Hospice Aide On-the-Go™ In-service

Skin Integrity

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Skin Integrity

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It is easy to tell when a person's skin breaks because of an injury. When skin has an open area that is oozing or bleeding, it is obvious that the skin is no longer intact. It is much harder to tell when skin is breaking down gradually. For many hospice patients, skin becomes thinner and more prone to breaking down as the terminal illness progresses. Many hospice patients also have fatigue and weakness that make it difficult for them to reposition themselves, further adding to the risk of skin breakdown. During the last stages of life, increased incontinence and moist skin often lead to the need for more frequent skin care.

Proper care by hospice aides protects the patient's skin, promotes comfort through gentle touch and cleansing, and conserves the patient's energy. Hospice care includes the patient's caregivers and family, too. Caregivers are supported when a hospice aide provides skin care, offering needed respite from caregiving responsibilities and reinforcement of proper skin care techniques. With proper skin care, pressure sores are often preventable, further promoting comfort at the end of life.

Key Terms

Caustic agent
Something that burns or destroys skin or other organic tissue

Dermis
The thickest layer of skin underneath the surface

Epidermis
The thin top layer of skin

Incontinent
Unable to prevent discharge of urine

Metabolism
Chemical changes in living cells

Skin integrity
In good condition, unimpaired

Ulcer
A break in the skin; an open sore

STRUCTURE AND FUNCTION OF THE SKIN

The thin top layer of skin is called the epidermis; the thickest layer underneath the surface is called the dermis. The dermis contains the following:

- **Blood vessels:** Tubes that carry oxygenated blood through the body
- **Nerves:** Fibers that carry sensations to and from the brain
- **Oil glands:** Organs that secrete a lubricating fluid
- **Sweat glands:** Organs that separate waste products from the blood and secrete them as sweat
- **Hair follicles:** Organs from which hairs grow

There also is a layer of fatty tissue located under the skin. Although it's not part of the skin, the fatty tissue provides insulation and acts as a protective layer of padding to prevent injury to underlying bones and muscles.

Skin controls the body's temperature. It releases heat through sweat and constricts and expands surface blood vessels to insulate or cool the body. It also protects against injury and disease. The skin covers and pads the body's muscles and bones and forms a barrier against harmful organisms and infection.

Nerve endings make the skin sensitive to pressure, pleasure, pain, and temperature. The skin also cares for itself by creating vitamin D, which is produced when sunlight comes into contact with the skin. The skin warns of diseases by changing color, temperature, or level of moistness.

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For many people, terminal illness and the side effects of treatments can change the skin's normal characteristics. Many terminally ill people are elderly, which puts them at risk of age-related skin breakdown. Hospice aides can anticipate that the patients' skin and fatty tissue layer may be thinner and less elastic. The oil glands produce less oil, so the skin is dry. Blood vessel walls thin and become delicate, which causes them to break more easily. As death draws near, the skin can be moist in some places and circulation becomes less effective, especially in dependent areas and areas further from the heart. The skin doesn't get as much oxygen and nutrition from the blood, which causes it to become poorly nourished and fragile.

Anticipate that hospice patients may:

- Feel cold more often
- Be prone to skin tears and pressure sores
- Heal at a slower rate
- Require more frequent skin care, bed linen changes, and repositioning

Common causes of ulcers include:

- **Pressure:** Skin ulcers can develop when pressure occurs for a prolonged period of time. This pressure prevents the absorption of oxygen and nutrients and causes skin cells to die. People confined to a bed or chair experience pressure on vulnerable areas of the body and are prone to develop ulcers. This is a common problem for patients who have a terminal illness that causes weakness and decreases mobility.
- **Friction:** Ulcers caused by friction occur when a patient is pulled across bed linens. Friction damages the skin, killing cells. When an incontinent patient is pulled across a wet bed, the force of friction is greater. Incontinence, especially during the last days and weeks of life, is an increased risk for hospice patients.
- **Shearing:** Shearing occurs when a patient in bed with head elevated slides down toward the foot of the bed. As the body slides, the buttocks (sacrum) area is especially affected. Shear force is greatest when a patient is dragged back upright.
- **Bladder and bowel incontinence:** Exposure to urine and feces is one of the most common causes of skin breakdown. It makes the skin more susceptible to ulcers. Because urine softens and weakens the skin, incontinent patients are five times more likely to have pressure ulcers than those who are continent. The acid in urine sets off a chemical process that accelerates skin breakdown. Patients experience increased skin breakdown when sitting in wet clothes or on a wet cushion for extended periods of time.

Contributing risk factors

Pressure, friction, shearing, and urinary and bowel incontinence are the main causes of skin breakdown. Other contributing factors to consider are:

- **Circulation.** If enough blood, oxygen, and nutrients can't get to the skin, it can't stay healthy. Other factors that affect circulation and skin are radiation therapy, congestive heart failure, chronic obstructive lung disease, and diabetes. Because the ankles and feet are farthest away from the heart, they are likely to be

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Other skin problems

Rash is an irritation and breakdown of skin that occurs due to overexposure to moisture and chemicals in urine and feces.

Bacterial infection develops when skin is wet and bacteria can be absorbed through cracks and fissures.

Exposure to caustic agents such as ammonia, which is part of urine, irritates the skin. Bacteria use ammonia as a source of nutrition to reproduce more microorganisms. Without proper treatment, the cycle continues.

Fungal infection occurs when skin is damp and warm, as often happens in patients with incontinence. A skin rash that is fiery red, itches, and burns is usually fungal, and requires treatment with an anti-fungal agent.

affected first or most often. Swelling or edema, often increased at the end of life, also causes skin to become malnourished and thinner.

- **Nutrition.** Diet plays a role in the condition of skin. Proper nutrition promotes healthy skin cells, while poor nutrition promotes swelling and compromises the process that transports oxygen to cells throughout the body. Many hospice patients have a difficult time maintaining proper nutrition and hydration.
- **Fever.** Fever changes a body's metabolism, alters skin tolerance, lowers a body's resistance, and increases the risk for skin breakdown. Hospice patients who have fevers are at increased risk for skin breakdown.
- **Smoking.** Smoking decreases blood circulation and nourishment to the skin.
- **Decreased mobility.** Immobile patients are at highest risk for skin breakdown. Hospice patients frequently have decreased mobility, often related to fatigue. They may also have altered sensations that prevent normal protective weight shifting. Because of their decreased movement, these patients have prolonged periods of pressure applied to small areas of skin. When they finally do move, shearing and friction may cause skin breakdown.

THE HOSPICE AIDE'S ROLE

The focus of hospice care is to promote comfort. Excellent skin care contributes to patient comfort and decreases the risk of skin breakdown. The aide will also be in a position to promote proper skin care as family members and other caregivers assist or observe the care. Preventive measures can help avoid a skin ulcer, which is far easier than healing one.

Gentle, soothing skin care can provide comfort. However, sometimes even small movements are uncomfortable, and even a gentle touch is unwelcome. Always review your instructions to learn whether pain medications are ordered before providing care. If pain medications are ordered, ask the patient or caregiver to arrange for the medications to be administered. Or, if you are qualified to administer medications, follow orders for giving pain medications prior to providing care.

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As a hospice aide, you can use many different methods to reduce pressure and prevent skin breakdown. The care you provide is based on your assignment and may include:

- **Body alignment.** Assisting with proper body alignment may involve:
  - » *Providing proper alignment support.* Place padding, such as pillows, under bony parts of the body.
  - » *Turning and repositioning.* If providing personal care, reposition the patient prior to bathing and after bathing. Follow or reinforce the turning schedule, which is usually every one to two hours.
  - » *Chair repositioning.* When sitting in a chair, the weight distribution needs to be considered. Pressure is greater in a chair than when the same person lies flat on a bed. This is because the distribution of the patient's weight is to a smaller surface, producing higher pressure points. Patients in chairs require repositioning more frequently due to the pressure/time relationship, which focuses on the size of the area the pressure is on and the length of time a patient puts pressure on that area. Some hospice patients choose to spend significant time in a favorite chair. Assisting them with repositioning is important.
  - » *Self-repositioning.* If the patient is able, reinforce the importance of changing positions every 15 minutes.
- **Body mechanics.** Learn the proper way to move a patient so that you avoid folding or twisting skin layers. Providing range of motion is helpful in promoting circulation. Utilize proper body mechanics to protect yourself while providing care and to reinforce techniques for caregivers.
- **Cushions and protectors.** Hospice patients may have special cushions or protectors to promote skin integrity and comfort. If your patient has a special cushion, learn how to use it properly. Pay attention to special care and cleaning that may be needed. Cushions and protectors include:
  - » *Heel and elbow protectors.* These fit the shape of the heel or elbow. They relieve pressure and reduce friction and shearing when the patient moves.
  - » *Mattresses.* Some patients who are at risk of skin breakdown use special mattresses.
  - » *Protective pads.* Special sheepskin or foam pads are placed under the patient to protect his or her skin. Pads may be placed over metal parts of a wheelchair to reduce pressure and friction on a patient's skin. Patients who spend a lot of time sitting may have a special foam, gel, or air cushion.
- **Range of motion exercises.** These reduce joint stiffness and contractures, and contribute to better circulation, which helps reduce skin breakdown.
- **Skin lotions.** Lotions keep the skin from drying out and cracking, and makes the skin less likely to get pressure ulcers. Barrier lotions or creams have ingredients that can act as a shield to help protect the skin from moisture or irritation.
- **Massage.** Gentle massage while providing skin care promotes comfort and circulation. Use lotions and avoid friction. Adjust touch based on the patient's response.

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Early signs of skin breakdown

It is easy to recognize broken or lacerated skin, but much harder to recognize the early signs of skin breakdown before the skin is actually broken. However, there are some signs of damage to the skin caused by pressure that may begin long before the skin is actually broken.

To identify early skin breakdown, check bony prominences often for redness. If you notice redness, determine whether it is normal or abnormal.

- Normal redness:
  - » After repositioning a patient, the redness does not remain for long.
  - » When you gently press on the reddened area, it will briefly leave a "white" area where your finger was. The color quickly returns.
- Abnormal redness:
  - » In light-skinned patients, the area is continuously red. In patients with darker skin tones, the area may have blue or purple discoloration.
  - » The skin temperature of the area may be cooler or warmer than surrounding skin.
  - » Skin over and around the area may feel firm or "boggy."
  - » The area may be painful or itchy.

The underlying damage to the skin can be very serious before the skin actually breaks open. Once it does, the ulcer may be deep and difficult to heal. If left untreated, the damage to the skin will continue, and the patient will develop an open sore/ulcer.

It is not possible to prevent all skin breakdowns; however, through proper care, you can help prevent most of them. The hospice aide provides the first line of defense against skin breakdown by giving gentle, comprehensive skin care to each patient.

Hospice aides should use the following tips when caring for a patient's skin:

- Provide for privacy.
- Keep patients' skin clean by patting the skin—not rubbing it—when washing or drying.
- Keep patients' skin lubricated. Use lotions liberally, and use lotion cleansers when bathing instead of soap.
- Keep patients' skin creases and folds dry.
- Keep patients' clothes and bedding dry.
- Based on the patient's diet, encourage nutritious food and drink. Offer the patient a drink of the patient's choice prior to beginning care and at the end of care. Place food or nutrition supplements and fresh water within the patient's reach as part of the skin care routine.

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- Reposition the patient as skin care is being provided. If providing care in a facility, frequently check the patient for incontinence or moist bedding. Perform repositioning and body alignment to improve circulation and prevent pressure.
- Don't disturb patients' moles.
- Massage patients' skin, but avoid bony projections and irritated areas. Massage around these areas.
- Ensure that patients use cushions and protective devices as ordered.
- Inspect patients' skin daily for redness, tears, blisters, scrapes, or irritated areas.
- Report to the hospice nurse if:
  - » The patient seems to be in pain.
  - » A change in the patient's skin is noticed.
  - » The caregiver expresses concerns about skin care responsibilities.
  - » The patient and/or caregiver have questions about skin care or a condition that you are not qualified to answer.

CMS Expectations

A hospice must maintain a quality assessment and performance improvement (QAPI) program that involves all services, including hospice aides. This program, among other things, will take action to demonstrate improvement in hospice care and palliative outcomes.

OUTCOMES AND THE HOSPICE AIDE

Providing comfort through compassionate, caring skin care is one of the key roles of the hospice aide. Outcomes may include, but are not limited to:

- Improved patient comfort
- Improved ability to rest
- Supporting caregivers in providing skin care
- Maintaining maximum skin integrity

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CASE STUDY

Mike Jones is a 67-year-old man who has been receiving hospice care in his home for three months. Mike's terminal illness is congestive heart failure, and he currently spends most of his time in his favorite recliner. Recently, Mike agreed to have a hospital bed brought into his home, where he lives with his wife, Mary, who is his main caregiver. Mike is becoming less mobile and tires easily. He receives oxygen therapy through a nasal canula at 2 liters/min.

Your assignment includes helping Mike with a full bed bath and reinforcing proper skin care. You may do a back rub, foot soak and rub, and shampoo if Mike chooses. Mike's nurse had noticed a small red spot on his coccyx. You are to change the protective dressing, if needed. Mike has added "a bit of padding" to the oxygen tube for the ear area. Until this time, Mike has preferred to shower and has wanted only Mary's help. He agreed to have the hospice aide come to do bed baths three times per week so he could save his energy for visits with his two children and their families.

When you arrive for the first time, Mike is in his chair. You introduce yourself to Mike and Mary. You ask what their routine is, and find out that Mike would love to have his feet soaked. Mary admits that she is not comfortable with shampooing Mike's hair, and your offer of a shampoo is accepted. Mike gets short of breath when he and Mary laugh about the new living room furniture—his bed. You notice that his concentrator is running, and you ask him to put it on before moving to the bed. He accepts your suggestion of something to drink before the bath. When you and Mary go for a quick tour of the house, you ask her if she would like to help with the bath or if she'd rather use the time to do something else. She decides to help with the bath.

Mike is a bit out of breath after moving to the bed. You get all the materials ready, reviewing standard precautions. You also provide privacy by closing the living room curtain. Mike is glad Mary is there for his first bath and conversation flows easily. When doing his shampoo, you observe a small, reddened area where the oxygen tube has irritated his left ear. You also notice that the dressing is intact on his coccyx. As you provide skin care, you demonstrate and reinforce repositioning and body mechanics. When you get to the perineum, Mike says, "Give me that washcloth; at least I can still wash my own butt." He smiles, but you notice that Mary has tears in her eyes. You finish the bed bath and shampoo, allow Mike to rest while you clean up, and then assist Mike to the chair and do his foot soak and massage.

Before you leave, you use your cell phone to call the nurse about the spot on Mike's left ear. The nurse plans to be there soon, and will evaluate the situation. Mike is using his oxygen and says it is comfortable now. You complete your documentation and record your visit time on your hospice's tools.

THINK ABOUT IT

1. What is making Mike vulnerable to skin breakdown?
2. Why did the hospice aide provide for nutrition and hydration as part of her care?
3. How would you have handled this patient's request to do part of his own bath?
4. What are at least three observations the hospice aide should communicate as part of the visit documentation?
5. What supplies should the hospice aide have ready prior to entering the patient's home for the first bed bath?

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