

Maintaining Skin Integrity Policy

Purpose

This Policy is aimed at staff who are caring for clients at risk of compromised skin integrity, older people, and those who are critically ill. A proactive approach needs to be taken to protect skin and prevent damage. This document aims to help ensure consistent practices in relation to skin care and managing the risk of skin breakdown. It will provide clear guidance based on relevant evidence and the experiences and opinions of clinicians, with a focus on the development of preventive strategies incorporating a structured skincare programme.

Causes of Impaired Skin Integrity

Impaired skin integrity can be caused by a number of factors, listed below, some of which can be prevented:

- **Ageing:** As the skin ages it becomes thinner, and therefore more fragile. With age, the skin becomes flaky and dry and less hydrated. Once the skin becomes dry, it is more vulnerable to splitting and cracking, thus increasing the risk of infection
- **Sun burn**
- **Skin conditions**, such as eczema and psoriasis, can affect the vulnerability of the skin making it more susceptible to damage and infection
- **Irritants** from dressings, incontinence, and repeated skin cleansing all have a negative impact on skin health.
- **Mechanical injury** such as scratching, pressure, shear and friction, resulting in skin tears and pressure wounds.

People at Risk of Skin Impairment

Group	Potential problems
Older people	Skin tears, pressure damage, infection, inflammation, dryness/flaking; possible related issues with nutrition/patients with dementia, cellulitis
Critically ill people	Dermatitis (from incontinence pads), skin tears, pressure damage
People with paralysis	Skin tears, pressure damage, infection, inflammation
Bariatric people	Pressure damage, skin tears, diabetic ulcers, psoriasis, moisture lesions
People undergoing radiation treatment for cancer	Pressure damage, reduced wound healing, skin infections, cellulitis

Common skin conditions that affect skin integrity

Skin Condition	Description
Rash	Any change in the skin appearance. Mainly due to simple skin irritation, or from a medical condition
Dermatitis / Eczema	Inflammation of the skin, causing an itchy rash.
Psoriasis	A genetic condition that can cause a variety of skin rashes. Silver, scaly plaques on the skin are the most common form
Pruritus	Pruritus, or itching, is often associated with dry skin and the incidence of it increases with age. It can cause discomfort, as well as disturbed sleep, anxiety and depression. In turn these can make the itching worse, leading to increased scratching and resulting damage to the skin
Cellulitis	A serious infection of the dermis and subcutaneous tissues, which can progress into sepsis

Assessing Skin Integrity

Early recognition of people who are at risk of developing skin breakdown is an essential part of prevention. Assessing skin integrity is an essential part of the care planning process. This will include:

- History – does the client have a history of skin problems, including pressure sores?
- Risk factors – does the client have key risk factors such as old age, diabetes, poor circulation, thin skin, eczema, psoriasis?
- Mobility – does the client remain in the same position for long periods of time? Are they able to reposition without assistance?
- Infection – does the client have broken skin, such as eczema?
- Skin condition – is there anything unusual, such as a rash or dryness, or is the skin sore or itchy?

Where a client is found to be at risk, the care plan will also provide details of prevention measures to be implemented before injury occurs.

In addition, a visual check of skin integrity should be completed whenever personal care is provided. Any changes should be noted on PASS and reported to the manager promptly. Further support and treatment will be sought from District Nurses and GPs.

Managing dry skin

- Anyone with dry skin should avoid skin irritants (such as soaps)
- Soap substitutes, or skin cleansers, should be used to wash the skin
- Skin should be dried gently to avoid further dehydration, before applying an emollient (lotion, cream, gel or ointment).
- When drying the skin, use gentle patting rather than rubbing.
- When applying emollients, follow the direction of the body hair. Gently smooth the emollient into the skin, rather than rubbing.

Pressure Ulcer and Skin Tear Prevention

Early recognition of people who are at risk of developing skin breakdown is essential for prevention. Assessment for pressure ulcers should take into account any pain or discomfort reported by the client, and the skin should be checked for:

- Skin integrity in areas of pressure

- Colour changes or discolouration
- Variations in heat, firmness and moisture (for example, due to incontinence, oedema, dry or inflamed skin)
- Non-blanching – area of discolouration stays red when pressed with a finger, rather than turning white

When an assessment identifies a client at risk of pressure ulcers, interventions should be implemented immediately, and should always include:

- Regular skin inspection
- Use of effective pressure-redistributing surfaces e.g. pressure cushions or air flow mattresses etc
- Encourage clients to remain mobile and reposition regularly (every 2-4 hours), providing assistance if they are unable to do this for themselves
- Management of incontinence/body moisture
- Management of nutrition and hydration

Assessing Risk of Skin Tears

Skin tears can be painful wounds affecting quality of life and may increase the likelihood of hospitalisation or prolong hospitalisation. Elderly clients are at the greatest risk of skin tear injury, and bruising.

There are three main risk factors:

- Skin (extremes of age, dry/fragile skin, previous skin tear);
- Mobility (history of fall, impaired mobility, etc)
- General health (visual impairment, poor nutrition).

Reducing Risk of Skin Tears

Whilst we cannot prevent the skin from aging, we can take steps to reduce the other risk factors:

- Keeping fingernails trimmed short and avoiding sharp jewellery
- Padding /removing hazardous furniture to reduce risk of falls
- Covering skin with appropriate clothing, shin guards, stockings or retention bandages
- Using emollients and other skin-friendly products
- Using a skin-friendly cleanser (not traditional soap) and warm (not hot) water, and apply a daily emollient
- Avoid friction and shearing and use good manual handling techniques

A visual check of skin integrity should be completed whenever personal care is provided. Any changes should be noted on PASS and reported to the manager promptly. Further support and treatment will be sought from District Nurses and GPs.

Skin Integrity Assessment Checklist

- Perform a regular daily skin inspection
- Look for any signs of skin irritation, blisters or red discolouration
- Special attention should be paid to bony prominences and areas of skin that come into contact with devices, such as catheters, masks etc
- Where an area of redness or skin discolouration is noted, test for blanching and refer to a qualified nurse
- Distinguish between skin changes due to pressure damage and other causes

- Manage dry skin conditions to keep skin hydrated
- Where skin changes are due to excessive moisture, use barrier products and other measures to keep skin clean and dry
- Use non-adherent dressings or tapes to protect fragile skin
- Encourage and educate clients who are willing and able to inspect their own skin
- Document areas of pressure damage on PASS, refer to GP or District Nurses and implement pressure ulcer prevention plan
- Record any pressure ulcer prevention methods used
- Advise clients to wear protective clothing, and to avoid sharp/long fingernails
- Implement falls prevention programme - remove clutter / tripping hazards
- Ensure the client is eating a healthy diet and is drinking sufficient fluids

Review

This policy will be reviewed annually.