

Chapter 19

Assisting with Hygiene, Personal Care, Skin Care, and the Prevention of Pressure Injuries

Lesson 19.1

Overview of the Integumentary System and Related Injuries

Theory

- 1) Describe the structure and function of the integumentary system.
- 2) Describe factors that influence personal hygiene practices.
- 3) List the skin areas most susceptible to pressure injuries.

Clinical Practice

- 1) Describe how to prevent and stage a pressure injury.

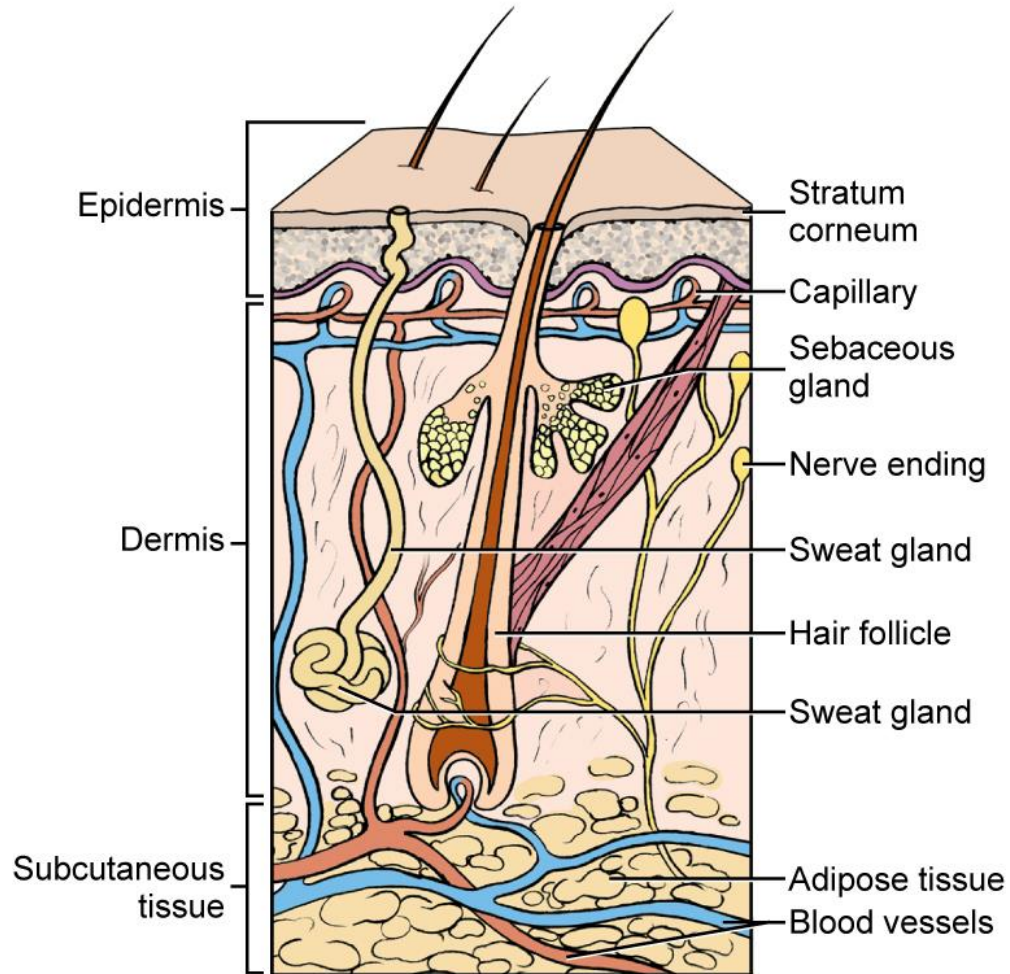
Structure of the Skin

- Integumentary system: skin, hair, nails,
- Sweat, and sebaceous glands
 - Skin: largest organ of the body
 - Two main layers:
 - Epidermis (stratum corneum)
 - Stratified epithelial tissue; melanocytes, which determine skin color; does not contain blood vessels

Structure of the Skin (cont'd)

- Dermis (corium)
 - Dense connective tissue
 - Strong and elastic
 - Blood vessels, nerves, hair follicles, fibroblast, glands
 - Hair and nails—dead keratin with no blood supply or nerve endings

Figure 19-1: Cross-section of the skin



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Mucous Membranes

- Not strictly part of the integumentary system
 - Line cavities or passageways of the body that open to the outside
 - Made up of epithelial tissue over a deeper layer of connective tissue
 - Protect against bacterial invasion
 - Secrete mucus
 - Absorb fluids and electrolytes

Functions of the Skin

- Protection
 - First line of defense against bacteria and other organisms; protects against thermal, chemical, and mechanical injury
 - Sebaceous glands make the skin waterproof
- Sensation
 - Contains sensory organs for touch, pain, heat, and cold
- Temperature regulation
 - Regulates temperature by constricting or dilating blood vessels and activating or inactivating sweat glands

Functions of the Skin (cont'd)

- Excretion and secretion
 - Sweat glands help maintain the homeostasis of fluids and electrolytes
 - Sweat glands: organs of excretion, secrete nitrogenous waste
 - Sweat glands in axillae and external genitalia secrete fatty acids and proteins
 - Sebum lubricates the skin and hair
 - Sebum keeps structures pliable and elastic
 - Sebum decreases heat loss
 - Sebum decreases bacterial growth

Skin Changes Occurring with Aging

- Loss of elastic fibers causes skin to wrinkle and sag
- Skin becomes thinner, fragile, and slower to heal
- Decreased sebaceous activity leaves skin dry and itchy; temperature control is altered by decreased sebaceous gland activity and thinner skin
- Hair becomes thinner, grows more slowly, and loses its color from loss of melanocytes

Assessment (Data Collection): Hygiene/Pressure Injury Risk

- Hygiene

- Proper care of the skin, hair, teeth, and nails protecting the body from infection and disease
- Factors affecting hygiene practices
 - Socioeconomic background
 - Economic status
 - Knowledge level
 - Ability to perform self-care
 - Personal preferences
 - Self-care abilities
 - Cultural differences

Skin Assessment: The Bath

- Affords opportunity for assessment
 - Condition of patient's skin
 - Overall physical appearance
 - Emotional status
 - Mental status
 - Learning needs

Skin and Pressure Injuries

- A pressure injury is an injury that forms from a local interference with circulation
- Skin blanches or becomes pale
- If interference (pressure) removed, skin becomes darker as blood supply returns (reactive hyperemia)

Risk Factors for Pressure Injuries

- Immobility
- Incontinence
- Diaphoresis
- Inadequate nutrition
- Lowered mental awareness
- Excessive diaphoresis
- Extreme age
- Edema

Skin Assessment for Pressure Injuries

- Perform a skin assessment for pressure injury risk on admission
 - Braden Scale for predicting pressure sore risk
 - Pay attention to the skin over bony prominences
- Check pressure areas when turning and repositioning your patient.

Stages of Pressure Injuries

- Suspected deep tissue injury: localized discolored intact skin
- Stage I: area of reddened skin that does not blanch when touched
 - Discoloration in people with dark skin; warmth, edema, or induration may be present
- Stage II: partial-thickness skin loss
 - May look like an abrasion, blister, or shallow crater; surrounding skin may feel warmer

Stages of Pressure Injuries (cont'd)

- Stage III: full-thickness skin loss
 - Looks like a deep crater; may extend into the fascia; subcutaneous tissue damaged or necrotic
- Stage IV: full-thickness skin loss
 - Extensive tissue necrosis or damage to muscle or supporting structures; may appear dry and black

Figure 19-4: Four stages of pressure injuries

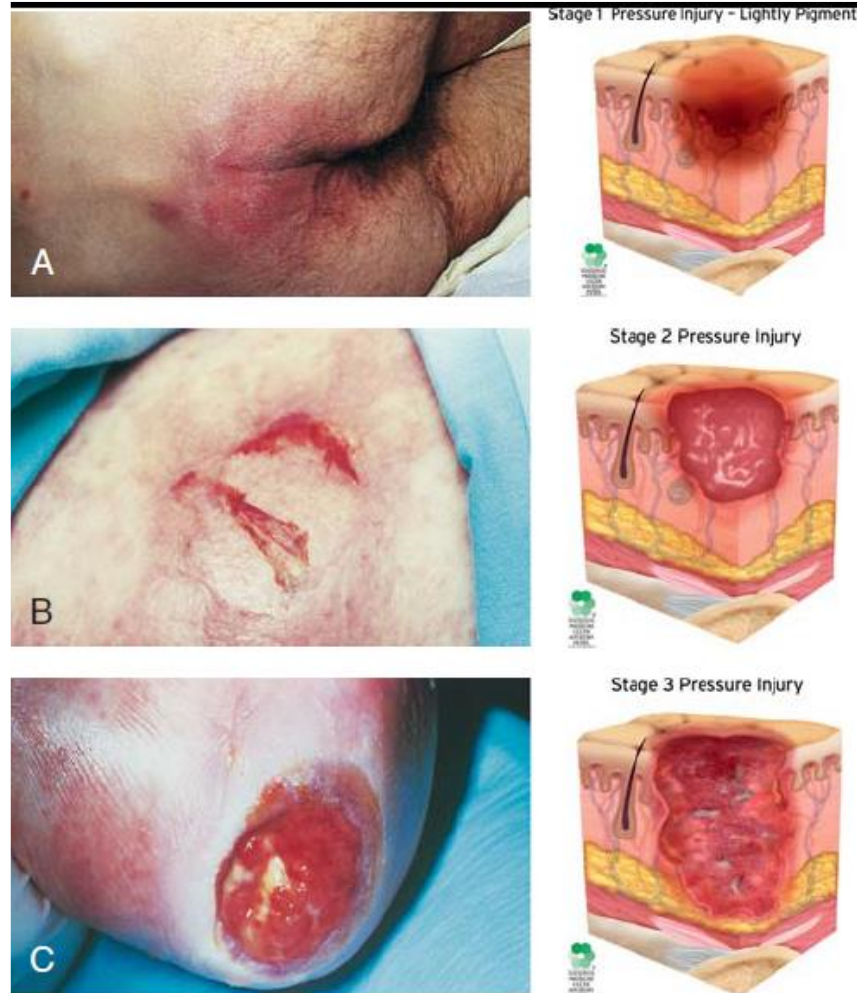
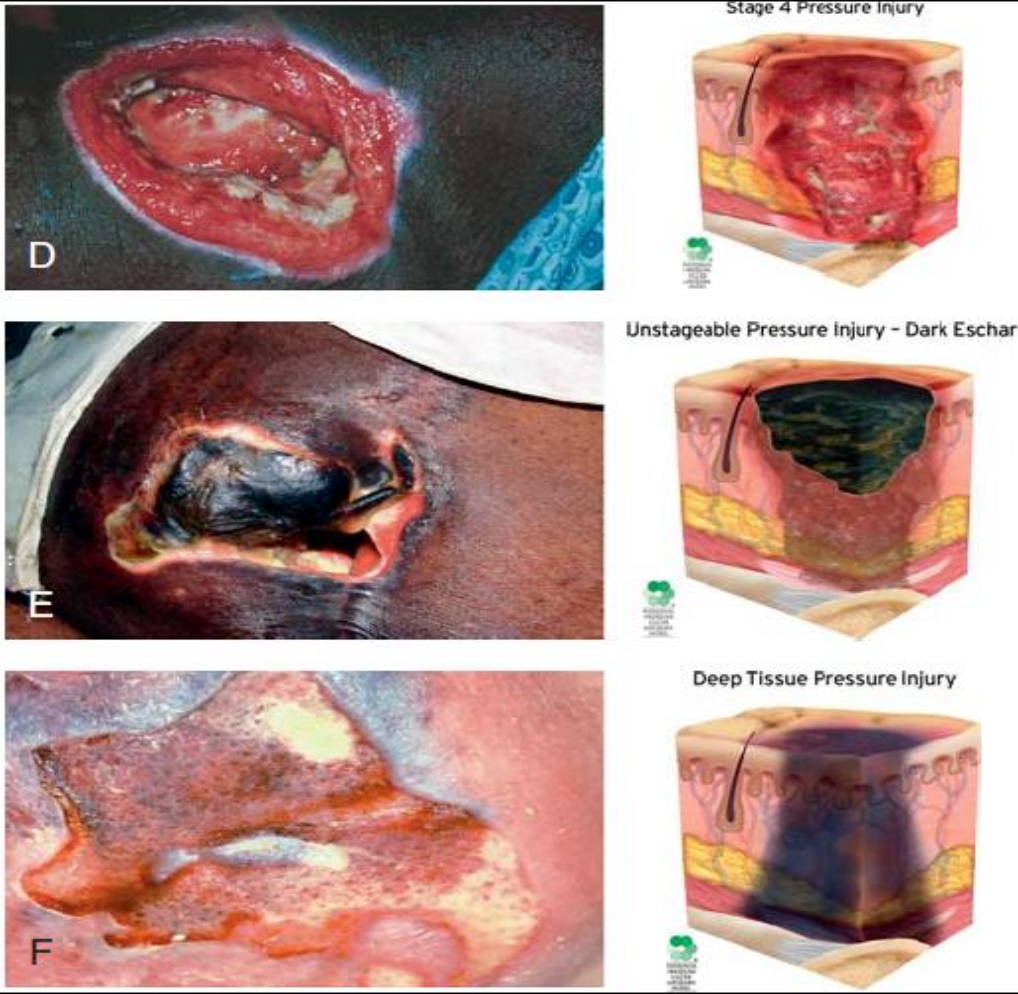


Figure 19-4: Four stages of pressure injuries (cont'd)



Prevention of Pressure Injuries

- Excellent nursing care is the main factor in preventing pressure injuries
- Your responsibility is to be aware of risk factors your patient may have and try to lessen them
- Prevention is less time-consuming and expensive than pressure injury treatment; assess skin carefully and frequently

Preventing Pressure Injuries (cont'd)

- Change patient's position at least every 2 hours
- Keep heels of immobile patients off the bed
- Avoid positioning directly on the trochanter
- Use trapeze or lift sheet to change position
- Use pressure-reducing devices such as foam pads or mattresses
- Use pressure-reducing devices for patients in wheelchairs
- Shift weight at least once an hour, preferably every 15 minutes
- Restore circulation by rubbing around a reddened area

Preventing Pressure Injuries (cont'd)

- Do NOT massage reddened skin or over a bony prominence
- Wash and dry incontinent patients promptly
- Avoid mechanical injury from cast, braces, etc.
- Avoid skin injury caused by friction and shear
- Provide adequate nutrition and hydration

Treatment and Care for Pressure Injuries

- Most effective treatment is via a team approach
 - Patient, family or caregivers, health care providers
- Initial care of a pressure injury
 - Débridement, wound cleansing, and application of dressings
 - If the injury is infected, antibiotic therapy used
 - Surgery needed to repair some pressure injuries

Nursing Diagnoses

- Acute pain
- Chronic low self-esteem
- Chronic pain
- Dressing self-care deficit
- Imbalanced nutrition: less than body requirements
- Impaired physical mobility
- Impaired skin integrity
- Ineffective peripheral tissue perfusion
- Risk for impaired skin integrity

Question 1

Which of the following is *not* a function of the integumentary system?

- 1) Protection
- 2) Provides color
- 3) Temperature regulation
- 4) Excretion and secretion

Question 2

Justin has a patient in a long-term care facility with a pressure injury. It can be described as full-thickness skin loss that looks like a deep crater and extends to the fascia. Subcutaneous tissue is damaged. Which stage is this injury?

- 1) Stage 1
- 2) Stage 2
- 3) Stage 3
- 4) Stage 4

Lesson 19.2

Hygiene and Personal Care

Theory

- 4) Discuss risk factors for impaired skin integrity.
- 5) Discuss the purposes of bathing.
- 6) Describe how hygienic care for the younger and older patient differs.

Lesson 19.2

Hygiene and Personal Care

Clinical Practice

- 2) Perform a complete bed bath and back rub.
- 3) Provide oral care for an unconscious patient.
- 4) Prepare to provide personal care for a patient including nail care, mouth care, perineal care, and shaving.
- 5) Assist a patient with the care of contact lenses.
- 6) Instruct a patient in ways to prevent buildup of cerumen in the ears.

Planning

- Nursing goals for hygiene include the following:
 - The patient's skin integrity will be maintained
 - The patient's hair is clean and neatly styled each day
 - The patient's mouth is intact and free from odor

Implementation: Bathing

- Four purposes
 - Cleanse the skin
 - Promote comfort
 - Stimulate circulation
 - Remove waste products
- Water should be warm but should not burn the patient
- May need to give either a partial or complete bath
- Provide for comfort, safety, and privacy

Types of Baths

- Cleansing
 - Most common type; done in bed, tub, or shower; offer patient use of toilet before bathing
 - May need assistive devices such as chair or stool in shower or tub

Types of Baths (cont'd)

- Therapeutic bath: having healing or medicinal qualities
 - Whirlpool bath—special whirlpool tub used to cleanse and stimulate peripheral circulation
 - Sitz bath—applies moist heat and cleansing to perineal area; medication may be added to water
 - Sponge bath—may be used to bring down fevers

Variations of the Bed Bath

- Bag bath: a variation of the bed bath
 - A self-contained bag containing several premoistened disposable cloths.
 - Cloths are moistened with a cleansing agent that does not need rinsing
 - Cloths may be heated or used directly from the bag
 - The bag contains many cloths, so a different cloth may be used for different body parts
 - Cost of this system is major disadvantage

Bathing the Older Adult

- A full bath is not required every day
 - Personal preference must be considered
- Prewarm the bath area and provide adequate draping
- Use warm water, not hot, and minimal amounts of mild soap, rinse thoroughly, and thoroughly pat dry to minimize skin irritation
- Take special care to prevent slips and falls

Back Massage

- Communicates caring
- Fosters trust in the nurse-patient relationship
- Provides opportunity to assess skin on the back
- Stimulates circulation of blood to the area
- Reduces tension, promotes relaxation
- Should be performed with morning care and at bedtime
- Essential for patients confined to bed

Perineal Care

- Proper draping helps promote comfort with the procedure
- Explain procedure to reassure patient and gain cooperation in the task
- Maintain matter-of-fact attitude and be objective; avoid any sexually suggestive conversation or actions
- A professional and dignified attitude can help reduce any embarrassment

Mouth Care

- Mouth care for the conscious patient
 - Raise the head of the bed 45 to 90 degrees
 - Place a towel under the chin
 - Moisten toothbrush and spread it with toothpaste
 - Brush from the gum line to the edge of the teeth
 - Have patient rinse the mouth and spit
 - Provide cloth or tissue to wipe the mouth when finished

Oral Care (cont'd)

- Mouth care for the unconscious patient
 - Provide full mouth care at least once every 8 hours
 - If patient is mouth-breathing, care done every 4 hours
 - Remove dry secretions because they cause halitosis and may obstruct airflow
 - Moist swabbing of the mouth is done every 2 hours or as needed to maintain integrity of the oral cavity

Oral Care (cont'd)

- Denture care
 - Dentures should be cleaned to prevent irritation to the gums and infection
 - A patient may use an adhesive for a better fit
 - Care should be provided in the morning and at bedtime

Hair Care

- Brushing and combing
 - Use clean brush or comb to brush from the scalp toward the hair ends to decrease pulling
 - Easier and more comfortable for patient to brush or comb small sections of hair at a time
 - Alcohol, astringents, or water may be used to loosen hair strands that are tangled or matted

Hair Care (cont'd)

- Shampooing

- Removes dirt, soil, blood, or solutions from the hair; stimulates circulation of the scalp; eases brushing and combing
- May be done in the shower, bath, sink, or bed

- Shaving

- Removal of hair from the surface of the skin
- Facial, legs, or axilla
- Be gentle; use short strokes with the safety razor

Nail Care

- Trimming, cleaning under the nails, and cuticle care usually done with the bath
- Soak the nails in warm soapy water
- Use an orangewood stick to clean under nails
- Push cuticles back gently
- Use nail clippers to cut toenails straight across

Eye Care

- Glasses

- Use clean warm water and soft cloth to wipe glasses dry

- Contacts

- Removal of contact lenses

- Wash hands thoroughly, and wear gloves
- May be hard or soft lens

- Cleaning contact lenses

- Clean with commercially prepared cleaning solutions
- Moisten the lens and rub it gently between the fingers

Eye Care (cont'd)

- Artificial eye
 - Needs to be removed daily for cleaning
 - To remove, pull down the lower eyelid and put a little pressure just below the eye
 - Cup your other hand below the eye to catch it as it moves out of the socket
 - Cleanse with normal saline

Ear Care

- Hearing aids
 - Clean the earpiece with soap and water daily to prevent the buildup of wax and debris
 - Do not submerge hearing aid in water
 - If hearing aid is not working:
 - Check to make sure the unit is turned on
 - Battery is installed correctly (it may need to be replaced)
 - No cracks or breaks in the plastic housing or tubing

Evaluation

- Evaluation statements indicating the expected outcomes for hygiene have been met include the following:
 - Patient has no evidence of redness, irritation, or breaks in skin integrity; skin integrity is maintained.
 - Hair is clean and neatly styled each day per patient preference.
 - The mucous membranes are pink and moist, without signs or symptoms of irritation or odor.

Question 3

Which of the following is *not* one of the basic purposes of bathing?

- 1) Cleanses the body
- 2) Promotes comfort
- 3) Stimulates conversation
- 4) Removes waste products

Question 4

Which of the following is true regarding mouth care?

- 1) Mouth care creates halitosis and dental caries.
- 2) An unconscious patient should be provided full mouth care at least every 24 hours.
- 3) When assisting a conscious patient with mouth care, you should raise the head of the bed 15 to 30 degrees.
- 4) Dentures should be kept in a labeled denture container with saline or water when not in the patient's mouth.

Question 5

Gary is a nurse working in an acute-care facility. His patient is a 20-year-old male who was in an automobile accident. He has blood and glass fragments in his hair, a fractured femur, a mild concussion, and is negative for any other health problems. Which of the following is *not* an appropriate nursing intervention?

- 1) Shampooing the patient's hair and cutting any glass fragments out of his head and hair
- 2) Washing his feet and trimming his toenails
- 3) Asking the patient if he wants you to call any family or friends
- 4) Allowing the patient time to rest