Module 8: Skin and Body Care

Lesson 1: Skin Care

Key Words

- **Dressing**: a protective covering put on the skin to protect it from further injury or infection. Dressings might be “clean” or “sterile.”
- **Nurse Delegation:** when a licensed registered nurse transfers (teaches) a specific task for an individual client to a qualified long-term care worker. Nurse delegation is only allowed in some care settings.
- **Pressure injuries:** skin breakdown or injury caused by pressure or friction that progressively damages layers of skin, fat and/or underlying muscle. Pressure injuries might also be called pressure sores or bed sores.

- **Pressure points:** places on the body where the bone causes the greatest pressure on the muscles and skin. These areas are at greatest risk for pressure injuries.
- **Self-Directed Care:** a law that protects the right of an adult person who has a functional disability and is living in their own home to direct and supervise a paid personal aide, such as an individual provider, to perform a health care task the adult person would otherwise perform for themselves.
- **Skin breakdown:** any break in the skin, creating a risk for infection and further injury.
- **Skin integrity:** having skin that is whole, undamaged, and intact.

Skin

- Skin is the largest organ of the body. Skin is the first line of defense a client has to heat, cold, and infection.
  - skin becoming thinner and drier
  - the loss of the layer of fat just below the skin, decreasing the ability to stay warm; sweat glands losing the ability to cool the body;
  - the loss of the ability to feel pain, heat, or light touch.

Promoting Healthy Skin

- There are five ways to help keep skin healthy.
- 1. Keep skin clean.
- 2. Keep skin dry
- 3. Use moisturizing creams and lotions.
- 4. Encourage good nutrition
- 5. Encourage mobility.

Observing and Reporting Skin Problems

- Observe a client's skin whenever you are doing personal care. Look at the client's skin at least once a day
- What to Look For
  - Redness or other changes in coloring • Swelling • Changes in temperature (warm or cold) • A break in skin • Rashes, sores, or a gray or black scab over a pressure point • Odor • Pain

Pressure Injuries

- Pressure injuries are very common among older adults. They are painful and debilitating, and can lead to serious, even life-threatening infections.

Causes of Pressure Injuries

- Immobility is the number one cause of pressure injuries.
  - When a person sits or lies in a position too long without moving, the weight of their body puts pressure on the skin and muscle.
  - This unrelieved pressure-- cuts off blood supply to the skin. Without a blood supply, the skin - eventually the muscle under it - dies and a pressure injury forms.
  - The amount of pressure needed to cause a pressure injury ranges from a small amount of pressure for a long time to high pressure for a short time.
- Pressure injuries can also be caused when the skin is weakened by
  - Friction • Too much moisture on the skin • Dryness and cracking • Irritation by urine, sweat, or feces • Malnutrition and/or dehydration • Certain chronic conditions or diseases - especially those that limit circulation

What Pressure Injuries Look Like

- What a pressure injury looks like depends on how severe it is.
- The first signs of a pressure injury include:
  - Redness on unbroken skin lasting 15-30 minutes in people with light skin tones. may appear red, blue, or purple with darker skin tones. If in doubt, compare the area to the other side of the client's body.
  - Any open area - it may be as thin as a dime and no wider than a Q-tip.
  - An abrasion/scrape, blister, or shallow crater.
  - Texture changes - the skin feels "mushy" rather than firm to the touch. This is especially true on heels, elbows, and hips.

Pressure Points

- Pressure points are likely areas for pressure injuries.

What to do if you see a problem

- Anytime you see **redness on unbroken skin** or **feel heat in the area lasting 15-30 minutes** or more - especially at a pressure point:
  - reposition the client off of the red area immediately to remove pressure from the area;
  - report it to the appropriate person where you work and
  - document.
- Do not:
  - Do not massage the area or the skin around it;
  - Do not use a heat lamp, hair dryer, betadine, or other wound treatments that could dry the skin out more, causing further injury; or
  - Do no use lotions or creams that keep the skin overly moist; this too can cause skin breakdown.

Skill: Turn and Position a Client in Bed

- See Turn and Position a Client in Bed in the Skills Checklists on page 422 for the specific steps of this skill.
- A client confined to bed should change position at least every 2 hours.
- A person confined in a chair or wheelchair should shift their weight in the chair at least every 15 minutes for 15 seconds and change position at least every hour.
- The following are general tips to remember when repositioning a client.
  - Make sure there is room in the bed to roll the client.
  - Ask the client to look in the direction they are being rolled.
  - Do not roll the client by pulling or pushing on their arm

Preventing Friction to the Skin

- Friction is caused when skin is rubbed against or dragged over a surface. Even slight rubbing or friction on the skin may cause a pressure injury – A client must always be:
  - lifted - not dragged when transferring;
  - positioned in a chair or bed correctly so they cannot slide down; and
  - positioned on smooth linen or clothing; wrinkles can add pressure on the skin.

- Skin Care Tips for Positioning a Client Confined to a Bed or Chair
  - Choose a position that spreads weight and pressure most evenly, and that is comfortable for the client
  - Use pillows or wedges to keep knees or ankles from touching each other or the bed (to prevent heel sores).
  - Place pillows under the client's legs from mid-calf to ankle to keep a client's heels off the bed if a client can't move at all
  - The bed cradle also allows air circulation to assist in keeping the feet dry.
  - Be cautious about raising the head of a bed. This puts more pressure on the tailbone and allows the client to slide, increasing the risk for a pressure injury
  - Avoid positioning a client directly on the hipbone when they are lying on their side. Tuck pillows behind a client's back when in this position

Never place pillows directly behind the knee. It can affect blood circulation and/or increase the risk of blood clots

Lesson 2: Body Care

Key Words

- **Body care:** personal care tasks that assist the client with hygiene, dressing, and range of motion exercises.
- **Elastic stockings:** (also known as compression stockings) stockings or high socks that reduce leg swelling and improve blood circulation.
- **Oral Care:** personal care tasks that help keep the teeth, tongue, and gums clean and healthy.
- **Personal hygiene**: cleaning and grooming of a person, including care of hair, teeth, dentures, shaving, and filing of nails.
- **Range of motion**: how much a joint can move.
- **Active range of motion (AROM**) means the client can move joints without assistance;
- **passive range of motion (PROM)** means the caregiver physically moves the client's joints to maintain flexibility.
- **Safety razor**: a shaving tool with a protective device between the edge of the blade and the skin.

Skill: Mouth/Oral Care See Mouth/Oral Care

- in the Skills Checklists on page 423 for the specific steps of this skill.
- The following are general tips when assisting a client with mouth care.
  - When assisting with brushing, use short, circular movements, gently brushing the teeth with a massaging motion around each tooth.
  - A soft bristle toothbrush is recommended by dentists and should be replaced when the bristles get worn.

Skill: Clean and Store Dentures

- See Clean and Store Dentures in the Skills Checklists on page 423 for the specific steps of this skill.
- The following are general tips when assisting a client with denture care.
  - Line the sink with a washcloth or other soft towel before cleaning dentures; this helps prevent breaking in case you drop the denture during the cleaning process.
  - Allow dentures to soak overnight (or for several hours, depending on dentist's recommendations or the client's preference).
  - Inspect dentures for cracks, chips, or broken teeth.

- Dentures can chip, crack, or break even if only dropped a few inches. They are also slippery. Take extra care to avoid dropping them.
- Place clean dentures on clean surfaces, such as the denture cup after it is rinsed.
- Avoid hard-bristled toothbrushes that can damage dentures.
- Do not put dentures in hot water - it can warp them.
- Do not soak dentures in bleach water. Bleach can remove the pink coloring, discolor the metal on a partial denture, or create a metallic taste in a client's mouth.
- Ask the client what denture cleaning product they use. Hand soap, mild dishwashing liquid, or special denture cleaners are all acceptable. Do not use powdered household cleaners that are too abrasive.
- Don't let dentures dry out - they lose their shape.
- Never soak a dirty denture. Always brush first to remove food debris.

Skill: Shave with a Safety Razor

- See Shave with a Safety Razor in the Skills Checklists on page 429 for the specific steps of this skill.
- The following are general tips when assisting a client with shaving.
  - Do not press down hard or move the razor/ shaver too fast over a client's face.
  - Shave the sides of the face first, then under the nose and mouth.
  - Clients taking blood thinning medication should be encouraged to use an electric razor.
  - Clean the shaver's screen and cutter regularly. It is good to clean a shaver after every third shave, and best after every shave.
  - All electric razors are not the same. It takes time for a client's face to adjust to using a different brand electric shaver.

Skill: Fingernail Care

- See Fingernail Care on page 423 in the Skills Checklists for the specific steps of this skill.
- The following are general tips when assisting a client with fingernail care.
  - Go from one side to the other in one direction only or file each nail tip from corner to center.
  - Moving back and forth with an emery board and going too deep into the corners can split and weaken nails.
  - Cuticles act as a barrier to infection. Do not clip them.
  - Offer to apply a moisturizing cream or lotion to the hands and cuticles after you are done.

Skill: Foot Care

- See Foot Care in the Skills Checklists on page 424 for the specific steps of this skill.
- The following are general tips when assisting a client with foot care.
  - Inspect the client's feet regularly for changes in color (especially redness), temperature, blisters, cuts or scratches, cracks between the toes, or other changes.
  - Monitor minor cuts and keep them clean.
  - Do not put lotion in-between the toes - the lotion causes moisture that promotes fungal growth.
  - For most clients, you will only be filing nails, and not clipping nails.
  - Never clip toenails for a client with circulatory problems or diabetes.
  - Do not cut down the corners of a client's toenails or dig around the nail with a sharp instrument.
  - Never file the nails too short as this may cause ingrown toenails, file the nails downward.
  - Cuticles act as a barrier to infection. Do not clip them.

Skill: Assist a Client with a Bed Bath

- See Assist a Client with a Bed Bath in the Skills Checklists on page 426 for the specific steps of this skill.
- Bathing may happen in a shower, bathtub, bed, or as a sponge bath
- Ideally, the bathroom should have the following equipment. • Bath mat • Bath bench • Hand-held shower • Grab bars in the right places
- Bathing Tips
  - When assisting with a bath, start at a client's head, work down and complete their front first, unless the client has another preference.
  - Use less soap - too much soap increases skin dryness.
  - Fragile skin requires a very gentle touch.
  - Make sure the lighting is good.
  - Make sure the bathroom is warm and without drafts

Shower tips

- Make sure the floor is dry when assisting someone in or out of a shower.
- Make sure all equipment is secured and locked before assisting someone on or off of the equipment.
- Encourage the client to do as much as they can.
- If help is needed, make sure to move body parts gently and naturally, avoiding force and over-extending limbs and joints.
- When assisting a client off a bath bench, make sure the person is dried off well so they don’t slip.
- Look for skin problems, especially at pressure points and feet.
- Shower rooms and bathrooms are high-risk areas for falls. Stand behind or beside a client while you are assisting them to walk. Never walk in front of a client who is using a walker.

Skill: Assist Client with Weak Arm to Dress

- See Assist Client with Weak Arm to Dress in the Skills Checklists on page 425 for the specific steps of this skill
- Clients who need assistance with dressing often have difficulty doing things that require small finger movements like buttoning, zipping, putting on socks, and/or lacing up shoes.
- There are many helpful tools to assist a person to dress independently.
  - Velcro in place of buttons or shoelaces
  - Zipper pulls attached to a zipper's metal tab to give the client added leverage in closing and opening the zipper (a large paper clip can also be used)
  - Extended shoehorns that allow the client to get on their shoes without bending over

- Types of Clothing :Certain types of clothing can make it easier for the client to get dressed.
  - Pants and skirts that pull on
  - Items that fasten in front including front fastening bras, blouses, shirts, and pants
  - Clothes made of fabric that stretches, such as knits
  - Velcro fasteners and large, flat buttons that are easier to open and close
- Choosing clothing is a very personal statement. Clients need to choose what they want to wear.

Skill: Put a Knee-High Stocking on Client

- See Put a Knee High Elastic Stocking on Client on page 425 for the specific steps of this skill.
- Clients with poor circulation to the feet or swelling due to fluid in the tissue (edema) might wear elastic stockings. These are typically ordered by the client's doctor, and they require special consideration when washing and drying them so they don't stretch out.
- The following are general tips when assisting a client with elastic stockings.
  - Encourage the client to have you assist with putting on elastic stockings first thing in the morning, before leg swelling gets worse.
  - Encourage the client to let you put the stockings on while they are in bed.
  - Make sure that the heel of the stocking is in the correct place.
  - Make sure to check the stockings frequently for wrinkles after the client is dressed. Wrinkles in the stockings can cause a pressure injury and lead to skin breakdown

Skill: Passive Range of Motion See Passive Range of Motion

- for One Shoulder and Passive Range of Motion for One Knee and Ankle in the Skills Checklists on pages 425 and 426 for the specific steps of these skills.
- Range of motion exercises help keep a client's joints flexible and strong, reduce stiffness, and/or increase the range of motion in a specific area. When clients are unable to move their bodies independently, they will need you to assist with passive range of motion exercises.
- The following are general tips when assisting a client with passive range of motion exercises.
  - Encourage the client to relax during the exercises.
  - Perform each exercise slowly and consistently. Do not start and stop mid- range.
  - If the muscle seems especially tight, slowly pull against it. Gentle, continuous stretching on a muscle will relax it.
  - Move the joint gently to the point of resistance.
  - Stop if you see signs of pain on a client's face or the client reports feeling pain.
  - Depending on where you work, additional training may be required before assisting a client with full passive range of motion exercises.