

# FUNGATING/MALIGNANT WOUND FLOW CHART

## WHAT IS YOUR MAIN OBJECTIVE WITH THIS WOUND?

### Manage Exudate

Light irrigation of wound if needed with n/saline or tap water.

Commence a barrier product to wound margins and surrounding skin - refer to local wound formulary for product selection.

1st line – Absorbent pad  
2nd line – Foam adhesive  
3rd line – Super absorbent

If itchiness is an issue, check patient for allergy to dressing. Also consider topical steroid and/or antihistamines.

### Malodour

Could the wound be infected?

Yes

No

1st line antimicrobial gel e.g. Prontosan gel X  
2nd line Flaminal® Hydro for low to mod exudate or Flaminal® Forte for Mod to high exudate

Increase dressing changes if needed and consider odour control dressings:

- Charcoal dressing.

### Infection

Wound is infected or showing signs of infection.

Exudate level?

High

Low to moderate

Flaminal® Forte

Flaminal® Hydro

The dressing with Flaminal® can remain in place as long as the gel structure is intact (1 to 4 days, depending on the amount of exudate).

### Pain

Consider cause of pain  
Could the wound be infected?

Yes

No

To reduce pain at dressing change use a low adherent contact layer.

Consider silicone wound contact layer eg Adaptic touch  
Cleansing can be carried out over the top. Can help reduce trauma. Then the outer dressings are changed.

Consider an analgesic prior to each dressing change.  
Pain review- Pain team and/or Palliative Care

### Bleeding

Is the bleeding light or severe?

Light

Severe

Apply pressure for 10-15 mins with moist non-adherent dressing.  
Alginate dressing should be considered for haemostatic properties.

- 1st line - Kaltostat

Fatal haemorrhage is rare, patients' family and carers should be forewarned and sedation meds should be on hand

Please see separate flow chart

# TRANEXAMIC ACID USE IN THE TREATMENT OF MALIGNANT/FUNGATING WOUNDS

## ONLY FOR USE IN CASE OF A MAJOR BLEED

Please ensure discussion with GP, Palliative care team and Tissue viability have taken place. Check patient's future wishes and/or advance care.

Fatal haemorrhage is rare, however patients, family and carers should be forewarned and sedation medication should be on hand.

## IF SEVERE END OF LIFE BLEEDING SUSPECTED

- Malignant growth may erode a major blood vessel and a serious haemorrhage may occur, if the wound is heavily bleeding and is not responding then an Emergency admission to hospital for cauterisation or ligation may be required.
- **THIS IS AN EMERGENCY SITUATION SO WILL REQUIRE A 999 RESPONSE** unless it is the patient's choice to remain at home and this is documented in their advanced care

1. Stay calm - If possible summon assistance.
2. Ensure someone is with the patient at all times.
3. If possible - nurse in the recovery position to keep airway clear.
4. Stem/disguise bleed with dark coloured sheets/towels.
5. **Tranexamic acid 500mg/5ml Ampule for injection (10%) Should be soaked into gauze and applied with pressure for 10 mins.**



**999 to be contacted in the meantime (unless against patient wishes).  
EOL medication to be given as per patient EOL plan.**

If Tranexamic acid is out of stock Adrenaline 1:1000 soaked on gauze to be used in the same way

Please note if Adrenaline is used then this can cause tissue ischaemia.