

FRONT RANGE NURSE AIDE TRAINING PROGRAM

GENERAL INFORMATION ABOUT SKIN CARE FOR THE ELDERLY

FRNATP NOTE: The following information is provided for educational use only and is not intended for any form of medical diagnosis, nor are any treatments herein recommended by the Front Range Nurse Aide Training Program. It is important to remember that many factors are involved in caring for the skin and proper diagnosis can only be performed by a licensed medical doctor or specialists.

ABOUT SKIN¹

Skin is the body's largest organ. It comprises three layers: the epidermis, the dermis and the subcutaneous layer. The epidermis is the outermost layer of skin, composed of cells called epithelial cells. The dermis, the layer underneath the epidermis, contains blood vessels, lymphatic tissue, nerves, sweat glands, hair follicles and sebaceous glands - glands that produce and secrete oil to protect against bacteria. The third layer, the subcutaneous layer, is a supporting layer of fatty tissue. The skin is constantly renewing itself. New cells are formed on the lower layer of skin which slowly move upward. By the time they reach the surface of the skin, these cells are dead and are removed daily. With ageing, this process of cell renewal slows down. The "dead cell" layer remains longer on the surface of the skin giving the skin a dull look. This skin feels rough and scaly.

The skin is a complicated, multipurpose organ. In one sense, it performs regulatory functions. It maintains body temperature and helps the body stay cool, through perspiration. It also helps the body maintain its heat by reducing blood flow and producing body hair. It helps prevent dehydration, and rids the body of waste, through sweat.

The skin also functions as a defense mechanism, protecting the internal organs against contamination and injury. It also produces Vitamin D3, which helps the body use calcium and phosphorous to maintain healthy bone tissue. Finally, due to the network of nerve tissue running through the skin, it is responsible for producing sensations such as pain, heat, and cold.

People should cleanse their skin every day, using a mild, fragrance-free soap and warm water. Avoid exposure to hot water - it can dehydrate the skin, making it more prone to damage. Also, hot water can damage fragile skin, like the skin of young children or older people. Scald burns occur on delicate skin at lower temperatures than average adult skin.

Moisturize your skin regularly. Moisturizers prevent water loss by either drawing moisture to the outer layer of the skin, or coating the skin's surface with a layer of substance, sealing moisture into the skin. Moisturizing products include petrolatum, mineral oil, lanolin, and silicone products. Glycerin, proteins, and vitamins attract water to the skin.

Additional products, such as astringents can be harsh for weaker skin. Astringents remove oil and soap from the skin surface. Many astringents are alcohol based, or contain salicylic acid, or witch hazel. Exercise caution in using astringents as they can over dry or irritate the skin.

Proper skin care is important to maintaining health, and is an integral part of overall wound management. Many factors are involved in caring for the skin.

GENERAL SKIN CARE INFORMATION²

As the skin in an older adult becomes more fragile and sensitive, it becomes increasingly prone to damage. Diseases and skin tears are common problems among aging adults. In addition, the rules for skin care are different for younger and older skin types. Common skin problems among older adults are senile purpura, eczema, skin tears and pressure ulcers.

Senile Purpura is bruising typically seen on the forearms. As we age the skin becomes thinner and easily broken and can take longer to heal. Elderly adults who are prone to Purpura should be handled gently while being cared for. [FRNATP Note: 4 general symptoms include: 1. purple bruises, 2. bruises on the back of the hand, 3. forearm bruises and, 4. brown skin discoloration after a bruise fades; these signs are not indicative of vitamin deficiency or a bleeding disorder]

Eczema is dry and flaky skin. As the oil contents decrease with the aging process skin becomes drier. Some contributing factors to Eczema are allergies, detergents and circulatory disorders. Keeping the affected areas clothed can prevent the patient from scratching. A patient with Eczema should avoid hot baths, scented soaps and they should see a Dermatologist.

Skin Tears are common in an aging adult. As the skin in an older adult becomes more fragile and sensitive it becomes increasingly more prone to tears. Without realizing it many people do things that can damage the fragile skin of an aging person. [FRNATP Note: Turning or lifting can create friction that may injure the skin. Even the removal of adhesive bandages or tape can tear fragile skin. Bumping into objects can also readily create skin tears]

Pressure Ulcers [added by FRNATP] are any lesion caused by unrelieved pressure, resulting in damage to underlying tissue. Pressure ulcers are usually located over bony prominences and are staged to classify the degree of tissue damage. Pressure may be a related cause for a skin tear, but it is not the primary cause. A patient with a pressure ulcer may need a support surface and, possibly, debridement of the wound or surgical intervention to close it; these are not necessary for a skin tear. In addition, a pressure ulcer will take much longer to heal than a skin tear.

CAREGIVERS TIPS:

- Examine skin daily. Look for redness or any change in color, dryness, or open areas. If you notice a change in the person's skin, contact their doctor. Keep skin moist by using a mild lotion.
- Keep skin clean, avoid extreme hot or extreme cold water, and use mild cleansing soaps. Pat skin dry. Always avoid friction from rubbing the skin.
- Provide a well-lit environment to minimize the risk of patients bumping into equipment or furniture.
- You will not be helping your loved ones by keeping them in bed to rest all the time. Change their position frequently. The patient should be turned and repositioned every 1-2 hours.
- Encourage proper positioning, turning, lifting, and transferring techniques to prevent friction or shear. A lift sheet should be used to move and turn patients. If the patient is being cared for at home, make sure the home health care assistants and the patient's family caregivers understand these techniques.
- Provide padding to bed rails, wheelchair arm and leg supports, and any other equipment that may be utilized to protect the patient from accidentally bumping into a hard surface.

- Use paper tape or a non-adherent dressing on frail skin and gently remove it. Or use stockinette, gauze wrap, or any other similar type of wrap instead of tape to secure dressings and drains.
- Make sure the patient exercises. Avoid prolonged sitting/laying in one position for “resting”. A range of motion exercise, keeping the patient circulation moving to all extremities will reduce the risk of pressure ulcers.
- Cleanse the skin after toileting with mild soap and water or pre-moistened towelettes. If soiling cannot be controlled, use under pads or briefs that are absorbent and present a quick-drying surface to the skin.
- Maintain a healthy well-balanced diet with the recommended minerals, proteins, and fluids for healing. Include protein, (eg. meats, eggs, poultry, beans, dairy) fruits and vegetables at each meal. If the person is on a special diet, follow as directed.
- Some helpful items that can help keep the skin from abrasions and rashes from rubbing and other bacterial matters are: Adult Incontinence Briefs (can be found in drug stores and supermarkets), Chucks an absorbent pad to prevent the bed from getting soiled/wet (available at surgical supply stores) and Gel Cushions for wheelchairs provide pressure relief (also available at surgical supply stores).
- Wear long sleeve shirts and avoid skin to skin contact.
- If the care recipient has dry skin, do not bathe him or her every day. On the non-bathing days, wash at the sink using mild soap.
- A person’s hands, rather than a washcloth, are the most thorough and gentle instruments for soaping and rinsing delicate facial skin, especially the parchment-fine skin under the eyes.
- Apply moisturizing lotion after washing, while the skin is still damp.
- Tepid baths are soothing for dry skin and stirring oatmeal powder, available at pharmacies, into the water makes for a skin-softening bath.
- Pat, do not rub, skin dry with a soft bath towel.

MYTHS	FACTS
Massaging bony prominences promotes circulation and healing of skin.	Avoid massaging bony prominences because it can cause deep tissue trauma.
Donut type devices provide adequate pressure relief.	These types of devices are more likely to cause pressure than to prevent it.
Non-infected wounds will heal faster in a dry environment. Therefore dressing should be changed frequently throughout the day.	Quite the opposite, non-infected wounds will heal three to five times faster in a moist environment and be less painful. Dressings should only be changed once or twice a day.
Fluid intake should be limited after 8:00 p.m.	Fluids can be given throughout the day.
Hot baths, bubble baths, scented soaps prevent dryness to skin.	Avoid hot baths and bubble baths. This can cause dry skin. Scratching dry skin can cause skin to open and allow infection to set in. Use moisturizing soap and mild lotions.
Keeping your love ones in bed to rest will promote healing.	Avoid prolong sitting/laying in one position for "resting". The person should be turned and repositioned every 1 - 2 hours. Range of motion exercise to all extremities will reduce the risk of pressure ulcers.
Taking a multivitamin will help promote healing.	Multivitamin alone does not promote healing. Patients need a well balanced diet, which includes carbohydrates, proteins, fats, fluids and minerals (ex. Zinc, Iron, Vitamins A, B, C & K)

SOME ADDITIONAL SKIN DISORDERS³

Bacterial Infection: The fissures/cracks on dry skin predispose bacteria entry into the skin to cause superficial infection.

Scabies: An infectious, very itchy skin infestation caused by a mite. The infestation spreads frequently among elderly living in crowded homes. Sometimes crusting and scaling can cover the whole body (Norwegian scabies).

Ringworm Infection: The elderly often have ringworm infections of the nails and skin, especially on the feet. Ringworm infection of the nails will appear as discolored and thickened nails. Ringworm infection of the feet might show redness and blisters in addition to scaling.

Pigmentary Changes: Brown spots that look like freckles are often seen. These are larger and more irregular than freckles. They are sometimes called senile freckles. They are the result of skin damage from the sunlight. If the freckles become larger or thicker or develop a crust you should consult a doctor. A skin cancer has to be excluded. Senile freckles can be removed easily by freezing, electrosurgery or the application of certain chemicals. The pigment cells in the skin of elderly also become less active and the skin may look sallow.

Blistering Disorders: The elderly can develop blistering disorders of different causes. A common blistering disorder is herpes zoster which is a reactivation of the chickenpox that an individual had when young. This presents itself as a band of blisters on one side of the head or body or along one limb. It can be associated with severe pain. Blistering problems can also be due to an immune disturbance. A common condition in this group of disorders is bullous pemphigoid, in which an individual develops many large blisters, arising from red or normal skin. This condition usually requires potent medications for suppression.

¹ Primarily from www.Wounds1.com ² Primarily from Roslyn Edwards, MS, RNC, Vice President for Nursing at The Jewish Home and Hospital, Bronx Division

³ Primarily from National Skin Centre, Singapore