

## TOPIC: SKIN CARE

1. **Skin is the body's largest organ.** Skin helps control body temperature and is the first line of defense against infection because it prevents pathogens from entering the body. As people age, the skin becomes thinner, less elastic and easier to damage. The skin can tear and bruise more easily.

2. **The resident's skin should be closely observed for any sign of:**

- a. Rashes.
- b. Abrasions.
- c. Dryness.
- d. Changes in color.
- e. Pressure areas.
- f. Temperature.
- g. Bruising.
- h. Swelling.

3. **Pressure sores (decubitus ulcers, bedsores) are areas where the skin has been damaged due to excessive pressure or friction.** Factors contributing to skin breakdown include mobility, nutrition and hydration. Clients who are at risk for developing pressure sores include those who are the:

- a. elderly,
- b. very thin,
- c. obese,
- d. paralyzed,
- e. diabetic,
- f. unconscious,
- g. chair-bound or bedridden.

4. **Pressure sores occur most frequently at:**

- a. **Pressure points** - any area on the body that bears the body's weight when lying or sitting and where bones are close to the skin's surface (toes, heels, ankles hips and knees; coccyx, spine and shoulder blades; elbow, ears and back of the head).
- b. **Friction areas** - places where skin rubs on skin (beneath breasts and abdominal folds; between buttocks and legs; under arms, in groin area and around any tubing sight (nasogastric or feeding tubes, catheters).

## 5.LNA's role:

- a. Keep client's skin clean and dry. Check and clean incontinent client frequently.
- b. Reposition client at least every few hours or more often if necessary. Prevent shearing (sliding) of skin against linens.
- c. Pat client's skin dry instead of rubbing and use lotion on dry areas of skin.
- d. Check that clothing and shoes fit properly.
- e. Keep linens dry, wrinkle-free, and free of objects to avoid irritation.
- f. Encourage client to get adequate nourishment and fluids.
- g. Give backrubs to increase comfort and circulation.
- h. Cushion pressure areas with heel and elbow protectors, pillows or foam pads to prevent irritation.
- i. Use Standard Precautions if client's skin is damaged in any way.
- j. Observe skin carefully for any changes and report unusual findings to office immediately.
- k. Reposition a chair-bound client frequently.
- l. Be certain incontinence briefs are not too tight and plastic is away from the skin.
- m. Be aware of safety hazards to prevent clients from injuring skin.

## ADDITIONAL DEFINITIONS:

**Abrasion** – an area of the body's surface where outer layer of skin is damaged due to friction  
**Mobility** – ability to move  
**Nutrition** – the process by which an organism takes in and uses food  
**Hydration** – the process by which the body takes in and uses fluid

**Obese** – a condition of being overweight  
**Chair Bound** – confined to a chair