



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

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# Dementia and Skin Integrity

Information for health professionals



School of Nursing, Faculty of Health  
Queensland University of Technology  
Kelvin Grove Qld 4059 Australia  
E: (Wound Healing): [woundresearch@qut.edu.au](mailto:woundresearch@qut.edu.au)

This Project was previously funded by the Australian Government Department of Health and Ageing under the Encouraging Better Practice in Aged Care Program.

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TEQSA Provider ID PRV12079 Australian University | CRICOS No.00213J



# 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 Scale<sup>1</sup>)
  - **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 dietitian 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.

