GUIDELINES FOR THE CARE OF THE SKIN

All healthcare professionals must exercise their own professional judgement when using guidelines. However any decision to vary from the guideline should be documented in the patient records to include the reason for variance and the subsequent action taken.

INTRODUCTION

Skin care is of paramount importance when caring for any patient. If it is compromised it can have a dramatic effect on a person's well-being. Daily assessment of the patient's skin forms an essential part of their holistic care.

The patients covered by this guideline are all patients admitted to an acute ward within Trust.

THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS:

Qualified nurse and Health Care Assistant

Lead Clinician(s)

Sheree Warner Nicki Holden	Dermatology Specialist Nurse
Approved by Dermatology Department Meeting on:	5th March 2020
Review Date: This is the most current document and is to be used until a revised version is available	8th May 2025

Key amendments to this guideline

Date	Amendment	By:
March 2001	Approved by the Clinical Effectiveness Committee	
March 2005	Reviewed with no amendments made	Rosemary Rowland
December 2006	Reviewed with no amendments made	Rosemary Rowland
July 2013	Reviewed and amendments made	Rosemary Rowland
April 2015	Document reviewed with no changed and republished for a further 2 years	Rosemary Rowland
June 2015	Document reviewed with no changes and republished for a further two years	Rosemary Rowland
December 2017	Sentence added in at the request of the Coroner	
Feb 2020	Reviewed and amendments made	Nicki Holden
May 2024	Extended review date by 1 year	Kim Waldron

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INTRODUCTION

Skin care is of paramount importance when caring for any patient. If it is compromised it can have a dramatic effect on a person's wellbeing. Daily assessment of the patient's skin forms an essential part of their holistic care.

GUIDELINE

SKIN ASSESSMENT

The skin is the largest organ in the body is complex and has several functions (Appendix 1).

When approaching assessment healthcare professionals/carers need to consider several factors, which may compromise healthy skin.

These are:

- Ageing process
- Dehydration
- Poor nutrition
- Chronic venous insufficiency
- Known skin conditions
- Drug therapy
- Environmental factors.
- Co-morbidities

PHYSIOLOGICAL CHANGES

The structure and function of an older person's skin reflects the cumulative effects of 'programmed' ageing and added ageing (Talarico 1998). 'Programmed' ageing is the true biological process, where 'added' ageing refers to the damage caused from exposure to the environment.

Kurban (1990) cited by Levine et Al (2020) describes the many biological changes in aging skin which impair its function. These include the changes in the skins response to stress, both mechanical and physiological. These changes can cause increased susceptibility to internal and external stresses, which can result in acute and chronic skin failure and subsequently impaired wound healing.

Tobin (2017) describes reduced keratinocyte proliferation and reproduction time, atrophy of the stratum spinsoum and surface pH is less acidic. There are also less melancoytes to protect from UV radiation. There are fewer Langerhan cells to deal with microbial antigens and altered T and B cell function with a pro inflammatory environment. This is referred to as "inflammaging" (Furlop et al 2018).

Elderly skin is less elastic and drier and the tissue mass is greatly reduced (Tobin 2017). Loss of sweat glands and sub cutaneous fat can cause impaired heat regulation, and there is also a reduction of microvascular reactivity, with blood flow to the skin reducing by 40% between the ages of 20 and 70years (Bentov and Reed 2015). This is also associated with stiffening of atherosclerotic arteries and decreased blood vessel density

The efficient function of the skin is often compromised in people whose mobility is restricted i.e. bed bound, wheel chair user, inability to move or alter position often enough. Age related changes and an increasing number of co-morbidities further impacts on skin which is already compromised by aging. This can lead to a predisposition to skin failure and impaired wound healing.

Skin inspection should occur on at least a daily basis however; frequency should be determined in response to changes noted in the individual's conditions.

All health care professionals should be vigilant to the following skin signs, which can indicate skin damage:

- DRYNESS
- ERYTHEMA (redness) of intact skin
- DISCOLOURATION
- PRURITUS (itchiness) which can be intense
- Localised HEAT
- EPIDERMAL BREAKDOWN, which usually presents as blister or shallow crater.

Perspiration and wound drainage can also make the skin more vulnerable to injury. There is a relationship between wet skin, especially if it is caused by urine or sweat and an increased risk of developing pressure ulcers (Cakamk et al 2009). Moisture-associated skin damage (MASD) is the general term for inflammation or skin erosion caused by prolonged exposure to a source of moisture such as urine, stool, sweat, wound drainage, saliva, or mucous. It is also referred to as incontinence associated dermatitis (Langemo et al 2011) When the skin is damaged it is more susceptible to bacterial and fungal infections.
Please note that swabs may need to be taken to ascertain what bacteria are present so that appropriate treatment can be recommended, if necessary.

SKIN CARE

The Agency for Health Care Policy and Prevention (AHCPR, 1992) recommend that skin cleansing should occur at the time of soiling. Mild cleansing agents and warm water should be used rather than soap as this can have a drying effect and therefore cause more irritation. The area should be dried thoroughly, moisturiser/emollients should be applied to dry areas of skin using the **dot** method (Appendix 2) and downward stroking motions. Skin rubbing and massage, particularly over bony prominence should be avoided as it can cause friction damage (Dyson, 1978).

The aim of the treatment should be to minimise exposure to urine/faeces and reduce exposure to moisture and friction. It has been demonstrated that urine and faeces contain waste products that can irritate and chemically burn skin (Chilvers, 1999). Suitable barrier preparations may be needed (Appendix 3).

The use of soap products and detergents i.e. bars of soap, bubble bath/foam can strip essential lipids from the epidermal barrier. Many of these products are alcohol based which also has a drying effect. The pH level of normal skin is 5.5. Most soaps are highly alkaline and remove the natural oils that keep the skin hydrated. An added hazard when using bars of soap is the risk of cross infection. Use of a soap substitute by older people clearly reduces the incidence of dryness, redness and flaking of their skins (Hardy, 1990)

It is advisable not to use preparations that contain preservatives, fragrances, alcohol, perfumed moisturisers, and lanolin as these can all potentially cause sensitivity. However (Hardy, 1996) suggests should a person wish to continue using soap a non-perfumed, hexachlorophene free super fatted soap (such as dove sensitive) should be used.

It is most important that if a patient's skin condition is a cause for concern and not improving, please ask for a CONSULTANT DERMATOLOGIST'S opinion as there may be an underlying skin disease that has not been diagnosed.

ASSOCIATED POLICES

- Infection control Policy.
- Tissue Viability Policy.
- Trust Pressure Ulcer prevention and management policy and guidelines

MONITORING TOOL

STANDARDS:

Item	%	Exceptions
Skin inspections in accordance with SSKIN bundle documentation	100	All patients
Skin inspections for bed bound and immobile patients should occur as per SSKin bundle	100	all patients
Skin inspections for unconscious patients should occur as per SSKIn bundle	100	None

How will monitoring be carried out?	Audit of documentation in nursing care notes
When will monitoring be carried out?	2 year review
Who will monitor compliance with the guideline?	

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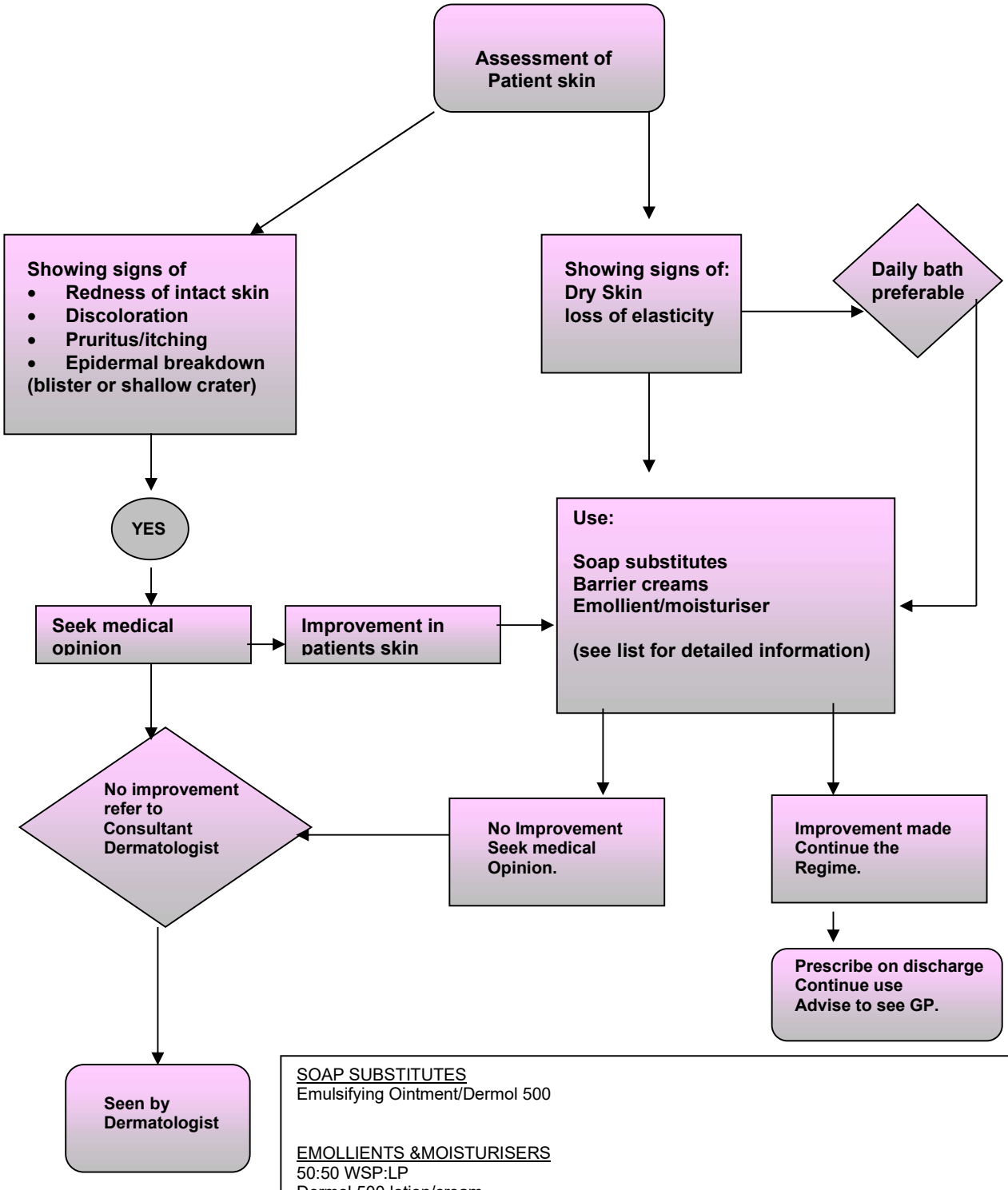
APPENDIX 1 CARE OF THE SKIN PROCESS MAP



SOAP SUBSTITUTES
Emulsifying Ointment/Dermol 500

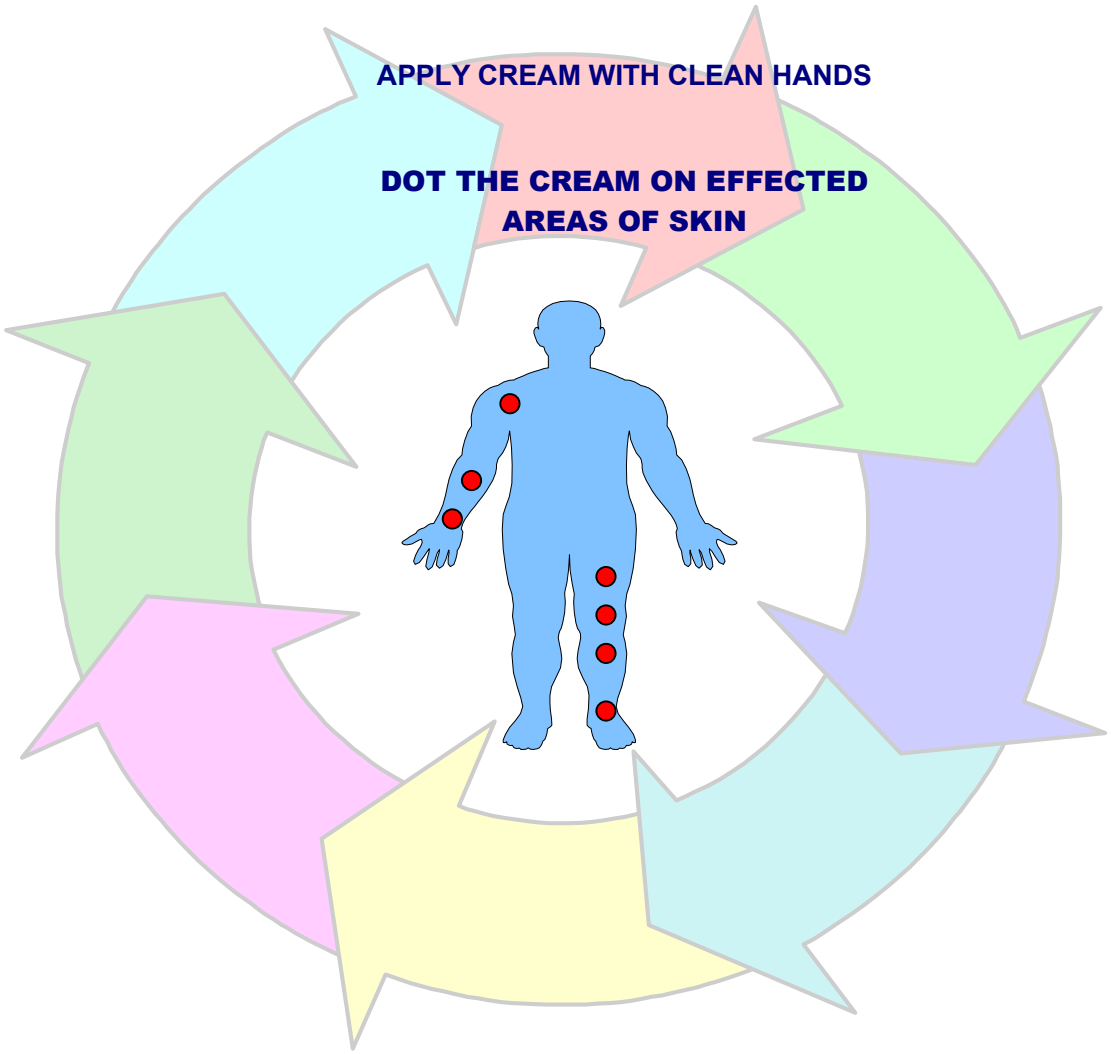
EMOLLIENTS &MOISTURISERS
50:50 WSP:LP
Dermol 500 lotion/cream
Hydromol cream/ointment
Cetraben

BARRIER PRODUCTS
Film applicators or
Protective film

All items/generic equivalents obtainable from Pharmacy or Stores.

APPENDIX 2

HOW TO APPLY EMOLLIENTS



APPLY THE CREAM IN THE SAME DIRECTION THAT THE HAIR LIES, TO PREVENT FOLICULITIS

(Blocking of hair follicles, causing inflammation and infection)

USE PLENTY OF CREAM, IF POSSIBLE FREQUENTLY
EVEN DURING WORK OR SCHOOL

THE SKIN MAY BECOME INFECTED IF THE CONTENTS OF THE CONTAINER ARE CONTAMINATED
PUMP DISPENSERS MINIMISE THIS PROBLEM
(e.g DIPROBASE CETRABAN AND DOUBLEBASE)

CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
	Consultant Dermatologist
	Consultant Dermatologist
	Dermatology Specialist Nurse
	Lecturer/Practitioner in Tissue viability
	Pharmacist

Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department
	Modern Matron - OPD

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**	No	
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	NA	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	NA	
7.	**Can we reduce the impact by taking different action?**	NA	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval