

WHAT ARE THE KEY QUESTIONS ON THE TELER IMPACT OF ODOUR SCALE?

Malodour is often a normal part of the wound healing process. Malodour is not always a sign of a more serious underlying issue starting to manifest itself in an existing wound. In fact, some wounds (i.e., leg ulcers) are generally known to have distinctive odours.[1] Meanwhile, other wounds may become malodorous due to the use of specific dressings or topical ointments and not necessarily because of an underlying infection.[2]

Nevertheless, malodour can have an extremely detrimental impact on a patient's quality of life. Patients frequently report feelings of embarrassment, shame, and self-imposed isolation as a consequence of living with a malodorous wound.[3] In some cases, patients with malodorous wounds may avoid seeking medical advice and intervention for their wound due to self-consciousness.

Determining the type of intervention required for a malodorous wound is rooted in finding the precise cause of the odour. Regardless of the cause of the malodour, it is important to acknowledge and address its impact on patients.[4]

Why is the Teler Impact of Odour Scale useful?



The Teler Impact of Odour Scale is one of the only validated tools for assessing wound malodour.[5]

It was devised as a more personal and patient-focused tool for assessing malodour. The Teler Impact of Odour Scale considers both the patient's sensory perception of the wound malodour and the extent to which it affects their ability to participate in normal day-to-day activities.

The framework can be used throughout the healing process to measure any changes, the performance of dressings and topical medications, as well as the patient experience.

When used correctly and consistently, the Teler scale can help to standardise and improve communication among different healthcare providers. More importantly, however, it can be used to inform key decisions regarding the quality of care, treatment adjustments and patient welfare. [6]

What are the 5 main questions on the Teler scale?

1. Are you aware of the odour?
2. Are you concerned that other people will notice the odour?
3. Are you reluctant to socialise because of the odour?
4. Does the odour affect your appetite?
5. Do you become nauseated by the odour?[7]

What are the limitations of the Teler scale?

Although the Teler Impact of Odour scale is validated, reliable and more patient-focused than some of its counterparts (i.e., the Baker and Haig scale), it also cannot be used as a definitive diagnostic resource.

The Teler scale does not determine the source of the malodour, nor does it contain any care recommendations for patient responses.

Another factor to remember is that patients are generally more conscious of and sensitive to wound malodour than healthcare providers. This means that mild wound malodour that is only noticeable when the dressing is removed may be extremely distressing to some patients. Mild malodour can be just as distressing as particularly foul-smelling wounds to certain patients.



References:

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5. Souza, Mao. *Odour Evaluation Scales for Odour in Neoplastic Wounds: An Integrative Review. Rev Bras Enferm* 2018; 71(5): 2557
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Richardson Healthcare Ltd, 310 Centennial Avenue, Centennial Park,
Elstree, Hertfordshire, WD6 3TJ, UK.

Phone: +44 (0) 800 170 1126. Email: info@richardsonhealthcare.com

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