ROSWELL PARK COMPREHENSIVE CANCER CENTER | PATIENT EDUCATION

Caring For Your Skin: Preventing Pressure Ulcers

An "A.P.P.L.E." a day keeps skin breakdown away

About Your Team

The Wound, Ostomy, and Continence (W.O.C.) Nursing Department includes nurses that specialize in caring for wounds, ostomies, and continence. The W.O.C., nurses work with your team of care providers and nurses to:

- prevent or minimize skin breakdown and other skin problems
- care for your wounds or skin breakdown to speed recovery

What is A.P.P.L.E.?

APPLE is an acronym to remind everyone of the simple tasks needed to prevent skin breakdown and pressure ulcers.

A: Assessment of your skin and your risk for skin breakdown – done 2x/day**.**

P: Pressure redistribution**.** Your mattress is designed to reduce pressure and prevent skin breakdown. The cushion you may be using on the chair is designed to do the same.

P: Protect and cleanse the skin. We will use products on your skin to protect you from skin breakdown. If you are incontinent or wear adult briefs at home, you will be asked to not wear them at night or if you are bedbound. Briefs increase your risk for skin breakdown. Absorbent underpads will be used instead.

L: Liquids and nourishment. Keeping hydrated and well-nourished are important keys to maintaining healthy skin and for wounds that are healing.

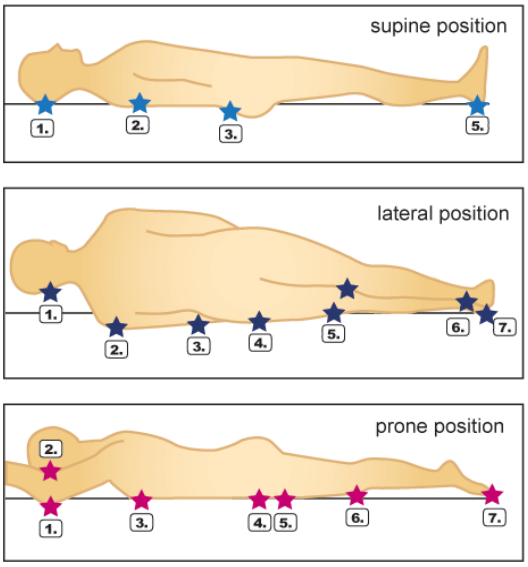
E: Everyone is responsible.

Why is skin important?

The skin is the largest organ of your body and it can fail as other organs do. Your skin:

- protects you from water, heat, and cold
- keeps out foreign and harmful substances and germs
- allows you to feel the sensations of touch, pressure, and pain
- helps regulate your body temperature

Remember: When the skin barrier is broken, you are at increased risk of infection.



1. occiput
2. scalpula
3. sacrum
4. heels

1. ear
2. acromion process
3. elbow
4. trochanter
5. medial & lateral condyle
6. medial & lateral malleolus
7. heels

1. elbow
2. ear, cheek, nose
3. breasts (female)
4. genitalia (male)
5. iliac crest
6. patella
7. toes

What are pressure points/bony prominences?

Pressure points are the parts of your body where the bone is close to the skin. The skin over these areas does not have much fat padding to cushion it from pressure. The areas of your body most often affected include the back of the head, ears, elbows, spine/hips, buttocks/tailbone, and heels. (See diagram on page 3)

What is skin breakdown?

Skin breakdown is injury to the skin or to the underlying tissue. It can be caused by constant pressure, or by mechanical forces such as friction or shear.

- *Friction* causes damage when something rough, like a bed sheet, is dragged across the skin.
- *Shear* causes damage under the skin when the skin is pulled in one direction and the tissue underneath is pulled in another direction.
- *Moisture* from sweating or incontinence also damages skin.

Skin damage may be simple redness or tenderness, or it may be a severe, open wound.

Here are some other terms you may hear for skin breakdown:

- pressure ulcer
- decubitus ulcer
- bed sore
- dermatitis

Why are you inspecting my skin?

We check your skin to look for signs of irritation or weakening of your skin tissue. The goal is to prevent skin breakdown, limit the damage if breakdown has already started, and speed healing of the affected areas.

What are the risk factors for skin breakdown?

There are many causes of skin breakdown. Here are just a few:

- prolonged exposure to moisture from incontinence or sweating
- prolonged exposure to stool or not cleaning the skin properly after a bowel movement
- some types of medications such as pain medications, chemotherapy, steroids, etc.
- immobility - from having to lay in a bed or sit in a chair for a long time
- poor nutrition
- dehydration - not taking in enough fluids or losing fluids quickly
- age
- wearing medical devices such as oxygen tubing, braces, etc.
- mental status changes such as confusion, poor memory, etc.
- being hospitalized
- other diseases or conditions such as diabetes, heart disease, lung disease, cancer, etc.

How often will you check my skin?

- On admission, 2 nurses will inspect your skin fully.
- Every day, your nurse on the unit will do a general overview of your skin and its condition.
- If your nurse feels you are at risk for skin breakdown, a WOC (Wound, Ostomy, and Continence) nurse may be asked to come see you. The WOC nurse will ask you some questions and look at your skin. She or he will create a plan of care, specifically for you, so you do not develop skin breakdown or a bed sore.

Can skin breakdown be prevented or minimized?

An A.P.P.L.E. a day keeps skin breakdown away!

There are things you and your nurse can do to help stay ahead of skin break down.

- Inspect the skin regularly.
- Apply moisturizer.
- Turn often and change position.
- Walk and move the arms and legs, if able.
- Get adequate nutrition and fluids.
- Apply cornstarch powder to areas with high moisture - skin folds, buttocks, groin, and armpits.
- Apply dressings, if needed.
- Use the barrier cream provided by your nurse. Apply it to your buttocks, tailbone, elbows, and heels.
- Ask for help in the bathroom. Do not be afraid to ask for help! You may not be feeling well, and it is important to make sure your skin is clean after a bowel movement/diarrhea.
- If you are incontinent of urine or stool, briefs will be provided to you so you can walk around the unit. If you are bedbound or it is nighttime, an absorbent pad and skin care products will be used to protect your skin.

What else can I do?

- If you have pain at any pressure point, tell your nurse right away.
- If you are incontinent, only wear briefs when you are out of bed.
- Look for the early signs a pressure ulcer may be developing:
  - An area of skin looks red or doesn't get paler when you apply gentle pressure (blanch). If you have darker skin, it may look blue or purple instead of red.
  - When you touch the area, it feels different - more sensitive, softer, firmer, warmer, or cooler than the skin around it.

SKIN CARE AFTER TOILETING

- ✓ Wipe with toilet paper
- ✓ Use incontinent care wipes provided by your nurse or aide. DO NOT FLUSH THESE WIPES.
- ✓ Apply the barrier cream supplied by your nurse or aide
- ✓ **Ask for help** - The nursing staff is here to provide you with the best care and to make sure you are safe - skin safety is included!

Definitions

Barrier cream: A thicker cream used to protect the skin from moisture and/or a friction injury

Chair cushion: A cushion to help distribute your body's weight and keep the pressure evenly distributed while sitting

Incontinence: the inability to control your urination and/or bowel movements

Moisturizer: Creams and ointments used to help keep your skin moist and hydrated

Pressure ulcer: An area of tissue destruction caused by excessive pressure over bony areas of the body (Also called a bed sore and decubitus)
Skin Prevention Plan: Developed by the WOC department for the care of your skin

Wound, Ostomy, and Continence (WOC) Department: Nurses that specialize in caring for wounds, ostomies, and incontinence. They work with you and/or your healthcare providers to prevent or minimize skin breakdown and other skin problems, as well as care for your wounds or skin breakdown to speed recovery