

Standard Care Plan for patients undergoing treatment with LarvE

Patient's Name:

Hospital No:

Problem or potential problem	Aim/goal/objective	Nursing intervention	Evaluation
1. Displacement of dressing and /or escape of maggots.	To contain maggots at wound site and prevent further escapes.	<ol style="list-style-type: none"> 1. Ensure dressing system has been applied in accordance with the treatment protocol and/or the supplier's instructions. 2. Seal around the edges of the dressing using waterproof tape as necessary. 3. Retrieve any maggots that have escaped from the dressing and place in a sealed container for disposal. 	
2. Production of offensive wound odour.	To reduce or eliminate wound odour.	Change soiled bandages and outer padding as often as necessary.	
3. Leakage of wound fluid from beneath dressing.	<ol style="list-style-type: none"> 1. To prevent soiling of patient's clothing and/or bed linen 2. To prevent excoriation of healthy periwound skin. 	<ol style="list-style-type: none"> 1. Apply adequate absorbent padding. 2. Replace padding and bandage as often as required. 3. Consider use of a skin protectant and a waterproof layer to protect bed linen 	
4. Poor viability of maggots.	To ensure that maggots are applied in good condition, and maintained in an environment that will allow them to function optimally.	<ol style="list-style-type: none"> 1. Ensure maggots are ordered, stored and applied in accordance with instructions provided by the supplier. 2. Ensure the wound environment is suitable for the maggots - not too dry or wet. 3. Ensure complete removal of any topical agents from the wound site that may affect maggot survival. 4. Ensure that the primary net dressing is not totally occluded with tape or a film dressing and that the outer dressings do not become saturated with wound fluid. 	

Standard Care Plan for patients undergoing treatment with *LarvE*

Patient's Name:

Hospital No:

Problem or potential problem	Aim/goal/objective	Nursing intervention	Evaluation
5. Young maggots drying out and dying (This usually only occurs if wound is very dry, or the patient is nursed on low air-loss bed).	To provide a moist environment to ensure maggot survival.	<ol style="list-style-type: none"> 1. Apply moist gauze over the net dressing and place a low-adherent dressing such as Melolin or Release between moist gauze and secondary outer padding. 2. Remoisten gauze daily if wound is very dry. 3. Check condition of dressing three times each day if patient is nursed on low air-loss bed. 	
6. Dark stained outer dressing N.B. It is normal for the outer dressing to become discoloured during the course of treatment. This is caused by breakdown of necrotic tissue by the maggots' enzymes.	To determine cause of staining.	<ol style="list-style-type: none"> 1. Remove outer padding and examine the wound through the net to exclude the possibility that bleeding has occurred. 2. If bleeding has occurred, remove the maggots and take appropriate action to minimise blood loss. 	
7. Patient and/or relatives become anxious or disturbed.	To reduce anxiety levels.	<ol style="list-style-type: none"> 1. Provide patient information leaflet. 2. Allow time for questions by patient or relatives and discuss using simple language that is easily understood. 	
8. Patient reports pain at wound site.	To relieve pain.	<ol style="list-style-type: none"> 1. Administer prescribed analgesia on a regular basis. 2. Review analgesia if not effective. 3. If pain not resolved, remove maggots and irrigate wound with sterile saline. 	