



Tips for Careworkers: Skin and Wound Care

What it is: Wounds are damage or breaks of the skin and are common at the end of life. Wounds include:

- pressure ulcers
- ischemic wounds
- skin tears
- skin changes.

Why it matters: The skin is an organ. The skin deteriorates with advanced disease. As the body weakens with age, severe illness or multiple illnesses, wounds can become more common. Wounds affect a person's quality of life due to:

- pain
- unpleasant smell
- putrid or bad smelling discharge
- disturbed sleep
- the time it takes to look after a wound.

A person with a wound or skin changes may feel embarrassed. They may not want to be around other people.

Wounds can be worsened by:

- poor handling technique
- rushing the person during care
- poor hygiene
- inadequate wound care.

What I need to know: Despite good wound care, wounds may not heal. However, wound care should be continued to prevent more damage.

Note Remember that the person will be more comfortable if they have regular pain medication and if they are given analgesics before starting wound care.

Do Report to nursing staff:

- pain during wound care or when moving
- skin changes - redness, dryness, itchiness
- skin tears or ulcers
- smell
- oozing or bleeding
- any worsening of a known wound.

Do Follow hand hygiene steps so that your hands are always clean.

Do Protect the person from injury by:

- careful positioning to avoid friction and shearing forces, bumps and scratches
- avoiding vigorous skin rubbing
- appropriate continence care
- cleaning skin with gentle skin cleanser and thoroughly drying
- protecting skin with water based skin moisturiser
- using pressure relieving devices.

Name:

My reflections:

What changes in the skin should I report to nursing/supervisory staff?

Skin deteriorates with advanced diseases. What approaches to care can be taken to avoid skin damage and wounds at the end of life?

My notes:

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Tip Sheets:
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Pain Management

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