



**This is a guide only and does not
replace clinical judgment**

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Dementia and Skin Integrity

Information for health professionals



Dementia & Skin Integrity

Assessment

- Undertake a comprehensive, structured assessment and document:
 - **Risk Factors** for occurrence or delayed healing of wounds (as below)
 - **Behaviour** - to identify possible triggers for aggression or agitation
 - **Pain** – using a validated pain scale (e.g., Abbey Pain Scale¹)
 - **Sensory changes** – e.g., altered perception of skin stimulation
 - **Risk** of skin tears
 - **Malnutrition**

Risk Factors for wounds

- History of falls
- Aggression
- Impaired communication / sensory awareness
- Malnutrition
- Extremes of movement / mobility
- Delirium / postoperative cognitive impairment

Management

- Regularly check footwear (particularly for those who are ambulant)
- Refer to dietician where risk of undernourishment or malnutrition is identified
- Tube feeding is not recommended for pressure injury prevention
- Consider non-pharmacological interventions to address behaviour changes
- Use simple, clear, consistent communication to inform the person with dementia of the wound care plan
- Consider using familiar staff and appropriate times of day to conduct wound care
- For those having surgical procedures, develop wound care plans specific to persons living with dementia.

Dementia and impaired cognition are risk factors for the development and delayed healing of wounds and predispose people to a higher risk of skin tears and pressure injuries.

Prevention

- Moisturise skin regularly
- Use correct transfer and mobilisation techniques to avoid skin trauma
- Use pressure-relieving devices or surfaces and repositioning strategies as appropriate
- Implement strategies for prevention of infection post-surgery.

