

# Cutting Through the Foggy Myths Using Best Practice Guidelines in Long Term Care

Volume 2, Issue 5

May 2007

## BP Blogger

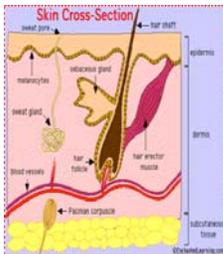
### Myth Busting: The Skin Care Issue

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#### Myth 1: It's only skin deep

The skin makes up about 10-15% of your body weight. It provides protection from heat, light, injury and infection; stores fat, water, and vitamin D; regulates body temperature and touch; and prevents entry of bacteria.



**Changes take place in the skin of older adults.** It becomes drier (less oils), has fewer sweat glands, is less elastic and thinner, has poorer blood flow; making the skin more:

- vulnerable to damage from injury, pressure, moisture, friction, shear and malnutrition
- and prone to irritation, bruising,

delayed healing, and infection.

The skin is divided into 3 layers, a thin outer layer (epidermis), a thicker inner layer (dermis) and another layer containing fat (subcutaneous). Skin is constantly repairing itself. The outer layer produces new skin cells and melanin which affects skin colour. The **sensations of touch and pressure** happen in the thicker inner dermis layer where there are also hair follicles, blood vessels and the sensations of pain, temperature, and itch. Impaired sensation is the most common problem to the dermis. Larger blood vessels larger nerves and fatty tissue are in the next layer (subcutaneous).

#### Common skin problems and changes noticed in older adults:

**Senile Purpura** is bruising often seen on the forearms. Residents who are prone to Purpura should be handled gently while being cared for. **Eczema** is dry flaky skin and may be due to allergies, detergents and circulatory disorders. As the older adult's becomes more prone to **skin tears** and without knowing it, care practices may cause skin tears. **Moles** may get bigger, lighter, disappear, or fall off, develop hair, or become more raised. **Skin tags** are harmless growths that appear on the neck, under the arms, breasts, or in the groin. **Seborrheic keratoses** are harmless growths found most often on the chest or back, or on the scalp, face, or neck. They are raised tan spots that have a wart-like crusty appearance. **Age spots**, or "liver spots" are flat, brown spots and are bigger than freckles

usually on fair-skinned people on sun-exposed areas such as the face, hands, arms, back, and feet.

#### Myth 2: Hypothermia: A cold weather hazard only

Cold weather is very risky for residents as it can lower their body temperature. This drop in body temperature, often caused by staying in a cool place for too long is called **hypothermia**. What you might not realize is that residents can also get hypothermia inside a building if the rooms are not kept warm enough, including air conditioning. How can you spot hypothermia? Look for the "umbles" – *stumbles, mumbles, fumbles, and grumbles* –



#### Watch for:

- Confusion or sleepiness
  - Slowed, slurred speech, or shallow breathing
  - Weak pulse or low blood pressure
  - A change in behaviour or in the way they look
  - Lots of no shivering; stiffness in the arms or legs
  - Chilly rooms or have just come in from outside
  - Poor control over body movements, slow reactions
- Ask residents if they are cold and keep them warm by adjusting the room temperature, using blankets, wearing warmer loose layered clothing, drinking warm liquids and eating warm foods.

#### More information on This and Other Best Practices

- **Contact your Regional LTC Best Practices Coordinator.** They can help you with Best Practices Info for LTC.

#### Find them at:

[www.shrtn.on.ca](http://www.shrtn.on.ca) click on these links "Tools and Resources" → "Current Research BP Practice Initiatives" → "LTC Regional BP Coordinators"

- **Check out the Hamilton Long Term Care Resource Centre**

- **Surf the Web** for best practice guidelines. Some sites and resources are listed on pg 2.



Best Practice in LTC Initiative Central South and The Long Term Care Resource Centre Hamilton

Hamilton LTC Resource Centre

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## Myth 4: Wounds come from poor skin care

Promoting skin health is a huge challenge in LTC because residents are at increased risk for the development of wounds and the complications arising from non-healing chronic wounds. **The skin is largest and most vulnerable organ of the body.** Decline of internal organs is often noticeable externally in the skin.

With acute and chronic illnesses, body systems progressively fail, sometimes quite suddenly. Ultimately, the skin will fail as it can no longer be supported by the failing internal organs. Critical illnesses such as heart attacks, strokes, blood infections, trauma and complications from surgery along with malnutrition, immobility, sedation, restraints and prolonged low blood pressure put residents at increased risk for acute skin failure. For residents with multiple chronic illnesses and conditions, there is also a risk of ongoing chronic skin failure.

## Myth 3: Scratch that itch

Many older people suffer from dry skin, particularly on their lower legs, elbows, and forearms. Studies have shown that up to 77% of those 65 years and older have dry skin. Dry skin is the most common cause of itchiness. Dry skin itches because it is irritated easily. Dry skin and itching can affect residents' sleep, mood or behaviour. Common causes of dry skin are age-related skin changes, medical conditions (e.g. diabetes, heart failure, cancer, thyroid or kidney diseases), decreased sweating, medications, nutritional deficiencies, exposure to cold or humidity below 40%, dehydration and anything that will dry the skin (e.g. alkaline soaps, perfumes, hot baths, antiperspirants, sun exposure, smoking). Dry skin is more likely to crack and deep enough to bleed, break due to injury and pressure, and become infected. No matter the cause, scratching the itch gives only temporary relief because it stimulates nerves, leading to more itching and scratching.

### Tips to helping relieve dry skin and itching:

- Increase the ambient air humidity
- Avoid rapid changes in humidity
- Use a humidifier in the winter
- Monitor indoor temperatures
- Stay out of the cold, wind and drafts
- Avoid rubbing alcohol, alcohol-based lotions
- Avoid long hot baths or showers
- Pat skin dry rather than rubbing dry
- Use low pH unscented soaps/skin cleansers and moisturizers
- Apply moisturizer to damp skin after bathing to lock in moisture
- Avoid skin injury due to friction & shear forces with proper positioning, transferring & turning techniques.



- Drink >1.5L of water a day
- Avoid hot or spicy foods, alcohol
- Wear light loose fitting clothing
- Avoid harsh fabrics and blankets
- Cut fingernails short to reduce skin injury from scratching
- Avoid talc powder as it cakes and can cause breathing problems



## Check out these Best Practices & Guidelines. Answers to the Myths came from them. Find out more!

### Canadian:

Keast, D., Parslow, N., Houghton, PE., Norton, L., & Fraser, C. (2006). Best practice recommendation for the prevention and treatment of pressure ulcers: Update 2006. *Wound Care Canada*, 4(1), 31-43.

Registered Nurses Association of Ontario (2005). Risk assessment & prevention of pressure ulcers. Toronto: Author. [www.rnao.org](http://www.rnao.org)

### Others:

Texas Nurses Association. (2005). Long term care protocols (3rd ed.). Austin, TX: Author. [www.texasnurses.org](http://www.texasnurses.org)

University of Iowa Gerontological Nursing Interventions Research Center (2002). Prevention of pressure ulcers. Evidence-based practice guideline. Iowa City, Iowa: Author. [www.nursing.uiowa.edu](http://www.nursing.uiowa.edu)

National Institute on Aging: Age Pages. Bethesda, MD: National Institute of Health. [www.niapublications.org/agepages](http://www.niapublications.org/agepages) & [www.nlm.nih.gov](http://www.nlm.nih.gov)

Residents at the end-of-life present huge challenges for staff to maintain their skin's health.

Medical management, nutritional support, hydration, hygiene, cleansing soiled skin areas, reducing skin moisture, reducing skin injury due to friction and shear forces, not rubbing skin over bony areas, repositioning every 2h if bed bound or 1h if chair bound, reminders every 15 minutes to residents to shift weight who are able to do so, and pressure redistributing surfaces are all important interventions to



maintain skin health. But despite the most modern interventions used, in those residents with multiple and serious medical illnesses, ultimately the skin may fail. Comfort measures and excellent skin care may become

more important than healing wounds given the failing health status of the resident. Daily skin assessment should be performed on all residents. Regular skin assessment lets you detect and treat pressure injuries, skin tears, and other problems early. Skin care is extremely important in maintaining the skin's health.

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Special thanks in Central Ontario to Dr. Rosemary Kohr NP/CNS Wound Care Consultant, Regional Geriatric Program Central Ontario, Seniors Health Research Transfer Network, and The Village of Wentworth Heights LTC Home Hamilton