LTCI Learning Series Management of Skin and Wounds in Long-term Care

Excellent health and care for everyone, everywhere, every time.

No Conflict of Interest to Declare

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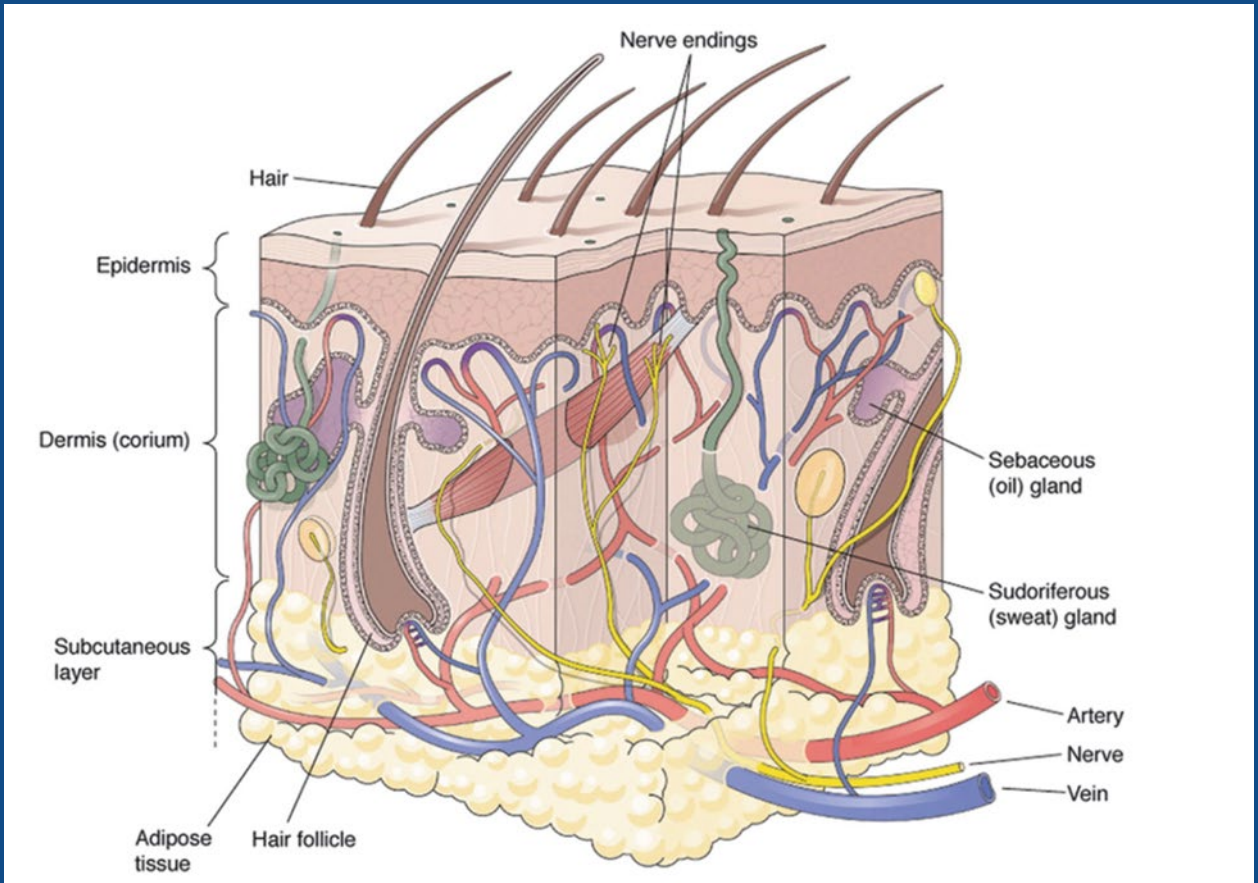
- Clinical Practice Educator, Island Health
- Co-chair, Provincial Continence Committee
- Member, Provincial Skin and Wound Committee
- Member, Skin, Wound, Ostomy IH working group

Agenda

- Overview of skin and age-related skin changes
- Skin care for different conditions common in geriatric population
- Common wounds in LTC
- Products
- The role of debridement
- Questions

Our Skin



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Age-related skin changes

Physiological

- Decreased vascularity to the skin
- Reduced inflammatory response
- Increased skin pH

Environmental

- Photo-aging
- Cigarette smoking
- Air pollution

Cleansing

- Standardize the skin care at your facility
- Cleanse with pH-balanced cleansers (no soap)
- Warm water, not hot

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Moisturizing

What's the difference?

- Moisturizers add moisture
- Barrier creams protect skin against moisture damage and moisture loss

- Apply moisturizers when skin still damp

Poll #1 - Which product would you use?

Location: under the breast

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Wicking fabrics

- Cannot be used with any creams or powders
- Are effective for 5 days – replace after skin care
- Cannot be washed and re-used
- Leave a 5 cm piece outside the skin fold so moisture has somewhere to go

- Only replace before 5 days if **SKIN** is wet

Skin care – venous disease

- Restore barrier function with barrier creams (dimethicone or silicone)
- Treat acute venous dermatitis with corticosteroids
- Daily cleansing with

  pH balanced cleanser

  to prevent hyperkeratosis

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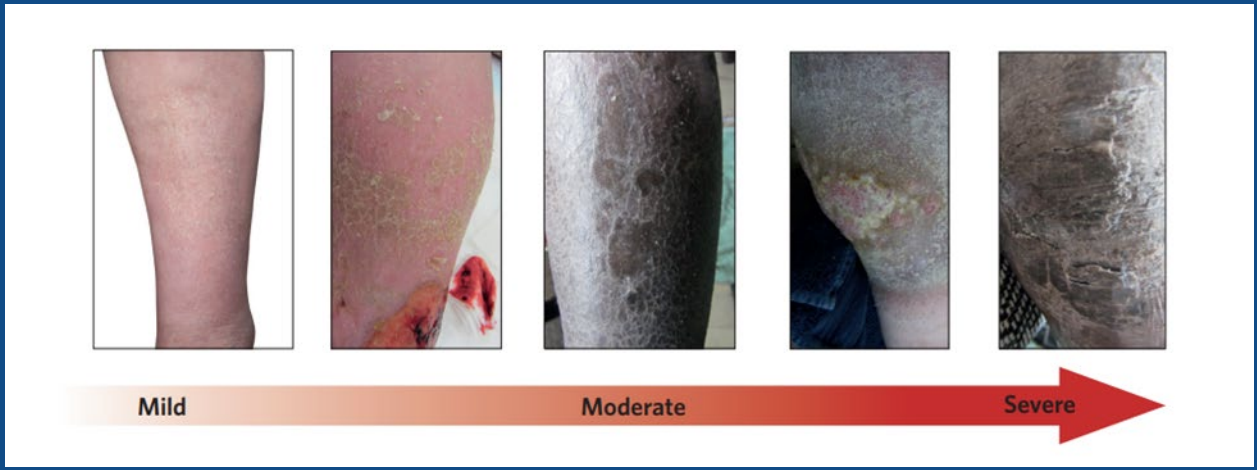
Hyperkeratosis

- Thick, scaly skin on the lower leg
- Occurs with diabetes and venous disease
- Prevention is key – when it gets thick you need debridement
- Bacteria lives under the thick scales



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Skin care – Diabetic residents

- Inspect feet daily
- No foot soaks
- Foot care nurse to reduce callus, manage any fissures, debride hard dry skin, nail care
- Apply a dry dressing over any fissures to prevent bacterial invasion
- Moisturizing daily to prevent dry, cracked skin
- Good shoes, and on at all times when up

Incontinence assoc. dermatitis

Protect the skin and prevent:

- Low pH no-rinse cleanser
- Barrier creams (silicone or dimethicone)

Protect the skin and allow to heal:

- Zinc paste
- Cyanoacrylate skin protectant
- Allow air flow

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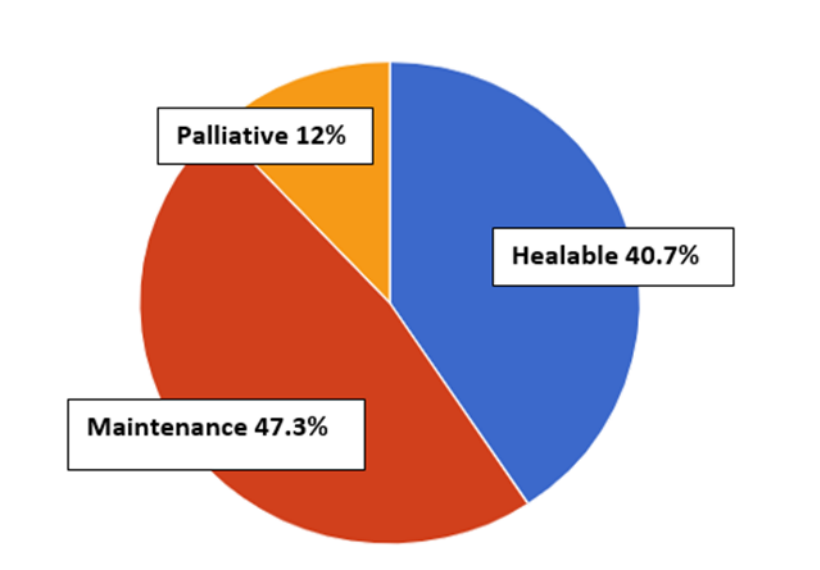
NSWOC program

Pressure injuries	43.1%
Arterial/venous	20.5%
Incontinence (IAD)	7.3%
Diabetic	5.3%
Malignant	6%
Skin tears	4%



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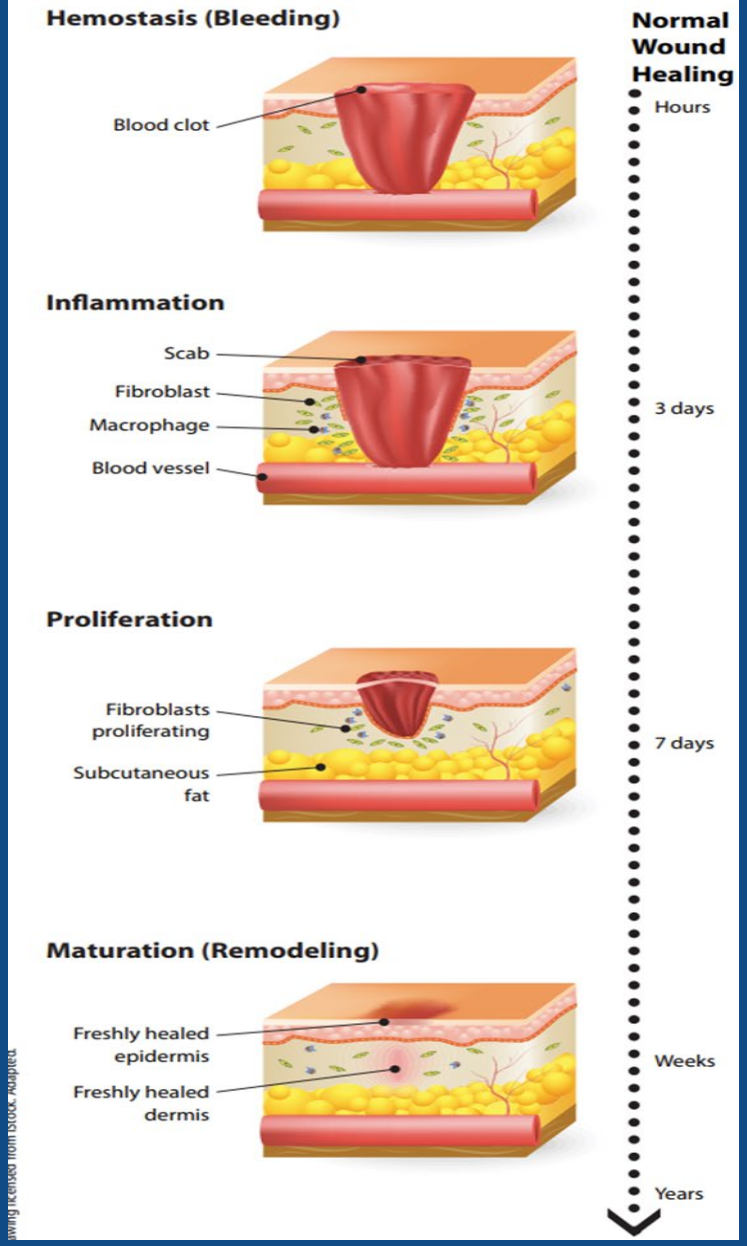
How wounds heal

Hard to heal wounds are stuck in the inflammatory Phase

Wounds continue to heal for up to two years after they

Close and the tissue only gets to 80% of what it once was



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Pressure Injuries

An estimated cost of $70,000 per pressure injury according to the Canadian Patient Safety Institute in a 2016 report

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Causes

- Bottom-up damage caused by:

  Pressure - sustained static compression of the tissues resulting tissue ischemia

  Shear (pressure + movement = underlying tissue damage)

- Top-down damage caused by:

  Friction (static top layer of the skin + movement = superficial skin damage)

  Moisture (damages the outer layer of the skin)

Prevention

Recognize the risk: Braden and PURS

Manage incontinence

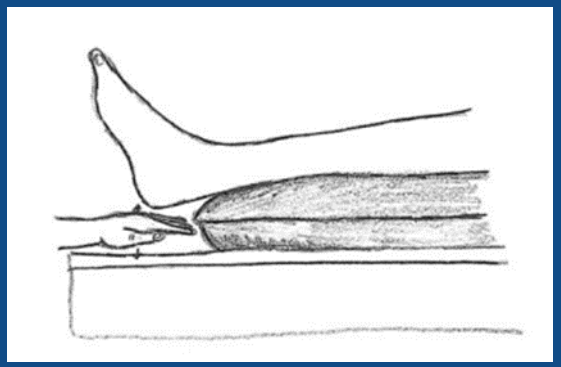
Reduce shearing by keeping HOB less than 30

Decrease the duration and intensity of pressure to prevent injuries:

- Repositioning
- Support surfaces

Heels

- Float the heel
- A multi-layer silicone foam dressing on intact heel can protect from shear
- Ask yourself “can they feel, can they move?”



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Skin Tears

Prevention:

- Moisturize BID
- Preventative garments or long sleeves

Management:

- Control bleeding
- Re-approximate flap
- Leave it be and let it heal

Products:

- Non-bordered silicone foams

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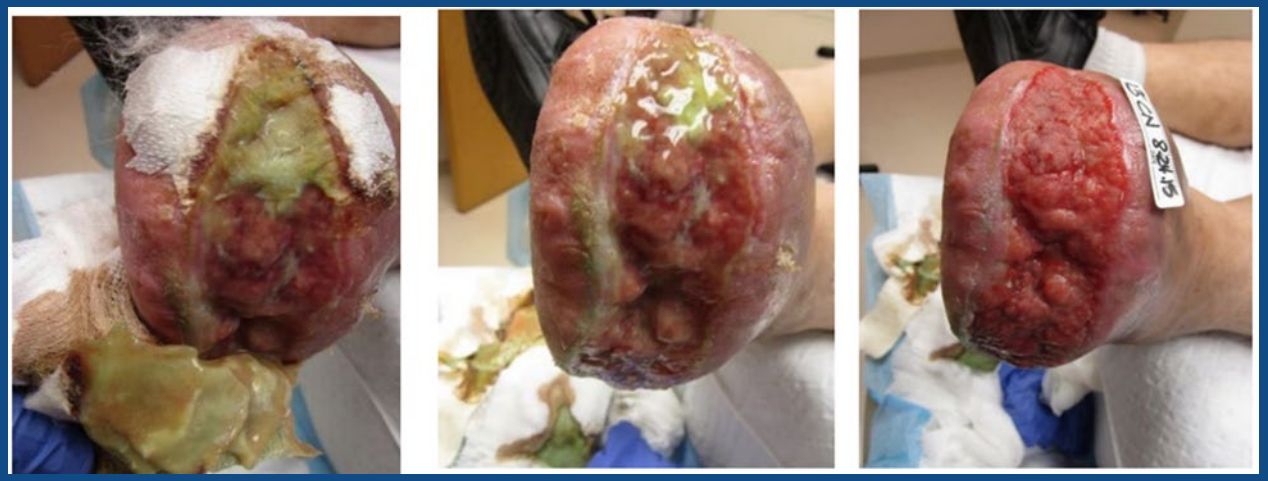
Poll #2 - What part of wound management do these photos illustrate the importance of?



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The importance of wound cleansing

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Wound cleansing

- Use of surfactant based cleanser is best practice for hard to heal wounds
- Surfactant cleansers remove biofilm
- Always remember to clean the periwound too!
- Antimicrobial soaks for those with S&S of infection

Debridement

- Autolytic – occlusive or semi-occlusive dressings
- Enzymatic – Santyl (use with HFB only)
- Mechanical – wound hygiene with surfactant cleansers
- Sharp and surgical – Wound clinic, Plastics clinic, acute care

Dressings for debridement

Medical Honey:

- Has a low pH - helps in wound healing
- Osmotic – pulls fluid from the tissues, which supports natural cleansing of the wound
- Antimicrobial

Gentian Violet Methylene Blue (Hydrofera Blue)

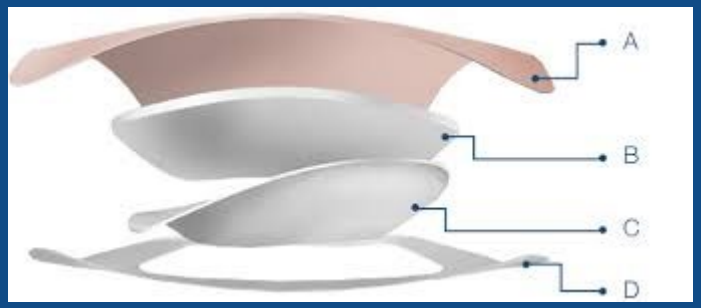
- Antimicrobial
- Now comes in a soft dressing with tape border

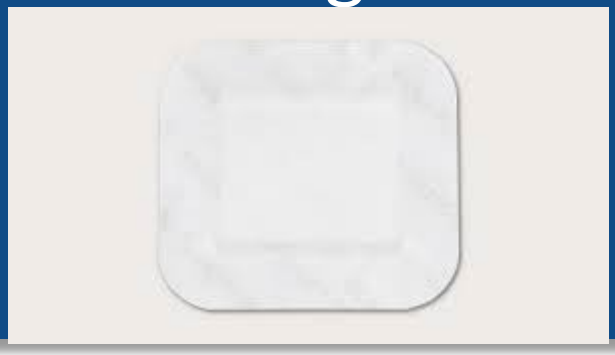
Iodosorb

- Sustained release iodine
- Will dry out your wound, and starch beads can get stuck

Primary dressings – shallow wounds

- Non-adherent contact layer: silver, silicone, petrolatum, chlorhexidine
- Hydrophilic paste – Triad
- Foams
- Dry gauze dressings





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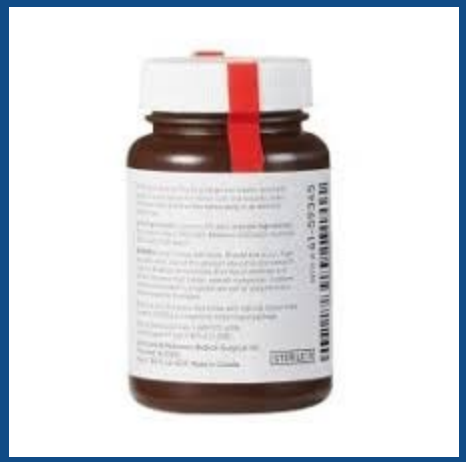
Primary dressings – wounds with depth

Hydrofibres – plain or silver

Ribbon gauze - plain, iodine, PHMB/AMD

Alginates



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Secondary dressings – superabsorbants and foams

- Use for highly exuding wounds
- Change these prn while leaving primary dressing in situ to extend life of your primary
- ABD pads are not absorbent – I do not recommend using them
- Foams are often used as secondary dressings

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Something More…

Is your resident offloading and eating a high-calorie high-protein diet for wound healing? Are you diligently cleaning the wound with a surfactant based cleanser?

Is your healable, clean wound stalled?

Want to jumpstart the healing?

Try an Extracellular Matrix

- Porcine (pig), ovine (lamb), bovine (cow) and half bovine half plant dressings available
- Provides a collagen scaffold for granulation tissue to grow upon – mimicking what should be there naturally
- Moves wounds out of the inflammatory stage

Consult NSWOC if considering an ECM

How to refer to your NSWOC

Referral forms are on the intranet (Long-term care program support webpage) or with your DOC.

If will check in on the wound every 2 weeks until we meet our goal (heal or maintain in stable state)

Don’t forget I can help with ostomy, continence/catheter and feeding tube issues too!

Local Resources

- Plastic Urgent Access Clinic at RJH
- Urgent Vascular Clinic at RJH
- Burn and Wound Clinic RJH (plastics referral)
- LLWC RJH
- CLWK.ca (product information sheets for dressings – how, when, why to use)

Thank you!

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