

RUH Tissue Viability

Care of Common Skin & Tissue Viability Problems

These guidelines should be used *in addition to* prescribed medical and nursing care

General skin care

- Cleanse skin gently with Aqueous cream & water, pat dry.

Appearance	Treatment
<p>Mild – moderately dry skin:</p> <ul style="list-style-type: none"> ▪ Powdery ▪ Patches of dry, flaky skin ▪ Irritation 	<ul style="list-style-type: none"> ▪ Twice daily application of Epimax cream
<p>Very dry skin:</p> <ul style="list-style-type: none"> ▪ Very dry ▪ Feels rough ▪ Large flakes ▪ Distressingly irritant 	<ul style="list-style-type: none"> ▪ Apply 50/50 (50% liquid & 50% soft white paraffin) at every dressing change or Zeroderm or Isomol gel
<p>Severely dry skin:</p> <ul style="list-style-type: none"> ▪ Fissures / peeling ▪ Epidermal thickening ▪ Dry desquamation ▪ Distressingly irritant 	<ul style="list-style-type: none"> ▪ <i>Refer to Dermatology</i> Send pink slip to the Senior Nurse for Dermatology or bleep http://webserver/clinical_directory/clinical_depts/kinghorn_dermatology_unit/index.asp?menu_id=1

Care of Lymphorrhoea

Appearance	Treatment
<p>Lymphorrhoea:</p> <ul style="list-style-type: none"> ▪ Leakage of lymph fluid through the skin 	<p><i>Refer to the lymphoedema service:</i></p> <ul style="list-style-type: none"> ▪ Call ext: 1501 to refer or for advice ▪ Referral forms are also available on the intranet under Lymphoedema clinic documentation: http://webserver/clinical_directory/clinical_depts/cancer_services/lymphoedema.asp#4 ▪ Refer to the lymphedema pages on the intranet for guidance on safe soft bandaging: http://webserver/clinical_directory/clinical_guidelines/documents/lymphoedema/management%20of%20oedema%20in%20advancing%20disease.pdf

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Lower limb acute cellulitis

These guidelines should be used *in addition to* prescribed medical and nursing care. See also Acute Medicine Clinical Guidelines:

Cellulitis: http://webserver/clinical_directory/clinical_guidelines/documents/medicine/ACUTE-016_Cellulitis.pdf

<ul style="list-style-type: none"> ▪ Send wound swab for M, C & S ▪ Blood cultures for culture & sensitivity if septic ▪ Delineate borders of cellulitis with a marker pen ▪ Antibiotics as prescribed ▪ Regular observations ▪ Cleanse skin gently with warm water & Dermol 500 	<ul style="list-style-type: none"> ▪ Bedrest and elevation of affected limb - <i>foot must be higher than hip</i> for elevation to be effective ▪ Observe for signs of necrotising fasciitis i.e. dusky, purple or necrotic areas. Inform medical team immediately if suspected
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Appearance	Treatment
<ul style="list-style-type: none"> ▪ Erythema, redness & oedema ▪ Limb tense & painful ▪ Skin intact - no broken / blistered / ulcerated areas 	<ul style="list-style-type: none"> ▪ Apply Epimax or Dermol 500/cream twice daily ▪ Apply a double layer of Comfast yellow-line toe to knee
<ul style="list-style-type: none"> ▪ Increasing / spreading cellulitis ▪ Skin broken - superficial blistering / ulceration 	<ul style="list-style-type: none"> ▪ Apply Epimax or Dermol 500/cream to un-broken areas ▪ Apply the following to broken areas: <ol style="list-style-type: none"> 1. Actilite 2. Surgipads or Kerramax 3. Toe to knee K-Soft & K-lite bandages
<ul style="list-style-type: none"> ▪ Not responding to treatment above ▪ Extensive blistering / ulceration ▪ Heavy exudate (requiring more than once daily dressing changes) ▪ Necrotic areas 	<ul style="list-style-type: none"> ▪ Liaise with Microbiology re: antibiotics ▪ Refer to one of the following as appropriate: <ul style="list-style-type: none"> ▪ Vascular Nurse ▪ Dermatology – urgent pink slip referral