

Case Series: A Novel Silicone Foam Dressing* for Wound Symptom Management in Hospice

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Introduction: In hospice palliative care, wound management often switches to a primary focus of wound symptom management vs a goal of healing. This is due to multifaceted reasons the wound may not be able to heal towards end of life. This case series describes trialing a novel silicone foam dressing* on 8 patients and their various wounds, who were on hospice services. Methods: Eight patients with various types of wounds—pressure injuries, a bullous pemphigoid lesion, a skin tear, and a fungating tumor, among others—were transitioned to a proprietary silicone foam dressing* in December 2024. The silicone foam dressing was applied directly to the wound bed without the goal of a primary filler dressing to be used for absorption of drainage or to fill dead space. Five patients received concurrent topical treatment for ongoing wound symptom management needs (ie, bleeding, odor). Dressing changes were performed regularly, from once a day to once weekly. The primary outcome measures were wound symptoms (drainage, odor) improved control and quality of life improvement from baseline to end-of-treatment vs end of life.



Case 1: 93F, ASP PNA LLL Bedbound, generalized weakness, h/o UTIs, CVA 2018, Fe def anemia, hyponatremia, h/o falls, 1st degree AV block

12/9/24 consulted: PI stg 3, sacrum 1.1 x 1.5 x 0.3cm 90% slough, 10% beefy red

Current order: Alginate and border foam gentle, QD with skin prep to peri wound.

New order: Silicone foam dressing 2xwk, PRN. However, due to excessive stool seepage, unable to maintain integrity of dressing with constant need for cleaning, reverted to QD border foam dressings, no alginate.

Passed 12/24/24



Case 2: 90F, dementia, sepsis, UTI, Klebsiella PNA, acute hypoxic resp. failure, dysphagia, toxic metabolic encephalopathy, c-diff, STEMI, pulmonary edema, DM2, CAD, HTN

12/10/24 consulted: PI stg 3 sacrum 5x3.5x0.1cm Pink with 25% slough

Current order: arrived from hospital 12/9 with border foam in place

New order: Silicone foam dressing. Dressing was on until death (12/12/24); drainage symptom needs were met.



Case 3: 70M, acute toxic metabolic encephalopathy with PNA, R basil ganglia hemorrhagic stroke (2015) with paraplegia, seizures, AKI, CKD 2, neurogenic bladder, dysphagia

12/11/24 consulted: Bullous pemphigoid hospitalization) rupt 3cm x 0.2cm High serous and ligh beefy red tissue

Current order: arrived from hospital with bismuth-impregnated Vaseline gauze, ABD pads, wrapping and body netting with QD changes

New order: Silicone foam dressing. Dressing was on until death (12/15/24); drainage symptom needs were met

- Bullous pemphigoid (biopsy done during hospitalization) ruptured blister, RLE, 14cm x 3cm x 0.2cm
- High serous and light sero-sang drainage, beefy red tissue

Case 4: 62F, laryngeal SCC with h/o radiation, nicotine dependence, glottis, metastatic to lymph, trismus, panic disorder, anxiety

New trachea-cutaneous fistula formation, odor Consulted 12/23/24: 1.7cm x 0.8cm, with slough flaps

Current order: multiple times a day alginate and border foam to site due to drainage and leakage from PO intake

New order(s): Odor: clean with ¼ strength sodium hypochlorite solution and apply cut to fit piece of silver alginate (did not have silver silicone foam dressing). Drainage: 3x3 and then 4x4 as area enlarged, silicone foam dressing, cutting slits in border (tabs) to fold/bend into uneven lower neck area. Changed QD (2 PRNs, after drinking frappes)

Passed 12/28/24

Case 5: 56M adenocarcinoma of prostate with metastasis to spine, lymph, lungs and bone, myositis, anasarca, HTN

12/4/24 consulted: PI stg 4, sacrum; 8.2cm x 7.5cm x 0.3cm Beefy red, 30% slough, bone present + odor

Current order: cleanser & gauze, skin prep to periwound, DPD, QD, wife was changing due to drainage

New order: 250mg tablet of crushed metronidazole, silicone foam dressing, change 2xwk and PRN. Dressing changed twice after initial application, until passed (12/22/24)

Results: The duration of treatment varied from several days to several weeks; 2 patients died of unrelated causes before the second dressing change. In the remaining 6 patients, the silicone foam dressing* reduced wound drainage, improved odor control, and decreased dressing change frequency occurred. Reductions in caregiver burden were also reported.

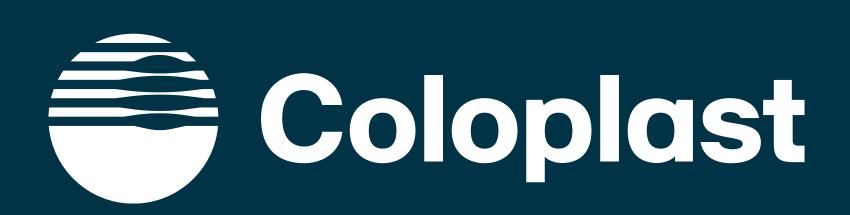
Limitations: These include a lack of an antimicrobial dressing option and difficulty monitoring dressing changes in the various home and facility settings. Most patients have only 1 photo due to passing before reassessment could be done. Cases 6 and 7 had multiple photos prior to passing. Discussion: This case series demonstrates that the silicone foam dressing may effectively improve management of wound symptoms in the hospice setting. The dressing was simple for nursing staff and non-clinical caregivers to apply, and it decreased the frequency of dressing changes, reducing patient reported or observed discomfort with dressing changes. Using the silicone foam dressing reduced the number of dressing changes and home nursing visits related to wound dressing changes, which may help reduce the overall cost of care.

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gauze, silicone foam border. Change once a week, no PRNs were needed

Passed 1/10/25





Case 7: 82F, vascular dementia, bed bound, right parietal mass concerning for glioblastoma, DVT, h. pylori, vitamin D def, HLD, atherosclerotic heart disease, SVT

12/19/25 consulted:

PI stg 3 sacrum 3.7x5x1.1cm, tunnel 22 o'clock, 1cm, undermining 6-12 o'clock, deepest area at 10, 1.3cm pink tissue with 30-40% slough. Reports from nurse, wound was deteriorating quickly.

Current order: clean with cleanser & gauze, zinc to periwound to manage maceration, cut to fit alginate, secure with border foam, change MWF and PRN (daughter changing 1-2 PRNS)

New order: clean with cleanser & gauze, antifungal to periwound area, Mesalt rope to tunnel and undermining only, silicone foam dressing

Stopped alginate filler, used Mesalt filler for undermining and tunnel. Wound stabilized, did not continue to worsen. 01/07/25: 2.5cm x 3cm, depth, tunneling/undermining not assessed due to comfort **Case 8:** 81M metastatic squamous cell carcinoma (SCC) to lymph node, lung, bone and subcutaneous nodules right chest wall, cancer-related pain

12/30/24 consulted:

fungating SCC tumor to R axillary area approx. 4-4.5 x3-3.5cm, protruding 2-2.5cm with 40% slough. Needed drainage, bleeding and odor support

Current order: QD and PRN changes with alginate and border foam

New order: 250mg tab crushed of metronidazole to wound bed for odor, Hydrofiber with anticoagulant chitosan utilized to help stabilize bleeding, 6x6 silicone foam dressing, boarder cut to make tabs to cup around protruding tumor.

Dressing remained intact and on until death (1/2/25)

Passed 1/16/25