

# Changes in Skin Condition



## LEARNING OBJECTIVES

After finishing this inservice, you will be able to:

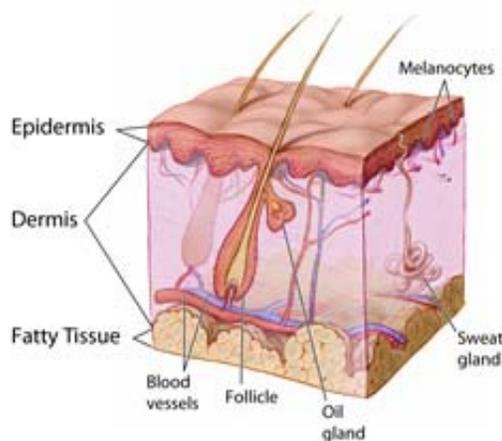
- List at least three (3) facts about the importance of skin.
- Describe the aide's role in recognizing, reporting and recording changes in skin condition.
- List at least three (3) abnormal skin conditions that you would recognize and report to your supervisor.
- Describe the action steps to correctly report abnormal observations in skin condition.
- Describe guidelines for recording information.

## Introduction

What is skin? Did you know that skin is the largest organ of the body and weighs about 6 pounds? We often take for granted all the benefits the skin provides because the heart, kidneys, lungs and other organs seem to get the most attention. Caring for our skin, however, is very important if we are to stay healthy. Besides simply being an outer covering for the body, the skin serves several important functions.

Skin is made up of two main layers: the **epidermis** and the **dermis**. The outer layer of the skin (epidermis) is mostly made up a flat, scale-like cells called squamous cells. Under the squamous cells are round cells called basal cells. The deepest part of the epidermis also contains melanocytes [mə lanō sīts], which are cells that produce melanin and

give the skin its color. The inner layer of the skin (dermis) contains blood and lymph vessels, hair follicles, and glands. The sweat gland in the dermis produces sweat, which helps regulate body temperature. The other type of gland produces an oily substance, called sebum which helps keep the skin from drying out. Sweat and sebum reach the skin's surface through tiny openings called pores.



So why is skin so important? Well, it serves as a protective barrier against germs and bacteria.

It is the body's first line of defense against injury. It helps protect delicate, sensitive bodily tissues and internal organs from injury. Skin insulates the body against heat and cold, and it helps eliminate body waste in the form of sweat. Skin also guards against excessive exposure to the sun's ultraviolet rays, which are harmful to the skin, by producing a protective pigmentation (skin-coloring). Skin can also produce Vitamin D in the presence of sunlight, and it the only vitamin that can be produced by the body itself. All other vitamins must come from eating food. And finally, the skin has important sense receptors that allow the body to feel pain, cold, heat, touch, and pressure.

### *The Effects of Aging Skin*

As a person ages, they are at an increased risk for skin injury. Skin becomes thinner, weaker, and aging persons begin to lose the protective fat layer.

- ✚ Rubbing or pulling on the skin can more easily cause the skin to tear or break open.



Think about your elderly client who has difficulty turning themselves in bed. This client is more at risk for rubbing their skin against the sheets, potentially causing their weak skin to tear or break open.

- ✚ Blood vessels are more delicate and they can break easily after a minor injury, causing bruising and sometimes causing raised collections of blood, called hematomas.



Think about your elderly client who loses their balance and bumps their arm into a countertop trying to catch themselves. This client is more at risk for developing a bruise or even worse, for their skin to break open.

- ✚ Sores from pressure on the skin can also be caused by changes in aging skin. Elderly clients are more likely to have less fatty layer, reduced activity, poor nutrition, and illness.



Think about your elderly client who might sit or lay in one place for long periods of time because they have a difficult time moving on their

own or repositioning themselves. Constant pressure from a bed or chair can cause a client's thin skin to breakdown, especially if the pressure is not reduced, such as by repositioning. If the client cannot reposition themselves frequently or have someone that can help them reposition, the skin may become damaged and the continued pressure may even cause a pressure ulcer, commonly referred to as a bedsore.

- ✚ Aging skin may also be less able to sense touch, pressure, vibration, heat, and cold. Even if the client can move or reposition themselves on their own, this impaired sensation limits the client's ability to sense when to make a weight shift or position change. Loss of sensation (feeling) of the skin can also be a risk for burns from ordinary activities, such as sitting too close to a fireplace or using heating pads. Cold injuries can also occur, such as using icepacks and not sensing when the skin is too cold.



Think about your elderly client with chronic diseases, such as congestive heart failure where they aren't as active as they once were. Although the client can move themselves and reposition themselves, their skin may not sense or feel the pressure of when they have been sitting or lying down too long in one position, potentially causing pressure injuries or sores to the skin.

For the most part, the skin is tough, elastic and resistant to injury. However, as skin gets older, it is more at risk for breaking down and it also repairs itself more slowly than younger skin. In fact, it can take up to four (4) times longer to heal a wound in persons with aged skin. This risk of skin breaking open adds to an increased risk of infections. Also, older clients are more likely to have chronic diseases, such as Diabetes and peripheral vascular disease. These chronic diseases and other factors, such as a lowered immune system, can all affect the rate and quality of wound healing.

Recognizing and reporting changes in a client's skin is key to preventing a potential problem or real problem from becoming worse. As an aide, you are a vital part of the interdisciplinary (all

members involved in the client's care, for example RN, PT, OT, ST, Social Worker, MD, Aide) health care team. You often see signs and recognize changes in a client's skin long before anyone else.

It is not expected that you know the exact cause or reason behind the change in skin condition or the diagnosis of the problem. It is expected that you can RECOGNIZE changes in skin and know what, when, and how to REPORT to your supervisor and what and how to RECORD.

Your ability to correctly Recognize, Report, and Record changes in a client's skin can be used to make the necessary changes to a client's plan of care, which can affect the client's outcomes. It may even prevent a client from being hospitalized.

### Recognizing Changes in Skin

Recognizing changes in skin is done by using your senses (what you see, hear, touch, and smell). Your client may tell you what is wrong, or you may have to look closely at the client's skin during the routine care you provide. For example, observing the client's skin while you are bathing them or helping them get dressed. You may even touch the client's skin during your care and observe the client's skin feels hot to the touch or bumpy. You might even smell a strange odor that could be from a sore somewhere on the client's skin.

Skin color varies by ethnic race, however, the pigment in the skin will not hide changes in the skin's original or normal color. Also, normal skin is dry and warm to touch, not wet, moist, or excessively dry or hot.

Any new change in the skin, whether it is a change in color, temperature, amount of moisture, or how it looks, feels, or smells should be recognized, reported, and recorded.

There may be times when your client cannot or will not tell you verbally in words about the problems they are having with their skin. They might not even know themselves that something is different. They may be confused, or have had a stroke and are unable to verbally tell you about the changes they have noticed. They may even be embarrassed to tell you something that caused a change in their skin, such as a fall or burn from the stove. The client might even try to hide changes in their skin,

such as bruising or sores because they are afraid they might not be able to stay in their home if someone finds out that they have fallen or had another type of accident.

As an aide, you have many opportunities to use your skills as an observer, such as during the daily care you provide to your clients. You can look for changes in skin even if the client may not or cannot verbally tell you in words, such as during a bath, or while helping a client get dressed.

*Below are some common problems related to skin you should look for when caring for your clients:*



**Abnormal Color** is coloring of the skin that is anything different than what is normal for the client. Skin color varies by ethnic race but, as mentioned previously, the pigment (natural or normal skin coloring) in the skin will not hide abnormal changes in the skin. For example:

Sometimes poor circulation will cause the skin to appear pale, white, ashen, gray, or waxy and translucent like a white candle.

When the blood is not properly oxygenated, it changes to a bluish color. Skin over the blood vessels appears blue or gray, a condition called cyanosis and may cause the skin, lips, fingernail beds to appear bluish in color.



Red skin will result from carbon monoxide poisoning, high fever, heatstroke, sunburn, or other conditions in which the body is unable to properly dissipate heat, or in other words, the body is not able to cool down.

Other skin color changes may be a result of chronic illness, such as liver disease, which can cause jaundice, which results in the skin and whites of the client's eyes to appear yellow.



**Abnormal Body Temperature** is a possible indicator that something is going wrong with the client, such as infection or other life-threatening issue. Skin is normally warm to touch and averages 98.6°F. However,



sometimes the client's body temperature can be slightly lower or higher than 98.6°F and still be normal for the client. The typical adult range for normal body temperature is (97.7°F – 99.5 °F). Body temperature does depend on the person, their age, any activity they have been doing, and from which part of the body the temperature is taken, such as oral, axillary, rectal, or tympanic (in the ear).

Hyperthermia occurs when a client's body temperature rises and remains above the normal temperature range. The skin will feel hot to touch as if a client has a fever or sunburn.

Hyperthermia most frequently occurs during the heat of the summer and among the elderly. It may also be triggered by certain medical conditions and some medications. A temperature that is too high increases the need for oxygen and can cause fluid loss leading to dehydration and breakdown of the skin.

Hypothermia is a potentially dangerous drop in body temperature (below 95°F), usually caused by prolonged exposure to cold temperatures. It probably isn't likely that you will see a client with hypothermia, however, you might notice that some of your client's have "clammy" skin.

Clammy skin occurs when the skin is cooler than normal and is also moist, despite a cooler surface temperature. Clammy skin is often pale. When the body is in any type of circulatory crisis, adrenaline prompts a decrease in the blood flow to the peripheral areas of your body (arms, legs, and skin). This happens so that more blood is sent to vital organs (heart, brain, lungs, liver, kidneys). This is what often causes cool and "clammy" skin. Frequent causes of "clammy" skin include, but are not limited to allergic reactions, severe infection, dehydration, heart attack, low blood pressure, anxiety, low blood sugar, severe pain, and low blood oxygen levels.

**Moisture Issues** are issues that contribute to either having too much moisture or not enough moisture in the body or on the skin. Both issues can cause skin problems for the client. Normal

skin is dry, not wet, moist, or excessively dry. Normal skin maintains a healthy amount of moisture while at the same time, not drowning the body in liquids.

Too much moisture on the skin causes the skin to break down and puts the client at risk for developing open sores. There are various terms used to describe skin breakdown related to moisture, but what is important for you to know is that the skin breakdown occurs in response to long lasting contact of the client's skin to moisture, such as sweat, urine, feces, and/or wound drainage.

Dehydration occurs when the body doesn't have enough fluids or moisture to work properly. Clear signs of dehydration are the client's mouth and lips will look dry and sticky and their skin appears crinkled, scaly and dry. If a client is not drinking enough non-caffeinated fluids, such as water or juice, to stay hydrated, they may develop cracked, dry skin. Cracked, dry skin may cause an increased risk of skin breakdown and for open sores to develop. Open sores put the client at an increased risk for infection, especially in the elderly.

**Bruising** is a common skin injury that results in



a discoloration of the skin. Blood from damaged blood cells deep beneath the skin will collect near the surface of the skin, causing what is commonly referred to as a black and blue mark. It is called this because the initial discoloration of the skin caused by the injury is

black and blue in color.

People typically get bruises when they bump into something or when something bumps into them. Bruises in elderly people frequently occur because their skin is thinner and the tissues that support the underlying blood vessels are weaker. Bruises are also more common in those people taking medicine that thins their blood.

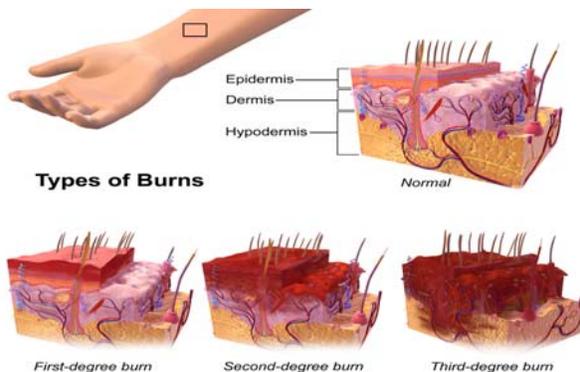
Unexplained bruises that occur easily or for no clear reason may indicate an underlying disease process, frequent falls, abuse, or other emergent reasons.

**Reddened Areas** can occur anywhere on the skin and can be in one location or redness noted all over the skin. Reddened areas occur for many different reasons and for many different medical conditions. Burns, dermatitis, hives, and rashes are some of the more common problems causing the skin to be reddened in color. You might not always know the difference between a rash, or dermatitis, or hives, but the important thing to always remember is if the skin looks reddened and different you need to be able to recognize the changes and tell your supervisor, even if you don't know exactly what the client has. See below for more information about burns, dermatitis, hives, and rashes.

- **Burns** are one of the most common household injuries, such as sunburns, bath or shower water being too hot or due to cooking, such as from hot ovens and spilled hot food. The term "burn" means more than the burning feeling felt with this injury. Burns are severe skin injuries that causes the affected skin cells to die. Most people can recover from minor burns without any lasting serious health problems, depending on the cause and degree of injury.



Burns vary in degree of severity. A first-degree burn is often called a superficial burn or wound. A first-degree burn affects only the top layer of skin. Second and third-degree burns are more severe and affect deeper layers of the skin. Although first-degree burns are one of the mildest forms of skin injury, these burns can be quite



large, red and painful.

The most common things you may notice with a first-degree burn is skin redness, pain, and minor swelling. In contrast, more severe burns, such as a second-degree burn, will blister and are more painful due to an increased depth of the burn injury to the skin.

Although first-degree burns heal more quickly than more severe burns (second-degree and third-degree burns), all burns have the potential of skin injury and skin breakdown causing a higher risk of infection.

- **Dermatitis** is inflammation of the skin typically causing the skin to be bright pink or red and usually itchy. Sometimes the red itchy skin can develop crusty scales or small sores or tiny blisters that leak fluid.



There are several reasons a person may develop dermatitis. Dermatitis can develop due to something a person has touched, such as irritants found in soaps, cosmetics, fragrances, jewelry, and even plants, such as poison ivy or poison oak. Dermatitis can also be hereditary, or run in the family and is often associated with allergies, asthma, and stress. Also, people who have poor circulation, varicose veins or other health conditions may develop a type of red itchy skin that is often found around the client's ankles.

- **Hives** are raised reddened bumps on the skin most often caused by an allergic reaction. Hives usually cause itching, but may also burn or sting. They can appear anywhere on the body,



including the face, lips, tongue, throat, or ears. Hives vary in size, for example, from the size of a pencil eraser to that of a dinner plate. Hives may join together to form larger areas known as plaques. Occasionally, hives can signal more serious problems, especially when accompanied by symptoms such as difficulty breathing.

- **Rashes** are a change in the skin which affects its color, how it looks, or how it feels. A rash is typically caused by an allergic



reaction, such as to food, medications, or insect stings. A client's skin rubbing against clothing can cause chafing and skin irritations which can also cause a rash.

A rash may be only noticed in one part of the body, or it can affect all the skin, and may be seen all over the body. A rash may cause the skin to itch, feel warm, bumpy, chapped, dry, cracked or blistered. A rash can also cause the skin to swell and may be painful. A rash may also signal more serious problems, especially when accompanied by symptoms such as difficulty breathing.

**Blisters** are fluid-filled lesions that occur between the top superficial layers of the skin.

A single blister is usually caused by friction or rubbing, such as when something rubs against the skin. For example, an improper fitting shoe rubbing against the skin on the foot, toes, or heel. Skin can also be damaged by heat, cold, or chemical exposure causing a blister to form. For example, a burn that occurs from a flame, steam, or touching a hot surface.

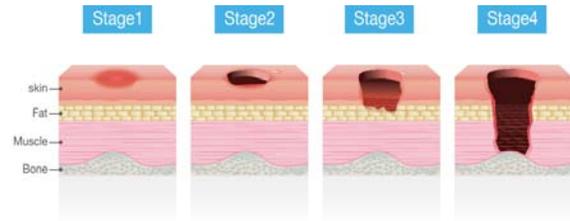


Blisters all over the body may be a sign of a serious, life-threatening problem. For example, certain autoimmune diseases that attack healthy skin can cause blisters to occur all over the body. Blisters that "pop" or break open leave the body defenseless to bacteria and

infection. Infections in older or ill clients can be deadly.

**Pressure Injuries**, also commonly known as pressure sores, bedsores, or decubitus ulcers, are skin injuries caused by pressure from body weight over bones. Pressure injuries are often caused by rubbing or friction of the skin against surfaces like beds, chair seats or other medical devices. Injuries occur when blood flow is temporarily cut off to the areas of the body/skin under pressure.

One of the first signs of a possible pressure injury is a reddened, discolored or darkened area on the skin. In African Americans or clients with dark skin, the area may look purple, bluish or shiny. The area may feel hard or spongy and warm to the touch. In the early stages of pressure injury, the skin is not broken open.



**PRESSURE SORES**

As the pressure injury worsens, the deeper layers of the skin are affected and those layers of the skin will break open, leading to open sores/wounds. Open wounds/sores leave the body defenseless to bacteria and infection. Infections in older or ill clients can be deadly.

**Open Sore/Wound** is an injury involving a break in the skin. Most small open sores/wounds are minor and typically don't cause long term problems, but any injury that breaks the skin open leaves the body unprotected from bacteria and can put a client at an increased risk of infection, especially for older clients.

The main complication of an open sore/wound is the risk of infection. Infections in older or ill clients can be deadly. As you learned, older adults do not heal as quickly as younger adults and often they have weaker immune systems



because of other illnesses, such as diabetes, heart disease, or vascular disease.

**Skin Tears** are a partial or complete separation of the outer skin layers from the inner layer. In younger people, whose skin is more flexible, thicker, and stronger, tearing is most often the result of an accident. With the elderly, whose skin is less flexible, thinner and weaker, tearing can occur more easily from minor injuries, like simply bumping their arm against a countertop.



Some diseases, such as diabetes, can cause the epidermis (outer skin layer) and dermis (inner skin layer) to become weakened, making the skin even more at risk to tearing. Also, those clients with heart disease or other cardiac conditions, malnutrition, or those people who have a weakened immune system are also at a higher risk of experiencing a skin tear.

Tears in the skin leave the body defenseless against bacteria and infection. Infections in older or ill clients can be deadly.

**Cuts and Scrapes** are a part of everyday life. An elderly client may fall and scrape their arm or knee or they may accidentally cut themselves on something sharp. Minor cuts and scrapes usually don't require a trip to the emergency room, unless it is related to something else, such as a fall, that places the client at increased risk for other injury. However, any break in the skin places a client at an increased risk of developing an infection.



Cuts and scrapes causes the skin to break open leaving the body unprotected from bacteria and infection. And as you have learned, infections in older or ill clients can be life-threatening.

**Scabs** are common symptoms of skin infections, immune system skin disorders, and injury. Scabs result from the healing process where new skin grows over damaged skin.



Wounds caused by viral skin infections, such as cold sores, chickenpox, or shingles are common causes of scabs. Blisters, tears in the skin, cuts, scrapes, and burns may also cause scabs as they heal.

Rarely are scabs a serious condition. However, any open area on a wound can develop into a serious bacterial infection.

**Swelling** occurs whenever the organs, skin, or other parts of the body enlarge. Swelling is typically caused by inflammation or a buildup of fluids. Swelling can occur inside the body, or it can affect the outer skin and muscles.

A range of conditions can cause swelling of the skin, such as insect bites, illnesses, or injuries. Localized swelling is when a specific area is swollen. For example, a person with an eye infection may experience swelling only around the eyes. A person who has been stung by an insect or has touched something they are allergic to may experience swelling only in the area of the sting or where they have touched something that irritates their skin.



Widespread swelling occurs over a large area of the body and is caused by a build-up of fluid. This is usually a sign of serious illness or a systemic allergic reaction.

*The Hidden Language: Ways to "hear" if your client is experiencing problems that you cannot "see".*

Everyone talks about their problems in a different way. When there is tissue damage or any risk of injury to the skin, it is perceived in various types of sensations or by how the person feels. It can be perceived either as pain, itching, or their skin feels like it's burning, stinging, or tingling. Listen carefully to what

your client says as it may indicate problems with their skin.

**Pain** can occur for many different reasons. Pain should never be ignored and can only be described by the person who is feeling it. Pain is the body's way of telling us that something is wrong. Pain is the "red flag" that tries to get our attention so that we can fix whatever is going wrong. Your client may not say "I have pain because of an open blister on my toe." They may just say, "I have pain", or "My foot hurts and it is burning and aching".



**Burning, Itching, or Stinging** can occur for many different reasons. Trauma to the skin due to insect bites, sunburns, burns caused by heat or chemicals, or injury or impact due to a blunt force can cause a burning, itching, or stinging sensation of the skin and may also cause the skin to feel and look red, hot and swollen.

An allergic skin reaction caused by contact with something that the client is allergic to, such as latex, chemicals, plants, like poison ivy, may be the most common reason for the skin to feel like it is burning, itching, or stinging. When the allergic reaction occurs, a chemical called histamine is released by cells of the skin. This causes the blood vessels to dilate and become leaky, allowing the fluid from the allergen to seep into the skin. The allergen often causes a burning, stinging and/or itchy sensation.

In most skin diseases, such as dermatitis, eczema, or psoriasis, the skin often feels like it's burning. However, itching is often the primary symptom and the person usually ends up scratching their skin where it itches. The scratching of the fingernails leads to little tears in the skin and causes the burning sensation. The biggest concern is that this excessive scratching can introduce bacteria or fungus into the layers of the skin, resulting in infections.

Burning, itching, or stinging can occur by themselves or combination with each other. So, in addition to seeing a client physically "scratch their itch", listen for complaints of itching,

burning and/or stinging such as "my body itches all over" or "I have this spot on my side that just itches and burns so much."

Also, when nerves get damaged or irritated due to underlying chronic conditions, such as Diabetes, it often leads to a burning sensation of the skin. So, if the client complains of their skin burning, even if you cannot visibly see changes in the skin, it could be a symptom of something more serious and would also warrant reporting what you hear to your supervisor.

**Numbness and Tingling** often has a simple explanation, but it may signal a host of different diseases, such a diabetic neuropathy or even be the first symptom of a medical emergency like a stroke. Anything that blocks nerve signals can cause the skin to feel numb or tingle. For example, if you have ever sat on your foot for too long and stood up only to find it feels completely "asleep," you've likely been squeezing nerves in your leg, ankle or foot. That uncomfortable pins and needles feeling is usually the sign of nerve function returning, or in other words, "waking up".

In many diseases, the nerves may be damaged or inflamed causing chronic numbness or tingling sensation. Any mass, enlarged blood vessel, scar tissue, or swelling from infection or injury can cause local squeezing of nerves causing the skin on the surface to feel numb and/or tingly.

The sensation of skin feeling numb is rarely related to something that can be visibly seen. However, a few skin problems that may be visible, such as burns and radiation therapy may destroy nerve fibers, causing a numbness and tingling sensation in the skin.

Your client's may not always share with you what they are feeling, in other words, what you don't see, they won't tell you. Many people believe that complaining is a sign of weakness, especially in men. Or they may believe that if they complain about something they may not be able to stay in their homes. Different cultures and communication barriers (non-English speaking, inability to speak) also may prevent a client from sharing with you how they feel.

Below are some questions that may help clients talk about their symptoms you may not physically see.

- I noticed this *area* (be specific by pointing to the area you can see by describing exactly where it is) on your skin, what does it feel like?
- Does the area hurt, tingle, feel numb, itch, sting, or burn?
- When did it start?
- How long does it last?
- Is there anything that makes the *area* (be specific by pointing to the area or describing exactly where it is) feel better?
- Is there anything that you do that makes it feel better?
- Is there anything that you do that makes it feel worse?

### Reporting Changes in Skin Condition

Reporting is the verbal exchange of information between members of the interdisciplinary health care team. Reporting happens throughout the client's care and when it is necessary to coordinate care or communicate a change in a person's condition to other members of the client's interdisciplinary health care team. Reporting changes in skin condition is the key to finding out any other underlying problems and getting treatment started quickly. You must always report to your supervisor any new problems or changes in the client's status or skin condition when providing care to a client as well as whenever else you think it is necessary. You spend a great deal of time with client's when providing care. You will often be the first to notice a new problem or change in a client's skin condition that should be reported to your supervisor.

Sometimes your supervisor or another member of the interdisciplinary health care team will give you a brief oral report on one of your clients. Listen carefully and take notes if you need to. Ask about anything that you do not understand. At the end of the report, restate what you have been told to make sure you understand. An oral report from another home health aide can be helpful when you are new on a case.

Be careful of misunderstanding when giving or receiving oral reports. If an oral report seems to require a change in your assignment sheet,

request that the change be made by your supervisor.

### Observe and Report Accurately

Observations you make about the client's condition can take two main forms:

- **Objective observations** relate to information that you obtain directly, using one of your five senses (see, hear, touch, smell, taste). For example, you may *touch* a client's skin and feel their skin is hot and sweaty, or you may visibly see a rash all over the client's body.
- **Subjective observations** relate to information that you cannot detect with one of your five senses or cannot measure using equipment (BP cuff, thermometer). For example, a person may *tell* you that she is has itching all over her body or that she has pain and burning sensations in her feet. These observations are subjective because you cannot detect the person's level of itchiness, burning or pain with your own senses. Instead, you must rely on what the person is telling you.

## Observation Facts

- ❖ Observations must be accurate!
- ❖ Observations must not include opinions or guesses!
- ❖ Observations must be reported timely!
- ❖ Observations must be recorded timely!

As you make observations, you must decide what information to pass on to other members of the interdisciplinary health care team and what to report to your supervisor. When deciding what to report regarding changes observed in the client's skin, focus on the word "change". Report observations that indicate "changes" in the person's skin. This includes any changes from normal skin to newly developed problems that are causing normal skin to change, or existing skin problems that are worsening.

If you are ever in doubt about whether you should report an observation to the nurse or your supervisor, remember the following guideline: **When in doubt, report!** It is best to share your observations with your supervisor

and let them determine whether additional follow-up is needed.

Remember that the members of the interdisciplinary health care team, who do not have the opportunity to spend as much time with the client as you do, rely heavily on your observations. When reporting, include as many accurate details as possible, and focus on facts rather than your personal opinions. Look at the following examples:

**Example 1.** Mrs. Miller is recovering from a broken hip. You are to help her bathe and get dressed. Today, during her bath, you observe a reddened area on Mrs. Miller's lower back. You also notice that the area feels warmer than the rest of her skin.

Helpful: "Mrs. Miller has a reddened area on the right side of her lower back, but the skin is not broken open. The area feels warmer to touch than her other skin. When I asked Mrs. Miller what it feels like to her, she said "I was wondering what was going on back there because it has been hurting me and my skin feels a little numb in that area."

Less helpful: "Mrs. Miller has an area on her lower back that looks reddened and feels warm to touch."

**Example 2.** Mr. Anderson is an elderly client. Today, you are to help the client make his bed, shave, and get dressed. You notice smeared blood on his sheets and his skin torn open on his forearm.

Helpful: "While changing Mr. Anderson's bed linens, I observed four small smears of blood on his top sheet. While helping Mr. Anderson dress, I noticed his skin was broken open on his left forearm with a small piece of skin still intact and a small amount of blood. When I asked Mr. Anderson when it happened, he said "It must have happened last night because it wasn't there when I went to bed, and it burns like crazy."

Less helpful: "Mr. Anderson had blood on his sheets and I noticed a sore on his arm."

*Understanding Level of Importance: Knowing when it is an Emergency!*

As an Aide, you make observations about clients all day long. But, how do you know what,

when, and how to report what you see? Below are levels of urgency for reporting problems.

**Level 1: URGENT:** In level 1, you recognize something abnormal and potentially life threatening, for example, a severe burn, fall that causes unconsciousness or anything that causes the client to have abnormal vital signs or difficulty with their ABC's (airway, breathing and circulation).

STOP what you are doing, call 911 if appropriate, and REPORT to your supervisor right away and RECORD your observations in the client chart as soon as you are able.

Remember, anything that endangers clients should be reported immediately, regardless if you believe it is related to the client's skin or not.

Examples include the following:

- Falls
- Difficulty breathing
- Change in mental status
- High fever
- Loss of consciousness
- Bruises, abrasions, skin tears, or other signs of possible abuse
- Chest pain
- Abnormal blood pressure, pulse, respiration
- Sudden weakness or loss of mobility
- Bleeding
- Change in client's condition

**Level 2: MAJOR:** In level 2, you recognize abnormal changes in the client's skin that may require intervention but are NOT immediately life-threatening.

COMPLETE your task with the client and REPORT what you see to your supervisor before leaving the client's home and RECORD your observations in the client chart as soon as you complete your task with the client.

**Level 3: MINOR:** In level 3, you recognize abnormal changes in the client's skin, but the change is not a new observation and the change has already been reported to your supervisor. Although there is no urgency in level 3 to immediately report, these observations should not be ignored.

COMPLETE your task with the client and REPORT what you see to your supervisor as

soon as you are able and RECORD your observations in the client chart as soon as you complete your task with the client.

## WHEN IN DOUBT, REPORT!!!!!!

### Recording Changes in Skin Condition

Recording, also called documenting, is the written exchange of information between members of the interdisciplinary health care team. Members of the interdisciplinary health care team rely on what is documented to evaluate the client's condition (for example, how well the person is responding to treatment) and to make decisions about future care measures.

Recording takes place on various forms, which are contained in the client's record (a legal document that details the client's condition, the measures taken by the interdisciplinary health care team to diagnose and manage the condition, and the client's response to the care provided).

Traditionally, client records have been kept on paper, but electronic medical records (kept on a computer) are becoming more common. Depending on your agency's policy, you may be responsible for recording electronically or by hand writing your observations. It is important to record your observations correctly and accurately. Also, whenever you record information in the client's record, include the date, the time and your signature/title or initials. The client's record is a legal document. As such, it is a formal accounting of the care/service a person receives while in your agency's care, and can be used as evidence should a legal problem or dispute arise.

When working with a client's record, it is very important to remember what you learned in HIPAA about maintaining the client's confidentiality. Always return paper records to their proper location in your agency's office when you are finished using them or when turning in your notes. If electronic client records are in use, always log off the computer when you are finished using it. Remember that only the members of the interdisciplinary health care team who are directly involved in providing care to the client should have access to the client's record.

### *Record What You See, Hear, Touch, and Smell*

The client record is the place that provides information on how your client is doing. Your notes are vital. After all, you probably spend more time with the client than anyone else on the interdisciplinary health care team. You have learned how your clients behave, how they respond to your care, and what to look for.

Document exactly what your client tells you. Use quotations from the client as much as you can, writing exactly what your client said. For example:

*Mr. Williams stated today "I have really bad pain on my right hip." He stated that "the burning pain began last night." His right thigh looks reddened and the skin feels hot to touch in the reddened area only. He does not have any broken skin or open sores.*

Recording is the result of your observations or what you have recognized and reported as changes in skin condition. When recording changes in skin, always record what you see, touch, smell, and hear.

#### What you see:

- Abnormal color (reddish, bluish, pale, yellowish)
- Excessive Moisture (sweat, urine, feces, and/or wound drainage)
- Lack of Moisture (dry, scaly skin, cracked skin/lips)
- Bruising
- Reddened areas (burns, rashes, dermatitis, hives)
- Broken skin, open sores, blisters, cuts, scrapes, scabs
- Swelling anywhere on the body
- Scratching their skin
- Expressions of pain (grimacing, shutting eyes tightly)

#### What you hear:

- Statements about how the person feels (itchy, burning, stinging, tingly, numbness, pain)
- Breathing problems (coughing, wheezing, hoarse voice)

#### What you touch:

- Skin temperature (hot, warm, cool)
- Lumps/bumps on or under the skin

#### What you smell:

- Body odors, wound discharge

## Summary

Remember, skin is an organ just like the heart and lungs and it is the largest organ of the human body. So, it deserves some attention. After all, skin protects us from germs and infections. And, just like you wouldn't ignore an abnormal heart rate, temperature, or respirations, you shouldn't ignore sores, rashes, redness, pain, swelling or other problems with your client's skin.

Recognizing and reporting changes in a client's skin is key to preventing a potential problem or real problem from becoming worse. As an aide, you are a vital part of the interdisciplinary health care team. You often see signs and recognize changes in a client's skin long before anyone else.

It is not expected that you know the exact cause or reason behind the change in skin condition or the diagnosis of the problem. It is expected that you can correctly recognize, report, and record changes in a client's skin.

If you are not sure if you should call your supervisor, MAKE THE CALL!! It is always better to be safe than sorry, especially when your elderly client could have or could develop a life-threatening problem.

### Suggested Reading:

Providing Home Care, A Textbook for Home Health Aides-4<sup>th</sup> Edition, by William Leahy, MD with Jetta Fuzy, RN, MS and Julie Grafe, RN, BSN

Mosby's Textbook for the Home Care Aide-3<sup>rd</sup> Edition, by Joan Birchenall and Eileen Streight; Home Care: Client and Family Instructions, Zastocki, Rovinski-Wagner

Richard W. Besdine, M.P (n.d.). *Merck Manual: Consumer Version*. Changes in the Body with Aging, <http://www.merckmanuals.com/home/older-people-s-health-issues/the-aging-body/changes-in-the-body-with-aging> accessed July 2017

National Library of Medicine, National Institute of Health (NIH), Medline Plus – Rashes <http://www.nlm.nih.gov/medlineplus/rashes.html> accessed July 2017

National Library of Medicine, National Institute of Health (NIH), Medline Plus – Rashes <http://www.nlm.nih.gov/medlineplus/burns.html> accessed July 2017