MANAGING SKIN CHANGES AT LIFE'S END

Caring for the dying patient presents many challenges, not least the maintenance of skin integrity. Occasionally, despite receiving all of the necessary interventions, patients will still develop damage to their skin. These ulcers are now being recognised as inevitable skin changes at life's end, however, it is still vital that all preventative measures are taken and documented.

Pauline Beldon is a Tissue Viability Nurse Consultant, Epsom and St Helier University Hospitals NHS Trust

End of life is defined as a phase in life when an individual experiences physical deterioration, which will eventually cause their death. This is not restricted to the short period just before death, but may begin some weeks or even months beforehand (Qaseem et al, 2008).

As the body enters this stage and organs begin to fail, it is not unusual for very elderly individuals to develop worsening renal failure. In addition, the blood supply to the extremities weakens and this may affect the feet, which may become blue or purple (sometimes known as dusky) and feel very cold.

The skin is yet another organ whose function may begin to deteriorate at the end of life. The skin often reflects what is happening to the patient internally, hence the dusky extremities, signalling that the blood supply to the feet/skin is compromised and reflecting an overall failure in circulation.

Clinicians who manage patients who suffer extremely debilitating effects during the final months of their life often find that despite providing good skin care, regular repositioning, providing appropriate pressure-relieving equipment and ensuring adequate nutrition, some patients will still develop pressure damage. This is frustrating for clinicians and in some cases may be regarded as a failure to care by patients' relatives. This can lead to complaints or even litigation.

The development of pressure damage in the final days of life is not a new phenomenon. Charcot (1877) described specific butterfly shaped pressure damage over the buttocks in patients at the very end of life *(Figure 1).* More recently, Kennedy (1989) recorded the Kennedy terminal ulcer as a specific subgroup of pressure ulcers developed by some individuals as they die. These are usually butterfly shaped, but not always, and are often located on the sacrum, but can also occur on other sites.

Other investigators have also commented on the sudden onset of pressure damage within seven days before death (Hanson et al, 1991; Bale et al, 1995; Galvin, 2002; Reifsynder and Magee, 2005).

GUIDANCE

In 2009 a panel of experts from the USA published a consensus statement on skin changes at life's end (the group used the acronym SCALE to describe the phenomenon) (Sibbald et al, 2009). The document provides guidance for nurses and other healthcare professionals on the best care of patients and their skin at the end of life and incorporates the following points (Sibbald et al, 2009):

- Skin changes at the end of life are the result of reduced

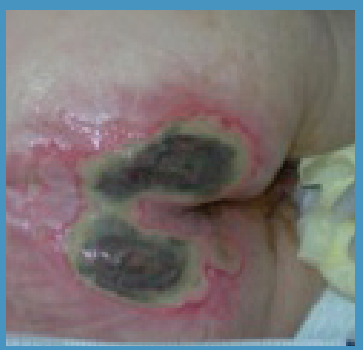

Figure 1. Example of the type of butterfly shaped ulcer that can appear shortly before death in some patients.

skin and soft tissue blood perfusion, a decreased resistance to external pressure and the skin's reduced inability to remove metabolic waste
- Physiological changes that occur as a result of the dying process (such as the individual's blood pressure becoming lower) may affect the skin and soft tissues and be observable as changes in skin colour, texture or integrity They may also cause pain. These changes may be unavoidable despite appropriate interventions
- The plan of care and the patient's response to that care should be thoroughly documented
- Patient-centred concerns, such as pain management and activities of daily living should be the priority in any care plan
- Team planning, which should include both patient and relatives, is important and must include care planning and the potential for SCALE, such as skin breakdown and pressure ulceration.

Signs and symptoms associated with SCALE may include:
- Muscle weakness and inability to move independently
- Loss of appetite, weight loss, cachexia (severe wasting), dehydration
- Reduced skin perfusion of blood and, therefore, oxygen
- Loss of skin integrity due to incontinence, skin tears, body fluids/exudate, and equipment and devices, such as intravenous cannulae
- Reduced immunity that increases the risk of infection.

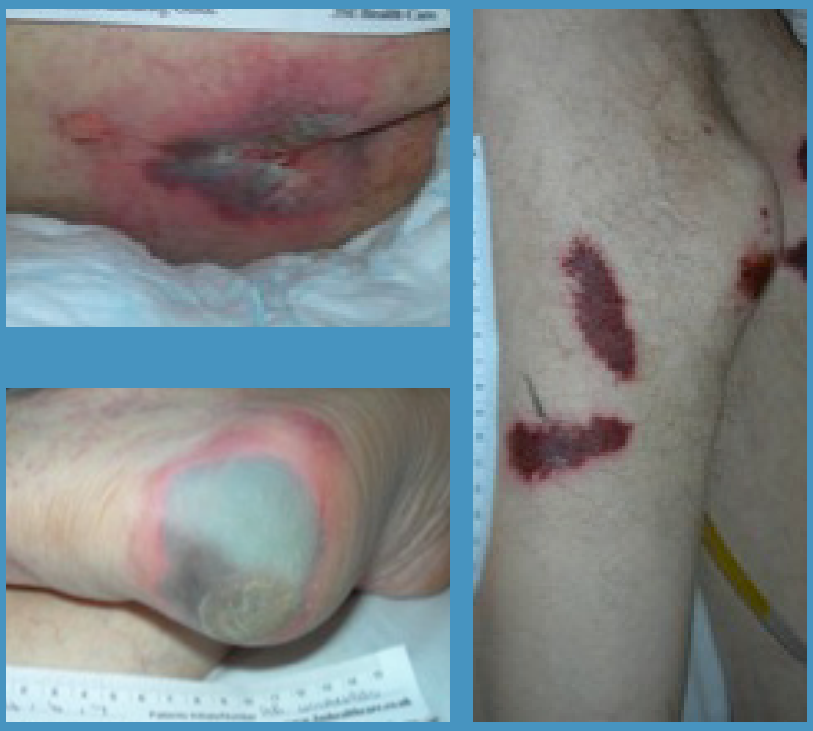

Figure 2. Ms C experienced sudden onset of pressure ulceration four days before her death.

Management

Management of SCALE should incorporate the following (Sibbald et al, 2009):
- A comprehensive skin assessment should be performed regularly, with special attention paid to bony prominences and areas with underlying cartilage, i.e. the ears. The status of the skin and any abnormalities should be described and documented
- Advice should be sought from an identified expert, e.g. doctor or tissue viability nurse, in the case of any skin changes associated with pain, signs of infection, skin breakdown, or when the patient/relatives express concern
- Probable skin changes and goals of care should be considered, e.g. palliation of symptoms, preservation of skin interventions, patient wishes
- Patients and their relatives should be educated regarding SCALE and the plan of care.

CASE STUDY

Ms C was an 87-year-old woman who was being nursed in hospital. She had advanced Parkinson's disease, dementia and respiratory disease.

Five days before she died, Ms C developed a butterfly shaped ulcer on her sacrum along with other lesions on her heels and knees (*Figure 2*). This was despite being nursed on a high specification pressure-relieving mattress, being repositioned every two hours, and receiving adequate nutrition and subcutaneous fluids. Therefore, Ms C was taken under the care of the palliative care team, who

instigated pain relief and moved her onto a low air loss mattress to provide greater comfort.

CONCLUSION

While skin deterioration at the end of life may be normal, this does not mean that these changes should be accepted as inevitable. Clinicians' responsibility is to care for individuals to the end of their life, including palliation of symptoms, provision of optimal care, and using appropriate pressure-relieving equipment. WE

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