-1g tds |

These guidelines are applicable to patients with chronic life limiting illnesses. Patients whose symptoms fail to respond to initial measures should be referred to the MPCU (Mulago Palliative Care Unit). Referrals can be made via consultation request form HF304 delivered to the palliative care ward office on ward 4A or via phone (MPCU Mobile: 0779490784). These guidelines are based upon and designed to be used alongside other resources such as the Palliative Care Toolkit, APCA pocket book and HAU blue book (available via MPCU).