



Care Homes Newsletter

Issue 3, July 2018 Care Homes Newsletter for Care Home Staff, General Practitioners and Community Pharmacists

Skin

In the third edition of the newsletter, we will be focusing on areas related to skin.

Fire Risk of Paraffin-Based Emollients



There have been 37 fire deaths in England linked to paraffin-based emollients between 2010 and March 2017.

When patients are being treated with a paraffin-based product that is covered by a dressing or clothing, there is a danger that smoking or using a naked flame could cause dressings or clothing to catch fire. Examples of paraffin-based emollients include:

- white soft paraffin
- white soft paraffin plus 50% liquid paraffin
- emulsifying ointment

The risk is greater when these preparations are applied to large areas of the body, or when dressings or clothing become soaked with emollient.

For further information and governmental guidance, please see the below link attached <http://www.gov.uk/drug-safety-update/paraffin-based-skin-emollients-on-dressings-or-clothing-fire-risk>

Oxygen – a paraffin free emollient must be used.

Nutrition and wound healing



It may come as a surprise but good nutrition is essential for pressure ulcer prevention and wound healing. NICE is clear that pressure ulcers are more likely to occur in people whose nutrition is impaired, and NHS Improvement have just produced a great resource "[Eat well, drink well and keep the skin well: Key nutrition and hydration messages to prevent pressure ulcers and promote wound healing](#)" which advises how to assess and meet the nutritional needs of people with a pressure ulcer or similar wound.

Application of patches

Different types of medicines are available in patch form; some include pain killers, medicines to treat Parkinson's disease, and medicines to control nausea and vomiting. We would like to provide care home staff with some information relating to the use of patches in care home settings.



Application

- The interval between patches can vary. Patches should be applied at the frequency determined by the prescriber.
- The site of application should be rotated with each application in accordance with the manufacturer's instructions. The manufacturer may recommend that the same site should be avoided for a certain length of time. This varies from patch to patch. Always check the patient information leaflet.
- Patches should not be applied immediately after a person has had a bath or shower, as heat can increase the absorption of some medicines into the bloodstream.
- Old patches should be removed, folded in half and safely disposed of, before applying a new patch.

Record keeping

- The application of a patch should be recorded on the MAR chart.
- The specific location of the patch should also be recorded. This may be on the MAR chart if there is sufficient space or using another template e.g. a body map or a patch chart.
- When a patient is transferred between settings, staff should ensure that information around the date, time and site of application, are communicated.

3M™ Cavilon™ Barrier Cream

Fast Facts

- A barrier cream that is used to protect intact skin from bodily fluids such as urine, faeces and wound exudate.
- Highly concentrated formulae means a little goes a long way – apply sparingly in pea-sized increments.
- Ensure the area is completely dry before applying and once applied, wait 30-60 seconds for the cream to dry.
- Re-apply every 48-72 hours; if incontinent, reapply after every 3rd or 4th incontinent episode.



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Pressure Ulcers

Pressure ulcers develop when there is too much pressure on the skin, blood flow to the skin can become inadequate depriving it of nutrients and oxygen.

Pressure ulcers are graded in **stages 1- 4** with 4 being the most serious.

Tips in preventing pressure ulcers:

- **Risk Assessment:** A clearly documented risk assessment is vital in identifying preventing and treating pressure ulcers.
- **Skin Inspections:** The first sign of tissue damage is redness on the skin that does not go away, heat and swelling.
- **Skin care:** keeping skin clean, dry, and hydrated can help prevent damage. Any rubbing or friction should also be avoided.
- **Moisture:** excessive perspiration, moisture and incontinence can cause skin damage.
- **Incontinence:** incontinence and pressure ulcers often co-exist. The use of incontinence pads with the appropriate application of a barrier cream can be helpful if appropriate.
- **Nutrition:** good nutrition and hydration is essential.
- **Position:** Shoulder blades, tailbone, elbows, heels and hips are the most common sites for pressure ulcers as these areas contain little muscle and fat.
- **Ergonomics:** The environment should be suited to support the performance of everyday tasks consider the size and placement of furniture such as beds, chairs and mattresses.
- **Repositioning:** Everyone should be encouraged to reposition themselves. For those who require assistance, repositioning should be undertaken with consideration for comfort, dignity and functional ability.
- **Pressure relieving equipment:** Has 2 main functions — to relieve pressure and to provide comfort. The use of this equipment must be individualized and appropriate for the person using it.

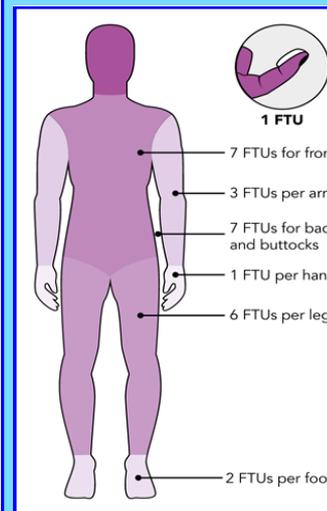
Ensure to seek advice from your Tissue Viability Nurse (TVN) or wound care specialist to provide with additional support in the prevention, identification and treatment of pressure ulcers.

The picture opposite should support you in helping to identify a pressure ulcer.

Finger Tip Unit for Topical Steroids

Topical steroids work by reducing inflammation in the skin. Unlike many other creams and ointments, it is important to get the dose right when using topical steroids.

This is why a standard measure is often used - **the fingertip unit (FTU)**.



No of fingertip unit needed for different parts of body.

- One FTU is the amount of topical steroid that is squeezed out from a standard tube (with standard 5 mm nozzle) along an adult's fingertip.

- A fingertip is from the very end of the finger to the first crease in the finger.

- One FTU is enough to treat an area of skin twice the size of the flat of an adult's hand with the fingers together.

- Two FTUs are about the same as 1 g of topical steroid.

Example:

- ⇒ If treating an area of skin the size of eight adult hands, you will need four FTUs for each dose.
- ⇒ This is 2 g per dose.
- ⇒ If the dose is once a day, then a 30 g tube should last about 15 days .

