Skin Conditions: Recognizing & Reporting Changes in Skin Conditions

Objectives
- The participant will be able to:
  - Discuss the function of skin
  - Identify the three layers of skin
  - Identify factors that can cause skin changes
  - Recognize skin changes
  - Report skin changes

Skin is an ORGAN
- Did you know the skin is an organ?
  - Largest organ
  - Heaviest organ – 15% of body weight
    - In a 150 pound person, the skin weighs about 10 pounds and can cover 18 square feet

1 Square Inch of Skin Contains:
- 100 sebaceous glands
- 65 hairs
- 78 yards of nerves
- 650 sweat glands
- 19 yards of blood vessels
- 9,500,000 cells
- 1,300 nerve endings
- 20,000 sensory cells
- 32,000,000 bacteria

Protection and Immune Response
Protection Against Dehydration

Body Temperature Regulation

Sensation

Storage and Metabolic Functions

Absorption

Excretion
Skin Layers
- Epidermis
- Dermis
- Subcutaneous Tissue

Stratum Corneum
- Outside layer
- Provides protection
- Sloughs off about every 2 weeks
- Call the “horny” or “crusty” layer

Epidermis

Layers of the Dermis
- Papillary - contains a thin arrangement of collagen fibers
- Reticular - thicker and made of thick collagen fibers that are arranged parallel to the surface of the skin

Epidermal Layer

Papillary in Upper Layer of Dermis
Collagen Fibers in Lower Layer of Dermis

Specialized Cells and Structures
- Hair follicles
- Muscles on each hair follicle
- Oil, sebaceous and sweat glands

Specialized Cells and Structures
- Blood Vessels
- Lymph Vessels
- Nerves

Subcutaneous Tissue
- Primarily consists of fat cells
- Shock absorber and heat insulator
- Structures
  - Muscles attached to hair follicles
  - Sweat glands
  - Blood Vessels
  - Lymphatic System
  - Nerves

Subcutaneous Layer
Factors Causing Skin Changes

- Age
- Sun Exposure
- Disease process
- Mobility
- Continence
Age

Sun Exposure

- Loss of elasticity (elastosis)
- Noncancerous skin growths (keratoacanthomas)
- Pigment changes such as liver spots
- Thickening of the skin
- Sun exposure has also been directly linked to skin cancers, including basal cell cancer, squamous cell carcinoma, and melanoma

Sun Exposure

Disease Process

- Skin Cancers
- Diabetes
- Circulation problems
  - Peripheral Artery Disease (PAD)
  - Peripheral Vascular Disease (PVD)
- Infections
- Obesity
- Other Lesions

Skin Cancer

- Pre-cancers
Skin Cancer

- Basil Cell

Skin Cancer

- Melanoma

Skin Cancer

- Squamous Cell

Diabetes
Diabetes

Arterial Disease

Venous Disease

Stasis Dermatitis

Stasis Dermatitis

Infections - Fungal
  • Candida / Yeast
Infections - Viral
- Shingles

Infection - Bacterial
- Folliculitis
- Furnuculosis

Necrotizing Fasciitis

Obesity

Obesity

Acanthosis Nigricans
Cellulitis

SKIN Lesions:
Eczema

Skin Lesions:
Psoriasis

Risk factors for Skin Breakdown in Elderly

• Loss of Fat Tissue
• Fewer Oil & Sweat Glands
• Decreased Blood Flow
• Decreased Sensation
• Blood Vessels More Fragile
• Decreased Cohesion of Skin layers

Pressure Ulcer

- Pressure Ulcer
  - Over bony prominence
  - Coccyx, usually round or oval
  - Sacral or ischium, butterfly or oval if only on one side
  - Well defined edges, no satellite lesions

Causes of Pressure Ulcers

- Lack of movement
- Sheer Injury
- Friction Injury
- Incontinence
Pressure Ulcer

Pressure Ulcers

Pressure Ulcers

Pressure Ulcers

Incontinence Associated Dermatitis

Pressure Ulcers

Pressure Ulcers and Incontinence
**Pressure Ulcers and Incontinence**

**Strategies for Prevention**
- Treat cause of incontinence
- Prevent skin breakdown
  - Daily skin check
  - Prompt cleaning
  - Protect skin
- Treat skin breakdown

**Kennedy Terminal Ulcer - End of Life**

**Strategies for Management**
- Relieve or reduce pressure
- Keep wound clean
- Maintain moisture in the wound bed
- Protect wound edges
- Do not massage

**Linens, Diapers, Chux…**
- Limit linen usage under patient
  - No more than 2 layers
- No diaper or keep open
  - Keeps moisture against the skin
  - Only use when up in chair or walking
Linens, Diapers, Chux...

- Chux (blue) pads
  - They wick moisture away so skin can dry
  - Patient needs to lie on top of pad
- Do NOT put pad under linen
- Do NOT use pad as diaper

Check

- Check the skin daily
- Observe skin in perineal area on all patients
  - Take special note of patient who are bed or chair bound
  - Take special note of patients who are incontinent
- Report any changes to caregiver and supervisor

Clean

- Clean skin immediately after urine or fecal leakage
- Use disposable perineal wipes or mild soap and warm water
- Do not rub or scrub

Clean

- Rinse well
- Pat dry the skin and skin fold well
  - Do not rub
- Frequent baths will remove natural oils and increase skin dryness
  - pH balanced body cleansers
  - Soap

Clean

- Cleanse only when soiled
- Bath water should be warm
  - Not hot!
- Minimal force
  - No vigorous scrubbing

Protect

- Moisturized skin = healthy skin
- Loss of moisture from epidermis causes dryness
- Moisturizing prevents itching
- Apply lotion to damp skin
  - Locks in moisture
  - Apply daily
Protect
• Use emollients to soften and soothe skin but do not macerate (add too much moisture)
• Expose the area to air for 30 minutes, 2 - 3 times a day
• Apply skin protectorant (dimethicone, petrolatum or zinc oxide)

Protect and Treat

Recognize
• Check Skin Daily
• Check head to toe
• Check skin folds
• HH Aide check on each visit
• Teach caregivers and patients

Report
• Report to Caregiver and Patient
• Report to Supervisor
• Discuss in Case Conference

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2017
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LEGEND: 5 - Outstanding; 4 - Above average; 3 - Average; 2 - Below average; 1 - Unacceptable

Circle the number you think best evaluates this activity.

This program utilized knowledgeable, organized, and effective speakers:

Speaker(s) 5 4 3 2 1

Provided content relative to the session objectives: 5 4 3 2 1

Effectively used teaching methods & learning aids: 5 4 3 2 1

Provided information pertinent to my job duties: 5 4 3 2 1

Enabled me to better perform my job duties: 5 4 3 2 1

What new knowledge did this in-service provide?

List areas you think need improvement.

What additional topics would you recommend for future programs?

PLEASE SEND EVALUATION FORMS BY HAND MAIL TO:
BECKY GERMAN
Alabama Public Health
Home & Community Services (HBS)
Suite 1200
Montgomery, AL

PLEASE DO NOT SEND YOUR SIGN-IN SHEETS!
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Alabama Public Health

Please utilize this form as needed and place into the employee’s personnel file

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