Overview of S-P-E-C-I-A-L approach to palliative wound care incorporating clinical experience with evidence from curative literature, including rationale and principles of wound care, prioritizing strategies for symptomatic relief and improved outcomes.

Prospective study of pathological syndrome of suffering among terminal dementia patients in geriatric hospital ward, with follow up to discharge or death. Results showed 70.4% suffered pressure ulcers (PrUs) during last week of life.

Two phase prospective study to evaluate incidence of PrUs in hospice patients as related to use of modified Norton risk assessment alone and in association with three levels of pressure redistribution support surfaces.

Literature review of PrUs incorporating evidence on pathogenesis, morphology, histopathology, treatment, outcomes and complications.

Retrospective medical records audit using statistical analysis to evaluate short term outcomes of patients with PrUs in a long term care hospital. Only being bed or chair bound was a significant independent predictor of failure to progress toward healing.

Report of two consecutive, prospective audits to investigate the quality of malnutrition recognition and nutritional support and outcomes in immobilized critically ill elderly patients. Improvement of malnutrition recognition and nutrition support was not followed by decrease in adverse outcome rate.


Cassel EJ. The nature of suffering and the goals of medicine. NEJM. 1982;306(11):639-45. Thoughtful commentary on the nature of suffering and its relation to organic manifestation of disease with the purpose of attempting to understand the meaning of suffering as a phenomenon experienced by a person.


Crown L. Pressure sores and end of life considerations. Tenn Med. 2006;99(6):9, 11. Commentary on the complex interplay of factors related to skin breakdown at the end of life with consideration given to the skin as a visible organ and PrUs as markers of overall deterioration and their potential as high profile targets for litigation.

Dunne K, Coates VE. Care study: providing effective care in palliative nursing. Br J Nurs. 1999;8(21):1428-34. Case study demonstrating use of evidence within palliative care setting to support nursing interventions, with recognition that empirical knowledge has limits and other forms of knowledge need to be taken into account to provide individualized care.


Ennis W, Meneses P. Palliative care and wound care: 2 emerging fields with similar needs for outcomes data. *WOUNDS*. 2005;17(4):99-104. Prospective outcome study within a subacute wound unit incorporating an intent-to-treat approach to calculate healing rates and to establish surrogate end points.


Galvin J. An audit of pressure ulcer incidence in a palliative care setting. *Int J Palliat Nurs*. 2002;8(5):214-21. Retrospective audit of PrU prevalence and incidence in an inpatient palliative care unit over two year period, showing results of 12% incidence, with ulcers mainly developing during the last days of life.

Descriptive study that examines the quarterly prevalence of PrUs in a hospital-based hospice following the implementation of PrU prevention and treatment protocols.

Descriptive 2 phased study of PrU prevalence and incidence in a hospice, using both prospective and retrospective methods. The most common location of PrUs was the sacrum, while 62% of PrUs that developed did so in the last two weeks of life.

Swedish study to construct a PrU risk assessment scale for use in palliative care. Reliability and validity testing using a modification of Norton Scale and nine new scales, found one scale to be superior, The Hospice PrU Risk Assessment Scale (HoRT).

Qualitative study using mixed methodologies to identify symptoms and psychosocial aspects of care as experienced by dying patients and their families. As a result, a multidisciplinary team was formed to address symptoms and offer supportive care.

A deficit in standard protocols as identified by the primary investigator in a previous survey of hospice agencies in the southwest, led to the development of standards of care for hospice patients which stress care and comfort rather than cure of PrUs.

Overview of palliative wound care as it impacts quality at end of life. Addresses issues of palliative vs wound healing, ethical obligations and transition to end of life care.

Description of PrU surveillance in a nursing home population. Retrospective review of prevalence data provided a basis for investigation of how long people lived after onset of PrUs. Terminal PrU described and identified as Kennedy Terminal Ulcer.


Langemo D, Brown G. Skin fails too: acute, chronic, and end-stage skin failure. Adv Skin Wound Care. 2006;19(4):206-11. Systematic review of literature to determine what has been published on skin failure. Based on the review it was concluded that minimal literature exists. Term defined and skin failure categorized as acute, chronic or end stage.


Lishinsky ES. A philosophy of care: pressure sores in hospice patients. Todays OR Nurse. 1988;10(4):20-3. Description of a philosophy of care for quality of life in hospice patients, with a focus on their risk for impairment of skin integrity while paying special attention to comfort and dignity.


Overview of literature on PrUs as major health problem. Addresses statement of problem, risk identification, methods for prevention and treatment, with a call for research and physician involvement as integral to resolution of problem.

Overview of PrUs in the nursing home population including statement of problem, the issue of whether or not PrUs are preventable and principles for prevention and treatment, compiled by a Medical Director.

Prospective observational sequential case series to ascertain inventory of various wound types, their point prevalence and incidence rates and the anatomic locations in patients with advanced illness. Data stratified between patients with malignant and nonmalignant disorders.

Broad overview of PrUs that resembles textbook format and encompasses problem statement with demographics, risk assessment, issue of whether or not PrUs are preventable and/or healable, extent of provider knowledge, concluding with quality improvement.

Review of literature on palliative approach to prevention and treatment of PrUs and malignant wounds in patients with advanced illness, also included are textbooks and online resources.

Review of prevalence of wounds in the frail elderly. Call to consider moving beyond the epidemiological data to broaden the definition of outcomes management in wound healing to encompass quality of life issues.

Speaker abstract of presentation on F.R.A.I.L. (for Recognition of the Adult Immobilized Life), for which the goal is to establish practical guidelines for clinicians seeking management options for people with chronic wounds.

Topical review of PrU occurrence within the nursing home population with regard to quality of care with a focused discussion on the effects of this phenomenon, specifically the legal ramifications.

Mitchell SL, Kiely DK, Hamel MB. Dying with advanced dementia in the nursing home. Arch Intern Med. 2004;164(3):321-6. Retrospective study comparing end of life experiences in 2 groups of persons with advanced dementia and terminal cancer, using data from the Minimum Data Set. Statistical analyses showed nonpalliative interventions were common as were PrUs.

Monteleoni C, Clark E. Using rapid-cycle quality improvement methodology to reduce feeding tubes in patients with advanced dementia: before and after study. BMJ. 2004;329(7464):491-4. Retrospective chart review of patients receiving tube feedings, with comparative analysis of before and after implementation of quality improvement interventions that consisted of palliative care consulting service and educational programs.


Reifsnnyder J, Hoplamazian LM, Maxwell TL. Preventing and treating pressure ulcers in hospice patients. Caring. 2004;23(11):30-7. Comparison study of prevalence and incidence of PrUs in 4 hospice sites. Based on the results, evidence based guidelines for hospice were developed with the goal of patient comfort as the priority for an approach to prevention and management.

Reifsnnyder J, Magee HS. Development of pressure ulcers in patients receiving home hospice care. WOUNDS. 2005;17(4):74-9. Study to examine PrU prevention and incidence in 4 home hospices and to test algorithms for prevention and management of patients with PrUs. Data collection included scores on Karnofsky or Palliative Performance Scale and the Braden Scale.

Editorial commentary that highlights the unintended consequences of efforts to improve PrU management and the need for hospice to heed the call to research. Proposal that management of PrUs, referred to as a geriatric syndrome, must be reconsidered in light of individual goals of care.

Prospective inception cohort study set in 2 hospitals in the Netherlands. Weekly follow up until PrU occurrence, discharge or LOS greater than 12 weeks. Outcome measure was occurrence of nosocomial Grade 2 PrU or worse.

Description of process to identify a set of geriatric conditions as optimal targets for quality improvement, to be used in a quality measurement system for vulnerable older adults. PrUs and end of life were among the 21 conditions selected.

Description of actions taken within University of Medical Sciences in Poznan, Poland, to improve prevention and treatment of PrUs among patients with terminal illness.

Descriptive case study of a terminally ill patient with PrU being cared for at home. Illustrates the importance of addressing prevention and considering outcome goals other than wound closure.

Evidence based debate on whether or not PrUs are avoidable. Addresses recent trends on incidence, identification of modifiable and nonmodifiable risk factors and the efficacy of intervention strategies. Well documented case that when PrUs are not preventable by interventions, they cannot be used as a quality indicator.

Evidence based testimony on palliative care approach by a home health nurse using a case study to illustrate management of PrU at end of life.

Truong RD, Campbell ML, Curtis JR, Haas CE, Luce JM, Rubenfeld GD, Rushton CH, Kaufman DC. Recommendations for end-of-life care in the
Consensus statement on recommendations for end of life care in the intensive care unit. Statement builds upon previously published recommendations (2003) and is based on ethical and legal principles.

Description of systematic approach to wound care in patients with PrUs, being care for in a palliative care unit. Outcomes resulted in a decrease in PrU rates in this hospice.

Evidence based commentary on what the authors term the ‘permissible PrU.’ They propose that deterioration of the skin as a terminal event is understated and under estimated and they use the term skin failure.