Reflections from a hospice: how to involve carers in skin management

Kirkwood Hospice in Huddersfield manages patients with life-limiting conditions by controlling symptoms as well as providing terminal care. A change in patient profile has meant that it now receives patients at any stage of their illness, including those with a recent diagnosis. Interventions depend on the physical condition of the patient; however, all patients are assessed on admission for their risk of skin damage and appropriate preventive measures are initiated.

In 2011 more than 29 million (29,063,194) people died from diseases requiring palliative care worldwide, with the estimated number of people in need of end-of-life care estimated at 20.4 million (World Health Organization, 2014). The biggest proportion (94%) are adults; 69% are over 60 years old and 25% are aged 15–59 years. Only 6% of all people in need of palliative care are children (WHO, 2014).

WHO (2013) defined palliative care as being an approach that improves quality of life for patients and their families facing problems associated with life-threatening illnesses. Interventions should include pain and symptom control with respect to the patient’s individual needs and spiritual and cultural preferences; facilitating open and inclusive conversations about decisions among staff, patients and their families; and providing practical and emotional support and resources throughout life-threatening illness and the dying process (American Academy of Hospice and Palliative Medicine, Center to Advance Palliative Care, Hospice and Palliative Nurses Association, Last Acts Partnership, National Hospice and Palliative Care Organization, 2004).

MANAGING SKIN INTEGRITY
As the global population continues to increase and age, effective management of skin integrity and prevention of skin breakdown becomes more of a priority. People who require palliative care are at particular risk of skin breakdown. The goals of palliative wound care have been described by Neena (2011) as stabilisation of existing wounds, prevention of new wounds (if possible) and managing symptoms of complications to improve patient comfort, well-being and quality of life.

Although a fundamental aspect of care, managing skin integrity and wounds in a palliative care environment can often be challenging due to the associated comorbidities. Education and training for care staff are essential to provide skills and underpin the knowledge to deliver evidence-based interventions.

WOUND CARE CHAMPIONS
The introduction and support of wound care champions at Kirkwood Hospice has provided an effective way to put in place skin and wound care interventions for palliative care patients. The wound care champions attend regular wound care updates at the local trust where tissue viability nurses and other experts share their knowledge and expertise of wound and skin care. The champion returns to the hospice and uses link meetings to pass the information on to all staff members to ensure continuity of care.

Local policies have also been adapted and intentional rounding has been introduced, which is a structured approach to care where nurses check on patients at set times to assess and manage their care (Forde-Johnston, 2014). It has been used at the hospice to ensure that a skin assessment is undertaken regularly, including vulnerable areas such as heels, sacrum, elbows and behind the ears for those who are receiving oxygen therapy via...
nasal cannula. Although no formal audit has been completed, the incidence of pressure ulcers has reduced since this was introduced. If a category one pressure ulcer is identified, it highlights the need for reassessment of all risk tools, including manual handling, Waterlow and nutritional assessments, and it may indicate a need to change mattresses and improve nutrition as well as turning the patient more frequently, prompting patients to do this independently if they are able.

**REFERENCES**


