

Eli's Hospice Insider

CLINICAL CARE: Cover the Bases for Skin Care to Optimize Comfort, Quality of Life

Including family teaching, pain, odor control, and more in a protocol can help reduce ulcer rates.

Just because a patient is on hospice doesn't mean the pressure is off for providers to prevent and treat pressure ulcers.

"The hospice surveyor guidance doesn't include anything specific about pressure ulcer prevention or treatment," says **Lynn Serra, RN**, a consultant with Beth Carpenter and Associates in Lake Barrington, Ill.

Even so, hospices that don't provide and document essential skin-care services could earn less than optimal patient or survey outcomes -- or caught in the cross-hairs of a lawsuit brought by a grieving family upset by a patient's pressure ulcer.

As part of the protocol, hospice caregivers educate the patient's family about how to reposition patients and use pillows to "float heels and support limbs -- and to keep bony prominences from direct contact with each other. We make it a point to tell families not to use doughnut devices."

Families learn to try to reposition bedbound patients every two hours. "We teach chair-bound patients to shift their weight every 15 minutes," adds Lomboy. The staff cautions patients and family members against elevating the head of the patient's bed more than 30 degrees "as that's hard on the [patient's] sacrum and bottom."

Staff also teaches family caregivers to use bed linens as a draw sheet to lift the patient up in bed or to transfer or turn him. The hospice protocol includes protecting patients' skin from incontinence episodes with calmoseptine, a moisture barrier cream, says Lomboy.

Devices can help: Hospices can and do use overlays and mattresses that help to relieve pressure, notes Reifsnnyder. "You can put a static overlay on the bed for a person who is low to moderate risk for skin breakdown, or an alternating pressure mattress for a person at higher risk, so that passively pressure is being relieved periodically."

Focus on Pain Management, Odor Control, Too

In addition to providing breakthrough pain medication prior to wound-dressing changes, if needed, Lancaster hospice uses some "interesting palliative care approaches for wound pain," says Lomboy.

Example: The pharmacy developed a topical spray that contains morphine, ketamine, and bipivacaine. "And we have a morphine gel that we can put in the wound bed," Lomboy says.

To combat odor, hospice care staff may get an order for metronidazole (Flagyl) and clindamycin (Cleocin) powder to put in the wound. "And we put charcoal or kitty litter under the bed -- and essential oils like lavender near the bed. Sometimes controlling odor is a matter of controlling the drainage with an advanced wound care product." Lomboy says.

Assess Why a Patient Refuses Skin Care

If the resident refuses repositioning or basic wound care, assess what's going on, advises Serra. You may be able to counter the resistance with education. For example, "did the person remember his grandfather had a difficult wound that got worse with treatment?"

Other possibilities: "Is the person depressed, angry, or in pain? Does he not have enough meaningful activities to engage him in a quality life?" If the latter is the case, hospice staff can bring in music therapy, pet therapy, and volunteers to

visit, Serra suggests.

Preempt Blame, Guilt and Grief

The best possible care can't prevent every pressure ulcer at end of life. Lomboy points to "a lot of different studies saying that up to 19 to 25 percent of palliative care patients who die will have some type of bedsore.

That's a big piece of the population -- and not all of it's related to poor care."

Yet sometimes families "feel a tremendous amount of guilt and emotional suffering when their loved one develops a pressure ulcer," Lomboy observes. In such cases, she explains to the family that the skin is the largest organ in the body and can fail when the person is near death. "We may see the Kennedy ulcer in the sacrum develop 24 to 48 hours before the person dies," she adds.

"And that's basically a result of organ failure."

Education pays: "We care for a lot of Amish people and they do a fabulous job of taking care of their family members," Lomboy notes. And the Amish caregivers said that learning that the skin can fail no matter what "lifted a big burden for them."