

Tips for Nurses: Skin and Wound Care



What it is: As the body deteriorates with severe illness or multiple illnesses, the risk of developing wounds increases. People receiving palliative care have less capacity for skin healing.

Why it matters: The skin is an organ. It deteriorates with advanced disease and therefore wounds are common at the end of life. In advanced cancer, fungating wounds occur when malignant tumour cells infiltrate and break through the skin. Pressure ulcers occur in people with limited mobility and are common in palliative care. Organ failure may limit oxygen supply to the skin leading to breakdown and wounds.

What I need to know: Early signs of skin breakdown include:

- dusky erythema
- mottled discolouration
- local temperature change.

Care teams for wound care may include GPs, nurses, allied health, wound care specialists, and family. Typical end-of-life wounds include:

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

Wounds affect quality of life due to:

- pain
- unpleasant odour
- putrid discharge
- the time required to take care of wounds.

Pressure injuries are a quality indicator in the National Aged Care Quality Indicator Program.

Wounds may not heal despite best practices in wound management. This may be due to:

- advanced disease and/or organ failure
- frailty or compromised mobility
- weakened immune response to infection
- vascular insufficiency
- diabetic neuropathy
- cachexia.

The aim of wound care may be to prevent a wound from getting worse.

Actions

Always be meticulous with your hand hygiene.

Protect the person from injury by:

- careful positioning to avoid friction and shearing forces, bumps and scratches
- avoiding vigorous skin rubbing
- appropriate continence management program
- cleaning skin with pH neutral skin cleanser and thoroughly drying
- protecting skin with water based skin emollients
- using pressure relieving devices.

Good wound care includes:

- thorough assessment identifying the type of wound and predisposing factors
- identification of the underlying cause(s) and if it can be modified
- determining the impact of the wound on the person
- determining if the wound has the potential to heal
- discussing with the person, their family and care team the best approach to wound management
- developing strategies to manage concerns identified
- referral to wound care specialist for complex wounds or when symptoms are not well controlled.

Manage pain with regular analgesia and pain relief prior to wound care.

Choose wound cleansers and dressings that reduce the pain and require less frequent changing, and wound cleansers that are warm rather than room temperature.

Tools

Tools that may be useful include:

Braden Scale to assess risk for pressure sore.

Pain assessment e.g., **Abbey Pain Scale**.

Name:

My reflections:

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

What factors might prevent a wound from healing?

My notes:

See related palliAGED Practice
Tip Sheets:
Cachexia, Sarcopenia
and Anorexia
Frailty
Pain Management

For references and the latest version of all the Tip Sheets visit
www.palliaged.com.au/PracticeTipSheets