

Skin Care



These guidelines have been developed for health professionals caring for clients with impaired skin integrity or those at risk of loss of skin integrity. Assessment and management of skin integrity should be undertaken by health professionals with expertise in the area.

For this summary, all recommendations have had their levels of evidence classified using the National Health and Medical Research Council levels of evidence, as follows:

Level I	Evidence from a systematic review or meta-analysis of at least two level II studies
Level II	Evidence from a well designed randomised controlled trial (for interventions), or a prospective cohort study (for prognostic studies)
Level III	Evidence from non-randomised studies with some control or comparison group (pseudo-randomised controlled trial; non-randomised experimental trial, cohort study, case-control study, time series studies with a control group; historical control study, retrospective cohort study)
Level IV	Evidence from studies with no control or comparison group

An additional rating of Expert Opinion (EO) has been added, for guideline recommendations which are consensus statements provided by a National or International Panel of experts in the area.

This is a summary of recommendations from the following sources, which should be accessed for further details as required:

1. *Best Practice Statement: Care of the Older Person's Skin*. 2nd ed. 2012: Wounds UK. www.woundsinternational.com/pdf/content_10608.pdf
2. Gray M et al.: Incontinence-associated dermatitis: A comprehensive review and update. *Journal of Wound, Ostomy, and Continence Nursing* 2012, 39:61-74.
3. The Joanna Briggs Institute: Topical skin care in aged care facilities. *Best Practice: evidence-based information sheets for health professionals* 2007, 11:1-4. <http://connect.jbiconnectplus.org/ViewSourceFile.aspx?0=4346>
4. Australian Wound Management Association (AWMA), *Pan Pacific Clinical Practice Guideline for the Prevention and Management of Pressure Injury* 2012, Cambridge Media Osborne Park, WA. www.awma.com.au/publications/2012_AWMA_Pan_Pacific_Guidelines.pdf
5. Stechmiller J et al.: Guidelines for the prevention of pressure ulcers. *Wound Repair Regeneration* 2008, 16:151-168. <http://onlinelibrary.wiley.com/doi/10.1111/j.1524-475X.2008.00356.x/pdf>
6. Hodgkinson B, Nay R, Wilson J: A systematic review of topical skin care in aged care facilities. *Journal of Clinical Nursing* 2006, 16:129-136. <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2702.2006.01723.x/pdf>





Assessment

1. All clients should have skin integrity assessed on admission and at regular intervals ¹ (EO)

Management and Prevention

2. Structured documented protocols for skin care can help maintain skin integrity for those with incontinence ² (III)
3. Avoid dryness or maceration of skin (i.e. moisturise dry skin, avoid sustained contact of skin with fluids, encourage continence) ² (EO)
4. An emollient soap substitute should be used for dry or vulnerable skin ¹ and is more effective than a non-emollient soap in preventing skin tears ² (IV)
5. Skin cleansers (e.g. no-rinse cleansers, foam cleansers) are more effective than soap and water for prevention of incontinence-related skin problems ^{1,3} (III)
6. Dry skin thoroughly after washing. Dry skin by patting, not rubbing ¹ (EO)
7. Moisturise dry skin at least twice daily ¹ (EO)
8. Gently smooth on the moisturiser or barrier cream in the direction of body hair, don't rub ¹ (EO)
9. A no-sting barrier film or hydrogel barrier cream may have improved skin integrity outcomes in comparison to petroleum based ointments or creams in patients with incontinence ² (IV)
10. Protect skin exposed to friction ⁴ (EO)
11. Avoid vigorous massage over bony prominences ⁵ (III)
12. Avoid overheating skin (avoid plastic support surfaces, ensure regular turning schedules do not exceed 2 hourly intervals for those on basic mattresses) ⁴ (EO)
13. Employ correct lifting and manual handling techniques, including use of lift sheets or devices to transfer clients ^{4,5} (IV)
14. Disposable incontinence products may be better at preventing skin problems than non-disposable products ⁶ (III)
15. Maintain optimal nutritional status with adequate calories, protein, carbohydrates, fat and vitamins and minerals ⁵ (II)