

Date: [Insert Date]

To: [Receiving Clinician/Facility Name]

Facility/Department: [Insert Name]

RE: Palliative Wound Management Transition

Patient Name: [Insert Name]

Date of Birth: [Insert DOB]

Medical Record Number: [Insert MRN]

Discharge Date: [Insert Date]

1. Clinical Intent

The goal of wound care for this patient has transitioned from **healing** to **palliative maintenance**. Treatment priorities are focused on comfort, symptom relief (pain, odor, exudate), and preventing further skin breakdown rather than wound closure.

2. Wound Assessment at Discharge

- **Location:** [e.g., Sacrum, Left Heel]
- **Wound Type:** [e.g., Pressure Injury Stage IV, Malignant Fungating Wound]
- **Current Dimensions:** [Length x Width x Depth in cm]
- **Condition:** [e.g., Necrotic tissue present, heavy serosanguinous drainage, periwound maceration]

3. Wound Care Instructions

- **Cleaning Agent:** [e.g., Normal Saline, Commercial Wound Cleanser]
- **Primary Dressing (Contact Layer):** [e.g., Silicone contact layer, Silver Alginate]
- **Secondary Dressing (Absorption):** [e.g., Foam dressing, Abdominal pad]
- **Frequency of Change:** [e.g., Every 3 days and as needed for strike-through]
- **Fixation:** [e.g., Paper tape, tubular gauze]

4. Palliative Symptom Management

- **Pain Management:** Administer [Medication/Dose] 30 minutes prior to dressing changes.
- **Odor Control:** [e.g., Topical Metronidazole gel, charcoal dressings, or kitty litter under the bed].
- **Exudate Control:** Use high-absorbency pads and skin barrier film to prevent peri-wound breakdown.
- **Bleeding Risk:** [e.g., Apply pressure or use hemostatic agent if bleeding occurs].

5. Equipment and Support

- **Support Surface:** [e.g., Low air loss mattress, ROHO cushion]
- **Positioning:** [e.g., Turn every 4 hours or as tolerated for comfort; do not force positioning if it causes distress].

6. Contact Information

For questions regarding this wound care plan, please contact:

Referring Clinician: [Name/Title]

Phone Number: [Insert Phone Number]

Sincerely,

[Your Signature]

[Your Printed Name and Title]