

Caring for the Hospice Patient

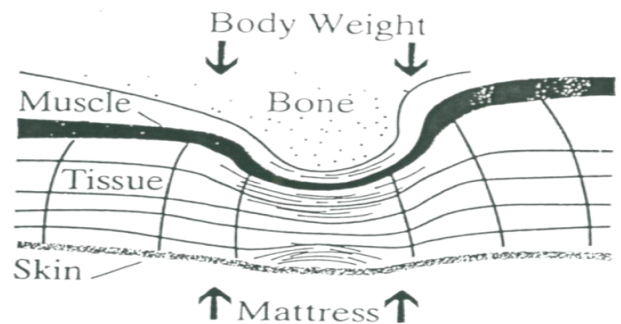
A Guide for Skin Care

- Inspect:** Inspect the patient's skin daily. A mirror can be used to look at hard-to-see areas. Pay special attention to pressure points (see next page). The goal is to find and correct problems before pressure ulcers form.
- Bath:** Soiled skin should be cleaned as soon as it is soiled. A daily bath is not required but may be preferred by the patient. Bathe with warm water (not hot water). Use mild soap to prevent dry skin, baby oil can be added to the water. Apply lubricating lotions or creams to keep skin soft and intact.
- Control Moisture:** Use pads or diapers to draw urine away from the patient's skin. Barrier creams and ointments will help protect the skin from moisture. A Foley catheter can also be inserted to help keep the patient dry.
- Positioning:** When moving the patient, avoid rubbing the patient's skin on the sheets. A lift pad or sheet can be used to help move the patient in bed. The patient's position should be changed every few hours when in bed or in a chair. Report to the hospice nurse if changing position causes pain or the patient refuses to turn; remember providing comfort is the most important factor. Use pillows and foam wedges to keep bony parts from direct contact with the bed or chair and from touching each other. Keep bed sheets tight to prevent wrinkles. The hospice staff can train you on ways to properly position someone in bed. The hospice nurse may suggest a special mattress to help reduce pressure.
- Avoid:** Avoid massaging skin over bony parts of the body. Massaging may squeeze and damage the tissue under the skin. Avoid the use of donut-shaped (ring) cushions as they will reduce the blood flow. Avoid having the patient lie directly on the hip bone when lying on their side. Avoid having the patient sit in a wheelchair for long periods of time.
- Treatment:** Even with the best care, skin breakdown may occur. If this happens, the hospice nurse will help you care for pressure sores. There are special dressings and treatments that can be used.

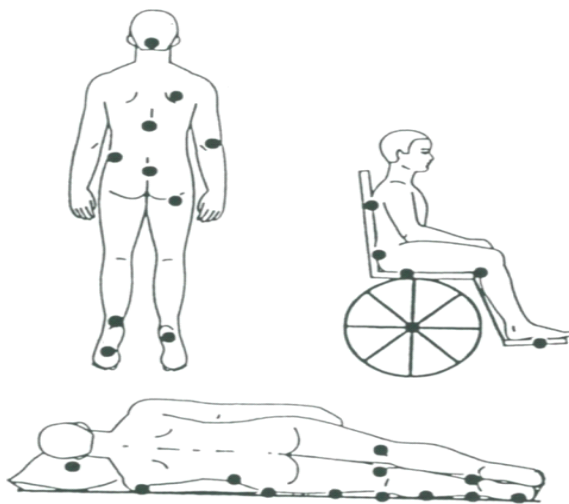
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Skin problems: Bed sores, pressure sores and decubitus ulcers are injuries that occur from unrelieved pressure that damages the skin and underlying tissue. Unrelieved pressure on the skin squeezes tiny blood vessels which supply the skin with nutrients and oxygen.



Risk areas:



Risk factors: Being confined to bed or a chair; being unable to move; loss of control of bowels and/or bladder; poor nutrition; and lowered mental awareness.

Risk Areas: Hip bone, tail bone, heels, ankles, shoulder blades, spine and back of head.

Pressure sores can develop where bone causes greater force on the skin and tissue and squeezes them against the surface of the mattress or chair. Patients who are unable to move by themselves cannot relieve this

pressure on their skin.

Warning Signs: Watch for signs of early skin breakdown that can lead to pressure sores:

- Discoloration of skin (bright pink to redness).
- Increased warmth to area.
- Area is firm to touch.
- Blister or loss of skin.
- Cracked skin.

Call the hospice nurse at 815-732-2499 if you see any of these warning signs of a pressure sore.

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A Guide for Mouth Care

- Good oral hygiene will help provide comfort to the patient.
- It is also important that good oral hygiene be provided to comatose patients. They often breathe only through their mouths, which causes dryness and cracking.
- Cleanse the mouth using sponges dipped in warm water.
- The patient should have their head elevated to prevent choking. Be careful not to make the patient gag.
- You can also wash the mouth with a damp wash cloth wrapped around your index finger.
- Apply Carmex[®], lip balm, KY Jelly[®], or Oral Gel to dry lips several times each day.
- Be careful using strong mouthwash products. Due to the alcohol content, the mouth will dry out even more.
- If the patient is unconscious remove dentures.

Decrease in Appetite:

- A decrease in appetite is natural because the body functions are slowing down and the body has a sense of what it needs. Because of the social connection we have with food, this can be hard for family members to understand. The person is not “starving.” The body can no longer process food so the person is no longer interested in eating. When a patient at this stage eats it can make them very uncomfortable and cause them physical distress.