
Skin Care

Goals of skincare

Skin care at the end of life includes keeping the skin both clean and intact. The goals of providing good skin care are to reduce discomfort, prevent pressure ulcers, manage odor and drainage, and to help the patient remain as active as possible.

How skin care impacts quality of life

A comprehensive plan for skin care by the interdisciplinary team requires attention to the total needs of the patient and family. This plan will include the following:

- Patient's and family's perception of quality of life
- Psychosocial impact of a wound's odor and drainage
- Prevention of infection
- Maintaining intact skin
- Clear instructions regarding wound care management

Pressure ulcer prevention

A pressure ulcer (or bedsore) is a breakdown of tissue by unrelieved pressure to the skin. The areas of the body that receive the greatest amount of pressure to the skin are called pressure points: tailbone, elbows, knees, heels, head, and buttocks. The skin begins to break down when blood flow is restricted at these pressure points. Inadequate nutrition, a patient's inability to feel parts of his/her body, or rubbing against bed linens contribute to the development of pressure ulcers and often begin with areas of redness that do not go away. Pressure ulcers can be painful and difficult to treat. The best treatment is prevention.

What you can do

- Check the skin at each visit, including pressure points and report any changes to the team nurse. Bath time is a good opportunity to observe the skin and pressure points.
- Follow up on the patient's reports of pain, burning, numbness, or tingling of the skin and report to the team nurse.
- Keep the skin clean and dry by changing absorbing pads frequently.
- Use mild soaps and emollients sparingly.
- Avoid using hot or cold water on the skin.
- Do not allow the patient to sit or lie directly on a pressure ulcer.
- To help promote circulation, have the patient wiggle toes and move arms and legs often.
- If the patient is unable to move, you or a family caregiver may reposition every two (2) hours to promote comfort and reduce the risk of pressure spots.
- Range of motion exercises of the joints and muscles should be done on a daily basis unless prohibited by the doctor.
- Never use a heat lamp.

- Do not massage pressure points or reddened areas.
- Notify the nurse if splints or braces or oxygen tubing are rubbing or causing irritation.
- Clothing made of cotton and loose fitting tends to be more comfortable.
- Keep bed linens clean, dry and without wrinkles.
- Avoid using plastic sheets as they may cause skin to break down.
- Remove the bedpan within a few minutes to avoid pressure on the tailbone.
- Many odors can be controlled. Check with your team nurse for methods of controlling odor.
- Always follow the treatment plan. Don't treat the wound yourself.
- REMEMBER: Always document (if able) and report your observations to the nurse including your observations of the wound and dressings and family's ability to follow the plan of care.

How you can support the patient and family

The most distressing symptoms for the patient and family associated with skin disorders are odor, drainage, and pain. The importance of attending to good **Skin Care** is directly related to the influence these symptoms have on the patient's quality of life and general well-being.

Other HPNA Teaching Sheets on are available at www.HPNA.org.

Reference

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Approved by the HPNA Education Committee June 2006.
 Reviewed by the Education Committee January 2009.
 Revised by the Education Advisory Team October 2013