

Skin Care and Its Importance with the Hospice Patient

Objectives

- List at least 3 facts related to the skin and its function
- Verbalize basic skin care measures
- Explain the benefits of effective skin care
- Verbalize the importance of skin care to the hospice patient

The Skin

- Largest organ of the body.
- Made up of 3 layers
 - Epidermis
 - Dermis
 - Subcutaneous

Specialized Structures of the Skin

- Sweat Glands
- Sebaceous Glands
- Nails
- Hair

Sweat Glands

- Function: Regulate body temperature
- The chief causes of sweating are heat and emotion
- Emotional perspiration usually occurs on the forehead, axillae, palms of the hands, and soles of the feet

Sebaceous Glands

- Function: Keeps skin pliable
- Conserves body heat in cold weather
- Secretes oil or waxy matter called sebum to lubricate and waterproof the skin
- Protects body from germs
- Do not exist on palms of hands and soles of feet

Nails

- Protects the fingertip
 - Provides counter pressure for movement
 - A tool for “precision grip” (pulling a splinter from the finger)
 - Promotes sensitivity of fingertip
- Growth of fingernail: 3-6 months
- Growth of toenail: 12-18 months

Hair

- Protects the scalp
- Help regulate body temperature
- Facilitates evaporation of perspiration
- Acts as a sense organ
- Psychosocial

Hair Care

- Prevents scalp and hair problems
- Improves their appearance
- Improves their self-image
- Helps scalp circulation

Facts about the Skin

- Normal skin temperature ranges between 90-96 degrees F
- Makes up about 15% of the adult body weight
- The eyelid has the thinnest layer of skin
- The palms and soles of the feet have the thickest skin
- The dermis provides the bulk of skin in our bodies
- Male skin is usually thicker than female skin
- Generally children have thin skin
- Skin thickens through the 4th & 5th decades of life

Skin of the Older Adult

- Thin skin
- Loss of elasticity or skin tone
- Wrinkled
- Dys-pigmentation (age spots, skin lesions)
- Decreased circulation
- Decreased sensation of hot and cold

Functions of the Skin

- Provides waterproofing for the body
- Protects the rest of the body
- Regulates the temperature
- Vitamin D production
- Excretion
- Sensory perception (hot, cold, pain, soothing)
- Healing of wounds
- Psychosocial

-Remember-

“Alterations in the skin will affect the overall wellbeing of an individual.”

Nicol

Outcomes

- Maintain comfort
- Prevent pressure ulcers
- Prevent breaks in the skin
- Prevent/manage odor
- Prevent/manage drainage
- Encourage & promote activity as tolerated by the patient

Factors that influence Skin Condition

- Nutritional status
- Disease
- Medicines
- Mobility
- Exercise
- General health habits
- Financial resources
- Age

Basic Skin Care Tips

- Be gentle when performing skin care to prevent scratches/tears of the skin
- Keep the skin clean and dry
- If incontinent, wash and change as much as necessary
- Turn at least every 2 hours.
- Use bedpans with caution, especially removing to avoid skin damage or spillage

Tips continued

- Use powders sparingly-be sure to wash off
- Potential to cake in body folds/creases
- Keep linens wrinkle free
- Check bed for crumbs, or hard objects
- Rub skin gently and in a circular motion
- Lotions may be used on the skin
- Use warm water on skin
- Don't allow patient to sit or lie on pressure ulcer directly

Tips Continued

- Listen when patient tells you about a sore area
- Monitor skin closely for
 - reddened areas, especially pressure points
 - bruises
 - rash
 - Itching
 - abrasions/scratches
 - other signs of injury
- Avoid plastic sheets
- Try to control odors
- Protect from exposure to sun

Risk Factors for Potential Skin Breakdown

- Immobile patients
- Bedbound patients
- Obesity
- Loss of Appetite
- Incontinence
- Emaciated/thin patients
- Poor circulation

Pressure Ulcers

- Prevention is the best treatment.
- Monitor pressure points each visit.
 - Redness
 - Tender
 - Warm
 - Burning
- *Skin may then turn gray
 - Blister
 - Open wound
- FIRST: **If reddened area found—remove the pressure from the area
- Report any areas of concern to supervisor and document

Activity

- You arrive at Mrs. Smith's home, a hospice patient you have not seen before. Mrs. Smith is complaining of a burning sensation on their left hip bone. Upon inspection you find an area that is red-gray in color and warm.
- What is your plan of action?

Risk Factors Associated with Foot Problems

- Some chronic diseases can create problems for our patients. Risk factors are:
 - Poor circulation
 - Poor nutrition
 - Inability to physically care for their feet
 - May not be able to inspect their feet
 - Decreased sensitivity

Foot Care Continued

- Observations that should be reported
 - Pain in the feet
 - Change in color
 - Swelling
 - Dry, cracked
 - Open wound
 - Check heels for pressure
 - Blisters
 - Problems related to toenails
 - Lack of feeling

Best Practice for Foot Care

- Inspect feet/toes each visit
- Use warm water
- Wash and dry feet and toes thoroughly
- Cream may be applied if indicated
- Encourage to wear socks and shoes
- Do not cut nails or corns

Personal Care for Hospice Patients

- If pain during bath, patient should get pain meds before you arrive
- Don't forget privacy
- Ask about comfort level during bath
- If unable to tolerate complete bath, give partial bath
- Adjust hospital bed height during bath for your comfort
 - Remember: shaving and combing hair are important to the patient's well-being
- Pillows can be used to help position

Exercise

- You arrive at the home of Mrs. Gray, a hospice patient who spends her day in bed. She is alert and oriented and complains of pain, rating it at an 8 of 10, before you start her care. Mrs. Gray is quite concerned about having to move any part of her body during her bath, because of the pain.
- What will be your best plan of action?
