

A CHANGE OF PRACTICE TO A SKIN CARE SYSTEM IN AN INPATIENT SPECIALIST PALLIATIVE CARE UNIT

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Introduction

When the role of the Tissue Viability Link Nurse was reviewed within the hospice in 2012, the routine practice for skin care regimes were reassessed. The routine practice for maintaining skin integrity was cleansing the area with soap and water followed by the application of petroleum based products to protect the skin from moisture damage. The rationale behind this practice appeared to be based on cost effectiveness, however following analysis, the cost of using this product was much higher than the initial financial outlay. It has been established that petroleum based products may cause clogging of incontinence pads/garments leading to less effective absorption and subsequent damage to the skin.^[1] Over time we found that this practice lead to higher costs in nursing time, dressings utilised and wound management, plus causes considerable discomfort for patients if moisture lesions/pressure ulceration occurred. The majority of patients admitted to the hospice are high dependency patients with a Waterlow score of above 30^[2], a change in practice was needed.

Method

To ensure continuity of care the Tissue Viability Link Nurse first obtained a copy of the Local Community Trust's woundcare formulary and noted that patients were being admitted to the Hospice with a new system, dimethicone based skin protectant and a pH balanced skin cleanser, uniquely licensed for use on intact and injured skin associated with incontinence. The TV Link nurse was looking for a safe product that did not interfere with the effectiveness of incontinence pads, was cost effective and was licenced for use on intact and damaged skin. Following recommendations from community nursing colleagues the decision was made to use the new System on all our patients considered to be at high risk of developing moisture lesions or pressure ulceration.

A single patient case study demonstrates how effective the new System has been since its introduction within the Hospice. Unfortunately photos are not available, due to the patient's palliative status and limited time when undertaking treatment due to the patients degree of pain.

Case Study

Mrs V has a medical history of CA bowel with widespread metastasis and was admitted into the Hospice for symptom control, for pain management and diarrhoea. On admission a category 2 pressure ulcer was identified along with a widespread moisture lesion to her sacrum.

Following admission and prior to Tissue Viability review a shaped soft polymer dressing was used to dress the wound. The dressing was replaced on average twice a day, for a period of four days due to Mrs V's severe diarrhoea / faecal incontinence. On one occasion four dressings were utilised within a 24 hour period. On day 4, a review by the TV Link nurse was undertaken and treatment was changed to the new system, which was reapplied following every episode of faecal incontinence, approximately every 4 hours. Mrs V was discharged home after 2 weeks of using the new system and within that time her pressure ulcer and moisture lesion had healed. Additionally the one tube of skin protectant and the cleanser lasted throughout the two week stay at the Hospice and the patient took the remainder home with her.

Results

Over the four days that Mrs V's wound was redressed with a shaped soft polymer dressing the total cost was approximately £26.50 (excluding nursing time). When treatment was changed to the new system the total cost was £16.03 for a 2 week period. If the area had continued to be redressed for the time period the new system was used (2 weeks) and dressings replaced on average twice a day the dressing costs with the previous treatment regime would have been a further £74.20. If comparing the two costs over the two week period a significant saving of £58.10 was achieved for just one patient.

Shaped soft polymer dressing	
Cost per product	£2.65
Average cost per day (2 dressing changes)	£5.30
Cost over 24 hour period when diarrhoea was severe	£10.60
Average cost over 4 days (including 4 dressings in 24hrs)	£26.50
Cost if dressings continued for a further 2 weeks (2 dressing changed per day)	£74.20 for the 2 weeks only

The new skin protectant system	
Cost per dimethicone skin protectant	£9.65
Cost per balanced pH cleanser	£6.38
	↓
	↓
Total cost of the new system over the 2 week period	£16.03

Not only did the new system prove cost effective, the patient stated that she felt relieved that she did not have soiled dressings on her bottom and she found the cleanser was gentle compared to soap and water when removing faeces.

NURSING COMMENTS / FEEDBACK

"Excellent results with moisture lesion treatment"

"There was a reduction in the time spent performing personal care"

"Very good product which goes onto skin well"

"Spray is much more comfortable to use for palliative patients"

"Has stopped a lot of confusion about which products to use"

"Stops the problem of carrying bowls of water around the ward"

Discussion

Since introducing the new system we have seen some remarkable improvements to skin integrity, as well as a reduction of skin maceration and excoriation. The main ingredient of the skin protectant (dimethicone) left a thin film on incontinence pads but did not alter their effectiveness. This was important as minimal interventions can be important to ensure comfort at end of life.

The cleanser was kept by the patient's bedside and alleviated the need to carry bowls of water around the ward, this was in line with Health and Safety and Infection control policies.

The new system provides significant savings compared to the use of previous cleansing products, barrier creams and dressings for injured skin however, patients who are admitted for end of life treatment often die within a short period of time post admission, therefore any remaining products are thrown away, smaller tubes and sprays would be beneficial to hospices especially as we are a charity.

Conclusion

The decision to adopt the new system has resulted in the use of a researched based product that is easy to use, acceptable to the patients and cost effective. The need for easy to use products leads to decreased time for palliative patients to be in uncomfortable positions during personal care. Palliative care patients can also develop skin changes at life's end, SCALE wounds^[3], this challenging condition requires experienced nursing interventions and suitable products for which the new system meets this criteria.

References

1. Bolton, C., Flynn, R., Harvey, E. (2004) Assessment of clogging. Journal Community Nursing. 18:6.18.20.
2. Waterlow, J. (1985) Revised (2005) Waterlow Pressure Ulcer Prevention Treatment Policy.
3. Wounds UK (2012) Best Practice Statement: Care of the older Person's Skin