



Information for
patients and
carers

Skin changes at life's end
Pressure Ulcer Prevention

Skin changes at life's end

When a person is approaching life's end many of the body systems may change and not work as well as before, this is no different for the skin. This leaflet will give you and your family some information on what to expect with regards to skin changes and how these can be managed by yourself, medical staff and your family.

Sometimes patients are not well enough to read this leaflet and it is helpful for relatives also to understand pressure ulcers and how the dying process can affect the skin increasing, the risk of pressure ulcers.

The skin is the largest body organ and when life's end is approaching changes can occur, the skin may not work as well due to poor oxygen supply to the cells. This is especially true in the final hours to days of life for the areas furthest away from the heart such as fingers and toes. These changes can present as; their skin becomes paler feeling cold to touch, dusky or even mottled in appearance which is patchy and irregular and appears blue in colour. This is caused by poor delivery of oxygen to the cells these can also cause the cells to die and become black in colour. This is not always due to pressure and can happen for other reasons. In people with darker skin tones this could present as a change either darker or lighter than their normal skin tone.

Pressure ulcers are a major risk factor due to skin changes at end of life. This leaflet will look at what a pressure ulcer is, how this can differ at life's end, how pressure ulcers can be prevented, what to expect from the nursing team as to how this is achieved and the management if you develop a pressure ulcer.

When palliative care is the main concern, particular attention is given to the prevention, assessment, and treatment of pain and other symptoms, provision of psychological, spiritual, and emotional support as determined by the patient and family. Within that foundation is the concept that the patient and family define dignity, comfort, and quality of life based on their personal values, cultures, wishes and needs.

Each step in the care plan process, assessment, goal setting, interventions, and evaluations involves a collaborative approach that includes a multidisciplinary team including the patient and their family.

What is a pressure ulcer?

A pressure ulcer is damage to the skin and the deeper tissue. Pressure ulcers are sometimes known as 'pressure sores' or 'bed sores'. Pressure ulcer severity can range from a reddening of the skin to an open cavity wound with damage to the muscle and even bone.

In people with darker skin tones it is sometimes difficult to identify early signs of pressure damage; this can be due to darker skin tones rarely show reddening, making early detection hard to identify. It is important to look out for changes in skin tone, texture, temperature and pain.

What causes a pressure ulcer?

The most common causes of a pressure ulcer are:

- Pressure to the same area of skin that is not relieved. This cuts off the blood supply to that area, stopping nutrients and oxygen getting through. When this happens for a long period of time the skin and deeper tissues are damaged and a pressure ulcer develops
- Shearing. This is stretching and tearing between the skin layers and deeper tissue, causing damage and a pressure ulcer can develop
- Friction against the top layers of the skin can cause damage. This can lead to a pressure ulcer developing as the skin is more at risk

Who is at risk?

Anyone can get a pressure ulcer. Some people are more at risk than others.

You are more at risk if you:

- Have problems moving or changing position
- Smoke. Smoking reduces the levels of oxygen in your blood. It also weakens your immune system, which increases your risk of developing pressure ulcers
- Cannot feel pain in some areas of your body, e.g., your feet
- Have poor circulation due to damage or partial blockage of blood vessels
- Have problems controlling your bladder and/or bowel
- Are seriously ill, or have had major surgery
- Have a poor or reduced diet and do not drink enough water
- Have had a previous pressure ulcer
- Are over the age of 70
- Approaching life's end

Pressure ulcers at life's end

As a person is nearing life's end, they have an increased risk of developing a pressure ulcer. Along with other contributing factors such as a decline in movement, poor nutrition and hydration due to reduced eating and drinking, the body's ability to tolerate pressure in poorly oxygenated tissues, the risk of incontinence which damages the skin, all increasing the risk of pressure ulcers. Developing a pressure ulcer towards life's end may have a different treatment focus making sure the patient is comfortable and achieving the best quality of life, rather than healing the pressure ulcer, including dressing changes, use of barrier products and pressure relieving equipment.

How can pressure ulcers be prevented?

Pressure ulcers can develop very quickly. In people that are a high risk a pressure ulcer can develop over a couple of hours.

One of the best ways to prevent pressure ulcers is to reduce or relieve pressure by moving and repositioning their body especially high-risk bony areas. Nurses will prompt patients about repositioning regularly usually every 2-4 hours or ask patients to stand or have a small walk to relieve pressure.

During the dying process a patient may be reluctant to reposition frequently to relieve pressure due to being comfortable and not wanting to be in pain or discomfort. Sometimes relatives do not want nursing staff to disturb their relative by repositioning them, this is understandable however patients and their families need to be aware of the risk of not repositioning patient for long periods which will increase likelihood of them developing a pressure ulcer, this in turn can lead to an increase in pain and discomfort.

It is important for patients to inform the nurse or medical staff of the reasons they are reluctant to move, so that they can help to relieve any concerns. If pain is an issue on movement, the team caring for them can review pain medications so they are optimised, pain relief can also be timed with repositioning to make it as comfortable as possible. If patients are worried, the nurses will guide and talk through what is being done at each stage of repositioning. If the patient has just found a position that is finally comfortable for you the nursing staff can come back in another 30 minutes or try some smaller movements.

Smaller movements can be off-loading heels; heels are highly susceptible to pressure, off-loading can be achieved by placing a pillow length way down each leg and the heels hanging over the end, A heel off loader can also be used, this is a special off loader that goes under both calves so a hand can be placed between the mattress and heels.

Both of these movements assist in reducing pressure reducing the risk of pressure ulcers to the heels.

30-degree tilt is a position that nurses may leave the patient or your relative in while in bed. Achieved by placing pillows behind the back and upper thigh, this reduces pressure to the bottom. The pillows can then be slid out after an hour or two resulting in another change of position. 30-degree tilt is a position where a person is not fully on their side so they can still eat, drink and see relatives while relieving pressure from the bottom, shoulder blade, hips and heels.

In the Trust there are a few different types of mattresses that can assist in pressure ulcer prevention while in hospital, a mattress will not compensate for repositioning. A box can be added to the end of the bed or the comfort settings on the box can be changed to be more suitable for the patient.

When the control box is added this makes the mattress into an air mattress and helps to reduce the pressure to the body's bony prominences.

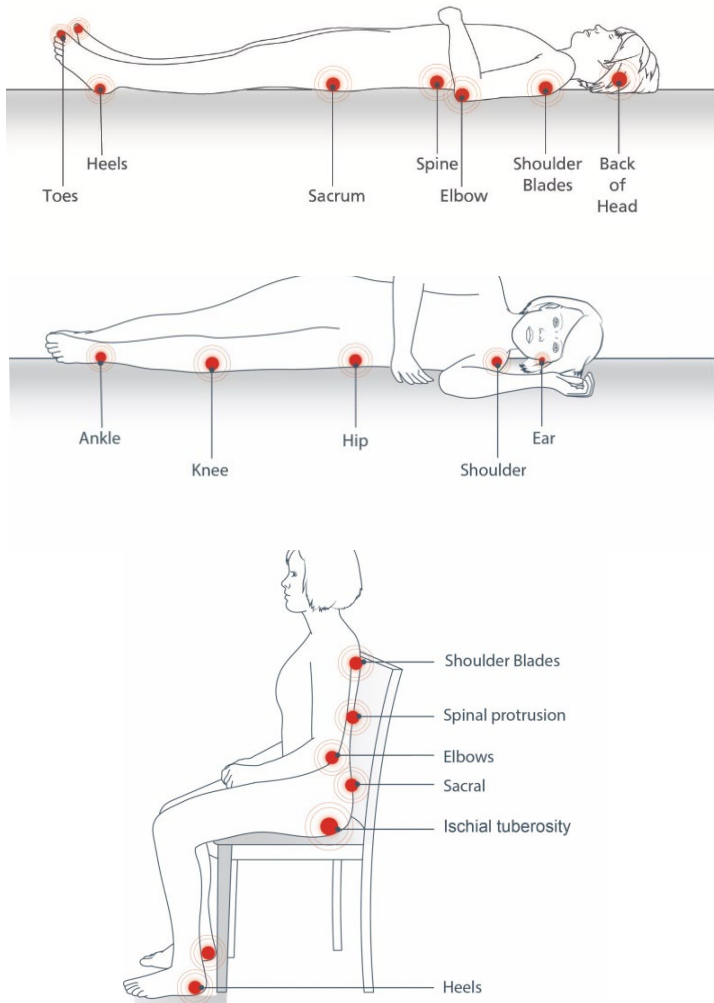
If the patient or your relative uses a wheelchair or sit out in a chair this may also require a special cushion. Some of the chairs in the hospital already have pressure relief built into them. Staff may prompt patients to stand every 30 minutes and walk if they are able to do so to relieve pressure. While sat in the chair it is important to be aware bony areas such as elbows resting on the hard arms of the chair, if they become sore pillows can be placed underneath them or dressings maybe applied to protect the area.

If the skin is too wet or too dry a barrier cream can be applied this increase in moisture can be due to incontinence or perspiration. The barrier cream will help to protect the skin. When washing it is best to use a pH balanced soap and to pat dry skin not to rub dry.

If an area starts to feel sore let the nursing staff know as soon as you notice the pain, so they can check the area for any signs of damage.

The nursing team will perform regular skin checks, usually a few times a day, this is to check if any damage is developing and signs of pressure so interventions can be put in place as soon as possible.

Common areas for pressure ulcers to occur



What can patients and their family do to help?

There are some simple steps that patients and their relatives can do to help prevent pressure ulcers at life's end:

- Wash daily using warm water and pat dry, do not rub your skin as this can cause damage
- Management of incontinence using barrier creams and sprays and continence aids
- Patients checking their skin (as much as you are able to do) and alert staff if there are any signs of:
 - Red patches
 - Purple patches
 - Blisters
 - Swelling
 - Pain
 - Patches of hard skin
 - Changes to skin tone/pigments
 - Change to the texture of the skin
 - Hot or cold areas
- Keep moving and change position regularly at least every 4 hours, prompting family members
- Lifting arms and legs to reduce pressure to your elbows and heel(s).
- Stopping smoking. Giving up is one of the most effective ways of preventing a pressure ulcer
- Eat well and drink plenty of water. If you are able to do so, traditional goals of a balanced diet and achieving a healthy weight may not be realistic in the end stage of life

Without care, pressure ulcers can become very serious. They may cause pain or mean a longer stay in hospital. Very severe pressure ulcers can badly damage the muscle or bone. Severe pressure ulcers can make patients very unwell and can take a very long time to heal.

Working together we can reduce the risk of patients developing a pressure ulcer. Nursing staff will complete an assessment that will help them in providing the right equipment. The staff on the ward will assist in moving to help prevent pressure ulcers. Both you and the nursing staff need to work as a team to help prevent pressure ulcers from occurring.

Contact details

Should you require further advice or information please contact:

Tissue Viability Team

Telephone: 01772 522655

E-mail: tissue.viability@lthtr.nhs.uk

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.patient.co.uk

www.accessable.co.uk

National Institute for Health and Clinical Excellence (NICE). Pressure ulcer prevention, treatment and care. Information for the public. April 2014 <https://www.nice.org.uk/guidance/cg179>

NHS Choices. (2020). *Pressure ulcers*. (Online) Available from: <https://www.nhs.uk/conditions/pressure-sores/> (Accessed 03/08/21).

NHS Choices Your health, your choices. Pressure ulcers. September 2014. <http://www.nhs.uk/Conditions/Pressure-ulcers/Pages/Introduction.aspx>

Marie Curie. (2020) *Pressure Ulcers* (Online) Available from: <https://www.mariecurie.org.uk/professionals/palliative-care-knowledge-zone/symptom-control/pressure-ulcers> (Accessed 14 May 2021).

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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Lancashire Teaching Hospitals is a smoke-free site. Smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking this will include Nicotine Replacement Therapy to help manage your symptoms of withdrawal and the opportunity to speak to a nurse or advisor from the specialist Tobacco and Alcohol Care Team.

If you want to stop smoking, you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપા કરીને પૂછો. આ માહિતી મોટા છપાણામાં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi.”

Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:

دوسری زبانوں اور بڑی اگر آپ کو ہی معلومات سمجھنے کے لئے مدد کی ضرورت ہے تو یں چھپا یں یبھ ابی دست ہو یسکت ہے برا ئے مہر یان پو ے یچھدی۔ معلومات

Arabic:

مطبوعه بأ حروف كبيرة و بلغات إذا كنت تريد مساعده في فهم هذه لمعلومات ير جى أن تطلب أخرى يمانن تو فير هذه المعلومات

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