Skin Care

promoting healthy skin
Champions for Skin Integrity

This guidelines summary has been developed for health professionals caring for people with impaired skin integrity or those at risk of loss of skin integrity. Assessment and management of skin integrity should be undertaken by health professionals with expertise in the area.

For this summary, all recommendations have had their levels of evidence classified as follows:

Level I	Evidence from a systematic review or meta-analysis of at least two level II studies
Level II	Evidence from a well-designed randomised controlled trial (for interventions), or a prospective cohort study (for prognostic studies)
Level III	Evidence from non-randomised studies with some control or comparison group
Level IV	Evidence from studies with no control or comparison group
EO	Consensus statements provided by a national or international panel of experts in the area.

This is a summary of recommendations from the following sources, which should be accessed for further details as required:

1. Haesler E, Carville K. Australian Standards for Wound Prevention and Management: Australian Health Research Alliance, Wounds Australia, WAHTN; 2023. https://woundsautralia.org/ocd.aspx
2. Wounds UK. Best Practice Statement: Maintaining skin integrity. Wounds UK; 2018. https://wounds-uk.com/
3. Fastner A et al. Skin assessments and interventions for maintaining skin integrity in nursing practice: An umbrella review. Int J Nurs Studies 2023;143:104495.
4. Lichterfeld-Kottner A et al. Maintaining Skin Integrity in the aged: A systematic review. Int J Nurs Studies 2020;103;1-23.
5. Cowdell F et al. Hygiene and emollient interventions for maintaining skin integrity in older people in hospital and residential care settings. Cochrane Database Syst Revs 2020;CD011377.
6. Angelova-Fischer I et al. Accelerated barrier recovery and enhancement of the barrier integrity and properties by topical application of a pH 4 vs. a pH 5·8 water-in-oil emulsion in aged skin. Br J Dermatol 2018;179;471-477.
7. Beeckman D et al. Best practice recommendations for holistic strategies to promote and maintain skin integrity. Wounds International 2020. https://woundsinternational.com/
8. Carville K et al. The effectiveness of a twice-daily skin-moisturising regimen for reducing incidence of skin tears. Int Wound J 2014;11;446-53.
9. Beeckman D et al. Interventions for preventing and treating incontinence-associated dermatitis in adults. Cochrane Database Syst Revs 2016;CD11627.
10. EPUAP, NPIAP, PPPIA. Prevention and treatment of pressure ulcers/injuries: Clinical practice guideline: EPUAP, NPIAP, PPPIA; 2019. https://internationalguideline.com/
11. Raepsaet C et al. Promoting and Maintaining Skin Integrity in End-of-Life Care: A Systematic Review. Advances in Skin & Wound Care 2022;35;617-631.

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Assessment

1. Undertake a comprehensive, holistic, skin assessment and reassessment if there is a change in condition.[1,2] (EO)
2. Risk factors for skin damage include:
   - age
   - cognitive impairment
   - dehydration, poor nutrition
   - obesity
   - medications (e.g., immunosuppressive, anti-inflammatory, anticoagulant)
   - incontinence
   - chronic disease, critical illness
   - impaired mobility
   - impaired circulation
   - radiation therapy[2] (EO)

Management and Prevention

3. Develop a prevention plan for those found at risk of loss of skin integrity.[2] (EO)

   A structured approach to skin care may improve skin integrity[3] (II) and decrease incontinence-associated dermatitis (IAD) severity.[4] (III)
4. Use of skin cleansers with syndets or amphotheric surfactants,[3,4] or cleansers with moisturisers[5] may lessen skin dryness compared to soap and water. (III)
5. Use of low-irritating cleansers with pH close to skin pH may improve skin integrity and/or the skin barrier in aged skin.[3,4,6] (III)
6. Low-irritating cleansers with dimethicone and emollients are more effective than soap and water for protecting skin from incontinence-related skin problems.[4] (III)
7. Dry skin gently and carefully after washing, avoid rubbing.[2] (EO)
8. Avoid dryness or maceration of skin (e.g., moisturise dry skin, avoid sustained contact of skin with fluids, encourage continence).[5,7] (EO - III)
9. Moisturise dry skin at least twice daily.[2,8] (II)
10. Moisturisers containing lipophilic humectants (e.g., urea, glycerol) are recommended for prevention of dry skin and reduction of pruritus.[4] (II)
11. Avoid using aqueous cream containing sodium lauryl sulphate for moisturising, to avoid sensitivities and drying.[2] (III)
12. Applying a skin protectant or moisture barrier product may help prevent IAD.[4,9] (III)
13. Gently smooth on moisturiser or barrier cream in the direction of body hair, don't rub.[2] (EO)
14. Protect skin exposed to friction:
    - consider prophylactic soft silicone foam dressings on bony prominences[10] (II)
    - consider use of silk-like fabrics, to reduce sheer and friction[10] (III)
    - avoid vigorous massage over bony prominences[10] (EO)
15. Employ correct lifting and manual handling techniques to avoid friction and shear.[10] (IV)
16. Maintain optimal nutritional status with adequate calories, hydration, protein, vitamins and minerals to meet the person's needs.[10] (EO)
17. At the end of life, optimise the balance of people's preferences, strategies to promote skin integrity, and promoting comfort and dignity.[11] (EO)