STATEMENT OF THE PROBLEM

Nearly one-third of all the hospice patients in the United States, approximately 300,000 people, have wounds. Patients with a terminal illness are at a greater risk of compromised skin integrity because their nutritional status and oxygen perfusion are often poor, they have limited mobility, and many are at advanced age. Our focus regarding skin care is to promote healthy skin and provide care to prevent skin breakdown where possible. When a wound is present, it may be to contain drainage and reduce odor. Hospice care is directed at dignity and comfort measures, not direct wound care. Hospice care is directed at dignity and comfort measures, not direct wound care.

RATIONALE

When alkaline soap is used in cleansing, the cell layers of the stratum corneum are diminished both in thickness and number. The lipid coating is lost. The skin's ability to retain moisture is also challenged. Traditional bathing products contain surfactants that can dry the skin, and actually strip the natural acid mantel protecting layer. The hospice patient often lacks the ability to take in or process the nutrients that helps to maintain/repair the epidermal and dermal layers of skin.

METHODOLOGY

Background, including licensed nurses, nursing assistants as well as patients and their families were instructed in the use of the cleaners and also the two advanced skin products. When baths or cleansing was needed, phospholipid containing cleansing products were used.

Presentation on Admission

SK was admitted to our hospice program on 7/27/07 following hospitalization with an episode of aspiration pneumonia. He had a classic butterfly shaped pressure ulcer on his sacrum and buttocks, with multiple stages of depth and drainage. On admission, the entire perineal area was demarcated due to incontinence since admission to our program. The drainage was managed with Incontinence Pads and a silk overlay. Initially, the periwound area was so damaged that it was impossible to secure a physical dressing. Compliance issues with the wound care treatment led us to focus on skin care and the wound developed an area of eschar. In less than two weeks the butterfly shaped sacral ulcer was reduced by about 30% and the periwound and buttocks area much less inflamed.

RESULTS AND CONCLUSIONS

In all cases, the skin that was compromised on admission to our hospice program intact and remained intact through the last several months of life. This greatly enhanced the quality of life for our patients and increased their comfort.

REFERENCES


PATIENT STUDY ONE

Background

WH was a 73 year old Caucasian man with a terminal diagnosis of ALS. He has a history of HTN, edema, recurrent urinary tract infections. For the past 4 years he has had unreversed bilateral lower extremity skin problems, including multiple skin tears with subsequent infection. His skin appeared very thin and fragile. Treatment included continuous sitz, murisip, gentamycin, Capen, Keflex, with no resolution of the problem. His wife was managing his skin tears with Bactroban and Teldere.

Presentation on Admission

WH was admitted to our hospice program on 2/21/07. He was general poor edema to both lower extremities. Because of allergies, he was treated with several antibiotics and probiotics to treat the cellulitis. He presented with multiple bullae, areas of denuded skin, and several skin tears. He has had a chronic skin problem for his lower legs for four years. His wife stopped using steroids regarding his skin condition and the setting that had come with it. Under hospice care, we began using the advanced skin care products* to his legs, arms, back, and chest. The skin tears were dressed with a silice face* foam, after cleansing with wound cleanser. He remained in our care until 6/01/07 when he expired at home. Once his skin was intact, he did not need further systemic antibiotics or probiotics. His wife expressed regret that they had not known of these products before.

followed by a second layer of an advanced skin care cream containing dimethicone* to her skin at least two times daily. At the end of October, her husband said that none of the previously used ointments or creams had made such a significant difference in her psoriasis as these products had made. At this time, her skin was smooth and soft, without areas of plaque. Her appetite, which was poor on admission, continued to decline until 11/4 when she began subsisting on sips of orange juice and water. CC's husband continued to nourish her skin. She expired on 12/20/05, having not eaten for 46 days. Her skin was intact until the day she died.

PATIENT STUDY TWO

Background

SK was an 80 year old Filipino man with a terminal diagnosis of End Stage Dementia. He had dysphasia, with chronic aspiration pneumonia and a gastrostomy feeding tube. He also has a history of HTN and atibal lift.

Presentation on Admission

MRA was admitted to our hospice program on 7/27/07 following hospitalization with an episode of aspiration pneumonia. He had a classic butterfly shaped pressure ulcer on his sacrum and buttocks, with multiple stages of depth and drainage. On admission, the perineal area was demarcated due to incontinence since admission to our program. The drainage was managed with Incontinence Pads and a silk overlay. Initially, the periwound area was so damaged that it was impossible to secure a physical dressing. Compliance issues with the wound care treatment led us to focus on skin care and the wound developed an area of eschar. In less than two weeks the butterfly shaped sacral ulcer was reduced by about 30% and the periwound and buttocks area much less inflamed.

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PATIENT STUDY THREE

Background

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Presentation on Admission

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