



# HOSPICE INSIGHTS

INSIGHTS 93: HOSPICE SKIN CARE

July,

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Hospice of the Twin Cities staff was recently given an excellent in-service by Dr. John Mielke on “Skin Care” and it contained some very important information for our caregivers, which will benefit our patients tremendously. I would like to share the salient points of this education with you.

The skin, the largest organ of the body consists of three (3) layers. They are the “epidermis”, which is the protective layer; the “dermis”, which contains the nerves, hair, and glands; and the “hypodermis”, which contains the blood vessels. There are several benefits of having intact skin: The skin keeps the body hydrated, heated, prevents infection, absorbs radiation, allows movement, and allows sensation.

Let’s take a look at “Skin Care Basics – The Five Essentials for Skin Protection and Healing:

## The five basics for skin protection

1. Hydration (of the patient/resident)
  - a. Enhances circulation
  - b. Keeps wound base moist
  - c. Recent study reports the average nursing home resident needs an extra 2 ½ glasses of water a day over and above the normal 8 glasses of water per day.
2. Good Nutrition
  - a. The skin needs basic nutrients consisting of protein, Vitamin C, zinc, and calories to stay healthy.
  - b. Wound healing requires 10-30% more protein.
  - c. Good sources of protein: Eggs, meat, milk, beans, lentils, nuts, and liquid supplements.
  - d. Weight loss often precedes skin breakdown.
3. Cleanliness (keeping skin free of urine and stool)
  - a. Urine: Urea is non-toxic and odorless. Urea turns into ammonia (bacteria and 2 hours of time), and ammonia dissolves protein/skin.
  - b. Stool contains millions of bacteria, contaminates dead tissue (eschar or slough), and infection takes energy away from healing.
4. Eliminate Pressure Points
  - a. Typical pressure points:
    - i. sitting: Ischial areas, spine, lateral feet
    - ii. Lying: Presacral, heels, scapula, greater trochanter of hips, elbows, head.
    - iii. Transition: Coccyx, buttocks, sacrum.
  - b. Unique pressure points
    - i. Back of knees, spasticity,
    - ii. Shoulder, ribcage, lateral knees, top of knees,
    - iii. Ears, and
    - iv. Feet (from footwear, pedals on wheelchair)
  - c. Skin begins to deteriorate within 1 hour
  - d. Redness (hyperemia) is a reaction of excess blood flow into an oxygen starved area.
  - e. Swelling (induration): edema is a reaction to injury.
  - f. Repositioning every hour is essential to prevent skin damage and deeper injury. There are new guidelines for wheelchair dependent patients and new education regarding “skin tolerance”.

## 5. Shear/Friction

- a. Two important locations shear and friction can occur:
  - i. Coccyx: Occurs when the head of the bed is > 30 degrees or when the patient slides in the wheelchair.
  - ii. Heels: Occurs when the patient pushes self up in bed, spasticity (post stroke or multiple sclerosis), dragging heels during transfers, and the elbows can be damaged in the same way.
- b. Tearing: Affects deep tissue
- c. Friction: Results in superficial abrasions.
- d. Results in tunneling, stage 3 & 4 ulcers.
- e. Prevention:
  - i. Lifting during transfers.
  - ii. Head of the bed at 30 degrees or less.
  - iii. Wheelchair positioning by Occupational Therapy
  - iv. Boots for the patient's heels
  - v. Pillow under the calf of the leg – this is the most effective way to prevent shear/friction.

### **Summary:**

- All open areas are not pressure ulcers.
- Proper diagnosis is important to ensure prognosis and interventions.
- Pressure ulcers are predictable and preventable.
- Remember the “Five Basics”
  - *Hydration*
  - *Nutrition*
  - *Cleanliness*
  - *Pressure*
  - *Shear/Friction*
- Everyone can practice these five prevention and healing strategies.

### **Nursing Assistant's Role in Treating Pressure Ulcers:**

- Know the five basics of skin protection.
- Think about your residents as you care for them!
- Be observant
  - Feel the heels every day.
  - Check for redness and induration.
- Communicate
  - Tell the nurses what you are observing.
  - Tell other aides what you are observing.
- Advocate for your patients/residents.

I hope this is useful information for you. In August's Insights we will be looking at “pressure ulcers” and non-pressure causes of ulcers. We will also discuss moist wound healing, profore dressings, and devices that can be used to ensure skin integrity.

***Many thanks to Dr. John Mielke for allowing me to share his materials with all of you!***

#### **Mission Statement**

*Hospice of the Twin Cities' mission is to enhance the quality of the lives of our patients and their families by providing respectful care based on maintaining dignity, alleviating physical, psychosocial, and spiritual suffering, advocating for fundamental rights, and affirming the sacred value of life.*