

A Collaborative Project- Palliative Wound Care in the Homeless or Rough-Sleeper Population

Introduction

The homeless or rough sleeper population are those people who sleep or are bedded down in the open air (such as streets, doorways, parks or bus shelters); people in building or other places not designed for habitation (cars, sheds, derelict buildings). Their routines are usually chaotic and most likely troubled by mental health and substance abuse issues which makes this population less likely to seek care despite their exposure.

Problem

- Skin and mucus membranes are the first line of defense for prevention of disease processes. Individuals experiencing homelessness often lack access to clean water and bathing facilities while being exposed to harsh circumstances. Painful skin and mucus membrane wounds occur frequently along with a delay in care. In colder environments and with poor access to supplies, these wounds can lead to hospital admissions.
- Rough-sleeper populations often have chronic wounds needing palliative wound care, and expert attention from caring individuals. Often this population does not have access to expert-caring- advice or supplies.

Goals of Care

- Risk reduction with the key objectives to prevent skin breakdown and further deterioration of existing wounds
- General symptom management
- Psychosocial well-being
- Local wound care and symptom management

Exemplars



99¢ Product Options



- Bandages
- ACE wraps
- Epsom Salts
- Hot/Cold Packs
- Antifungals
- Triple antibiotic cream
- Antibacterial hand gel
- High absorbing pads
- Emollients
- Socks
- Slings
- Tape
- Antacids
- Vinegar
- Bleach
- Spray bottles
- Protein drinks
- Vitamins

Interventions

- Wound education and smartphone photo exchange for advice for health care providers, staff at homeless shelters, interim care programs, FQHC facilities, and needle exchange programs
- Engage with your homeless population to build trust and supply options for wound care in real time
- Build relationships and use smartphone access with street medicine nurses in order to have a warm handoff for patients at discharge
- Cleansing options: Soap and water, Dakins, vinegar, Epsom salts, saline
- Outline erythema with black marker and note time
- Relieve pain with hot/cold soaks or Benadryl, Maalox, and Xylocaine (BMX) mouthwash for mouth lesions
- General Rule for the wound base: If it is wet- DRY IT/ If it is dry-WET IT while protecting peri-wound skin
- Instruct patients on low cost options

References

1. Fotouhi A, Friedli J, Mohamed Fakh, et al. Wound Identification and Basic Care in a Homeless Population. 2017; <https://icollaborative.aamc.org/resource/4364/>. Accessed January 9, 2019.
2. Koh HK, O'Connell JJ. Improving health care for homeless people. JAMA : the journal of the American Medical Association. 2016;316(24):2586-2587.
3. Woo KY, Krasner DL, Kennedy B, Wardle D, Moir O. Palliative wound care management strategies for palliative patients and their circles of care. Advances in skin & wound care. 2015;28(3):130-140; quiz 140-132.
4. Laroque A, Hoffman RS. Levamisole in cocaine: unexpected news from an old acquaintance. Clinical toxicology (Philadelphia, Pa). 2012;50(4):231-241.



Amanda Buccina, RN, BSN
ambuccina@ucdavis.edu

Holly Kirkland-Kyhn, PhD, FNP, GNP, CWCN
kirklandwalsh@ucdavis.edu

Oleg Teleten, MS, RN, CWCN
osteleten@ucdavis.edu

Acknowledgements:
Home-Based Palliative Care
UC Davis Skin Wound Assessment-Treatment Team

