



Skin Breakdown Training

There are several reasons skin breakdown occurs and training you, as a caregiver, to watch for the signs of breakdown is important. Healing skin breakdown at this stage of serious illness is not always possible. The goals now are to focus on comfort, prevent infection and lower the risk of worsening breakdown.

Why does skin breakdown happen?

Pressure sores or bed sores, can form when the skin bears weight for a long period of time. Areas at risk are bony parts of our body, like tailbone, buttock, hips, ankles, heels, elbows and shoulder blades, etc. Pressure reduces the blood flow to the skin, tissues and muscle, causing damage and a wound. The area may be red and warm to the touch. Pressure areas first appear as red or purple spots, but may darken and deepen as the damage worsens. In darker skinned patients redness may appear purplish. Heel wounds frequently first appear as a blister or squishy tissue where the heel touches the bed.

Friction injuries occur when skin is pulled across a rough surface. The skin looks like an abrasion or skin tear and is very tender and red. When skin is warm and moist, due to incontinence or sweat, even gentle rubbing on bed linens, diapers, and wash cloths can cause injury. Friction injuries are very painful and may resemble a rug burn on the elbows, buttock, knees and ankles.

A rash and inflammation of skin folds, made worse by obesity, heat and humidity, moisture, friction, and lack of air circulation is common and very painful. The skin appears red and irritated. Patients may complain of burning and itching in skin folds, most commonly in the groin, abdominal folds, under the breast, and in the armpits.

Incontinence is the lack of bladder or bowel control. Moisture may cause breakdown of the skin from chemicals in urine and feces. It's similar to a diaper rash-however in a frail adult, the ability to heal and repair the skin is reduced.

Who is at risk for skin breakdown?

- Elderly and frail individuals with thin skin and bony areas.
- Individuals in declining health with limited mobility who are unable to reposition themselves in a chair/bed and who therefore stay in one position for long periods.
- Patients who are frequently pulled up in bed or slide down in bed a lot.
- Those who have lost weight and natural padding on bony areas of their body.
- Those who drink less than normal, making their skin less elastic.
- Those who are incontinent may have skin irritation from urine or stool.

What can be done to prevent skin breakdown?

- Turn and reposition the patient every few hours. Your Nurse and Personal Care Specialist will demonstrate how to safely and gently turn the patient and pull them up in bed, while training you on the correct body mechanics to minimize your risk of injury.
- Keep the patient as clean and dry as possible, using soft cloths to bathe with mild, non-irritating soap, such as baby soap. Change under pads, incontinence products or briefs as soon as soiling occurs.

Questions or concerns?

Call a hospice nurse at 513-891-7700. For caregiving tips visit www.HospiceofCincinnati.org/for-the-caregiver.

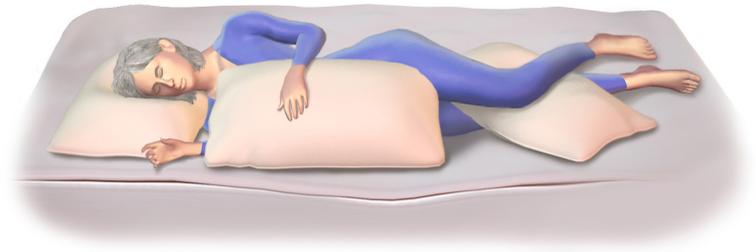


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- Use barrier creams or ointments, as directed by the hospice nurse, and examine skin folds that may be red and irritated due to heat and humidity.
- Keep the head of the bed as flat as tolerated, to patients comfort so that more of the patient's body is supported by the mattress.
- If head of the bed needs to be raised, try to keep it at 30 degrees or lower to prevent injury by sliding down in bed.
- When positioned on their back, support the arms by placing pillows lengthwise from armpit to wrist, resting the patient's bent arms on the pillows.
- Raise the heels off the bed by supporting the leg with a pillow lengthwise from knee to calf.
- The hospice nurse may discuss use of an indwelling (internal) or condom (external) catheter to contain urine, in an effort to keep the skin dry and intact.
- *Use a draw sheet (created by folding a flat sheet in half) when turning and repositioning to reduce friction.
- Inspect the skin every day during bath or linen change for signs of skin breakdown such as redness, tenderness, bruising, rashes, or blisters.
- Try to keep the affected part of the body off the bed as much as possible by turning off the area or propping with pillows.
- Circulate the air in the hot humid months by using an oscillating fan or air conditioner.



Side-lying Position

Place the patient in a side-lying position with bent knees to reduce the pressure on the hip.

- Use pillows to elevate and support arms and legs.
- Place pillows between slightly bent knees and bony ankles.
- Tuck a pillow behind the patient's back and fold it in half lengthwise and gently pull them back into the pillow. This spreads the pressure between their hip and buttock.

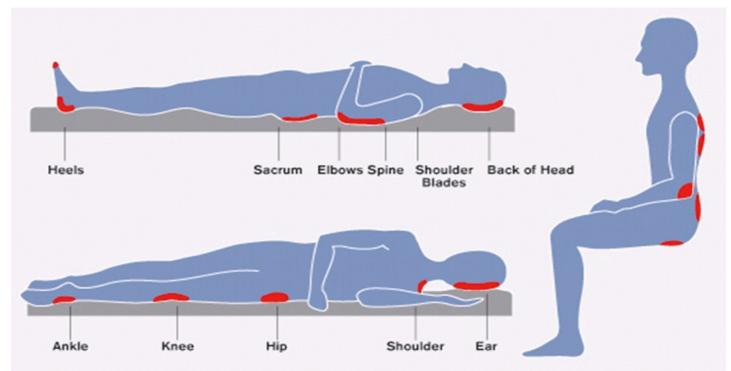
What should I do if I find an area of concern?

- Tell your hospice nurse immediately.
- DO NOT massage or rub the area.
- DO NOT use hydrogen peroxide or iodine cleansers on the area.

Additional instructions:

AREA _____

* See <https://hospiceofcincinnati.org/for-the-caregiver> for tips on caring for the bedbound patient



Areas of the body at risk in different positions

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