



Skin Changes  
At Life's End (SCALE) 2012:  
Clinical Considerations

Hanover Hospital  
Wound Care Services  
October 8, 2012



Skin Changes At Life's End  
(SCALE) 2012:  
Clinical Considerations

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**Diane L. Krasner**

PhD RN CWCN CWS MAPWCA FAAN

Wound & Skin Care Consultant &

Adult Nursing Coordinator

Adult Nursing Education Program

York County School of Technology

York PA USA



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**DISCLAIMER**

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**Objectives:**

By the end of this *reflective* session, you will be able to:



Analyze **6** key clinical considerations related to Skin Changes At Life's End.



Integrate at least **3** new SCALE interventions in your day-to-day practice.



Questions - Comments

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## Background

on Skin Changes  
At Life's End (SCALE)



18 month process  
18 panel members  
52 distinguished  
reviewers  
Modified Delphi  
Process



## SCALE Expert Panel

First Meeting  
April 4-6, 2008  
Chicago, IL

Supported by  
an unrestricted educational grant  
from Gaymar Industries



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## Final Consensus Document

Annotated Bibliography

Enabler (3 pages)

Powerpoint Presentation



[www.gaymar.com](http://www.gaymar.com)

> Clinical Support & Education

> SCALE Consensus Documents

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## SCALE FINAL CONSENSUS DOCUMENT

**RELEASE DATE:  
OCTOBER 1, 2009**

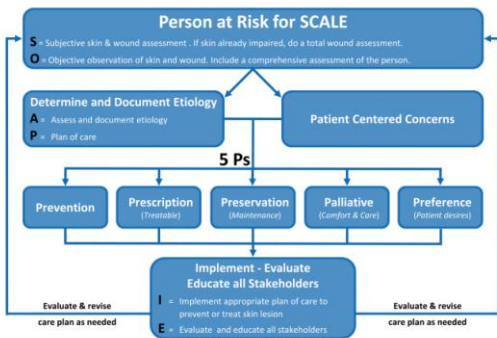
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**10 Consensus Statements**  
**2 Tables, 1 Figure**  
**Glossary of Terms**  
**References**



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The skin is essentially a window into the health of the body, and if read correctly, can provide a great deal of insight into what is happening inside the body.

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A comprehensive, individualized plan of care should not only address the patient's skin changes and co-morbidities, but any patient concerns that impact quality of life including psychological and emotional issues.

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The patient's circle of care includes the members of the patient unit including family, significant others, caregivers, and other healthcare professionals that may be external to the current interprofessional team.

18

For pressure ulcers, it is important to determine if the ulcer may be (i) healable within an individual's life expectancy, (ii) maintained, or (iii) non-healable or palliative.

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Healthcare professionals need to facilitate communication and collaboration across care settings and disciplines; organizations need to prepare staff to identify and manage SCALE.

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## PUBLICATIONS TO DATE

- December 2008. WCET Journal. Preliminary Consensus Statement
- December 2009 WOUNDS Condensed version
- Winter 2010 Healthy Skin CE Article



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## PUBLICATIONS TO DATE

- February 2010 Long Term Living FAQ's
- May 2010 of **Advances in Skin & Wound Care**



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## PUBLICATIONS TO DATE

- March 2011 **Nursing Management** CE Article
- Fall 2011 **The Director (NADONA)**



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## SCALE Statement 1

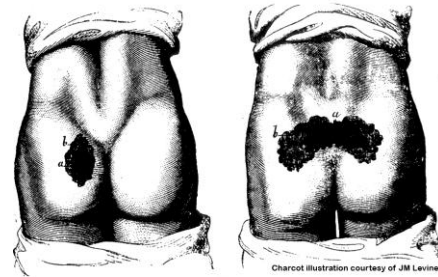
Physiological changes that occur as a result of the dying process (days to weeks) may affect the skin and soft tissues and may manifest as observable (objective) changes in skin color, turgor, or integrity, or as subjective symptoms such as localized pain. These changes can be unavoidable and may occur with the application of appropriate interventions that meet or exceed the standard of care.

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**Jean-Martin Charcot**  
**The Decubitus Ominosis**

Lecture on Diseases of  
 the Nervous System  
 1877

Levine JM, JAGS 53:1248-  
 1251, 2005



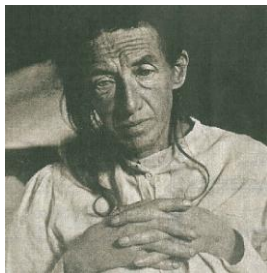
Charcot illustration courtesy of JM Levine

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**Alois Alzheimer**  
**Frau August D**

Died April 8, 1906  
 Septicaemia due  
 to decubitis

Shenk D,  
 The Forgetting  
 2001, p. 22



**Kennedy Terminal Ulcer 1989**



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**Langemo & Brown, 2006**

**SKIN**  
**FAILURE**

The Skin is an organ  
 Heart Failure, Kidney  
 Failure, etc.

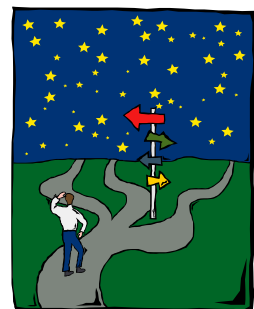
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**3 PATHWAYS**

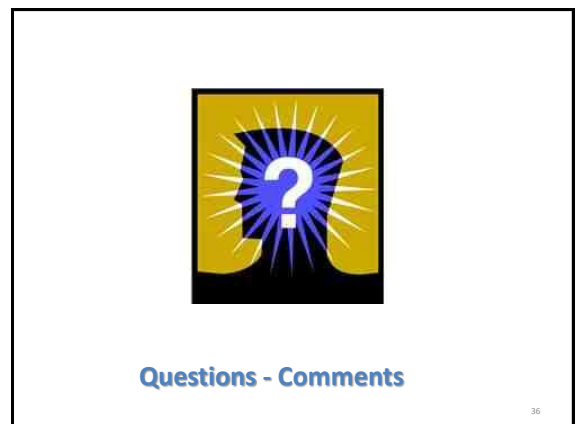
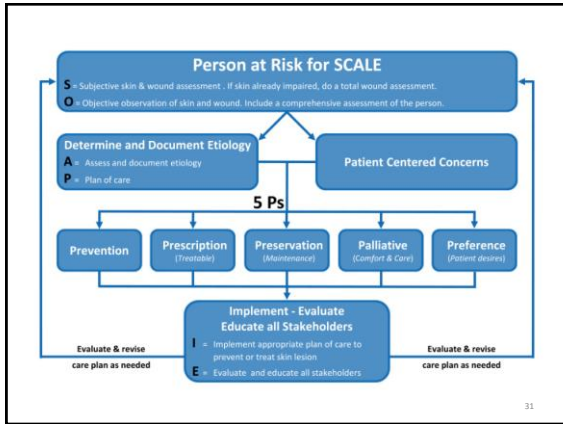
Aggressive/  
 Healable

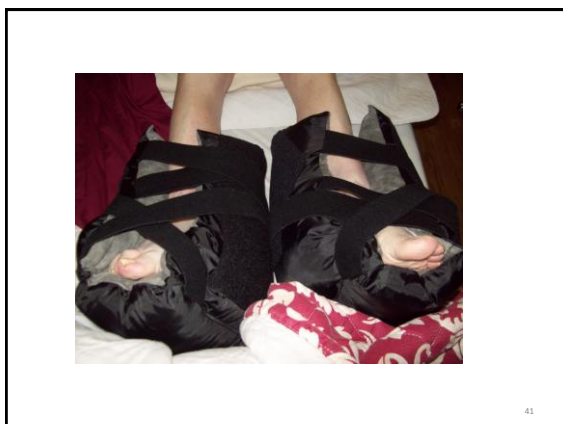
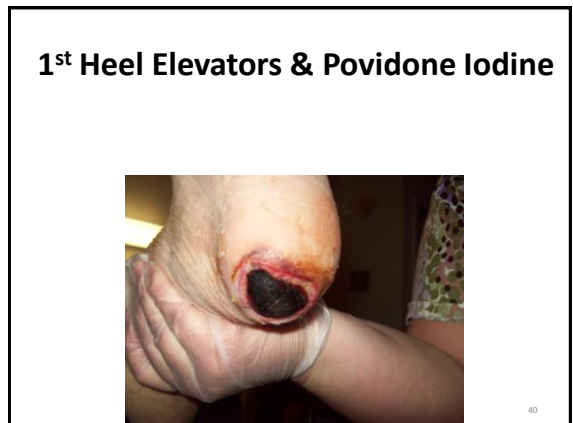
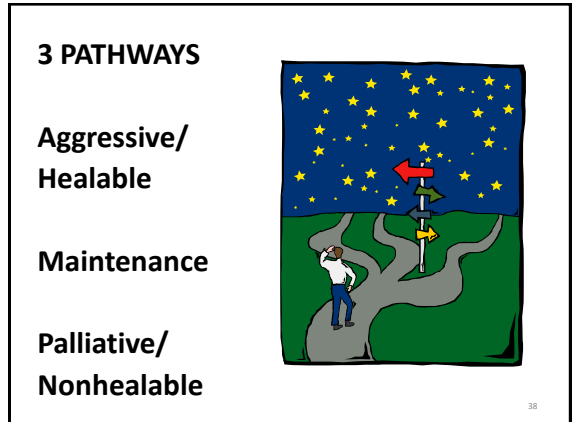
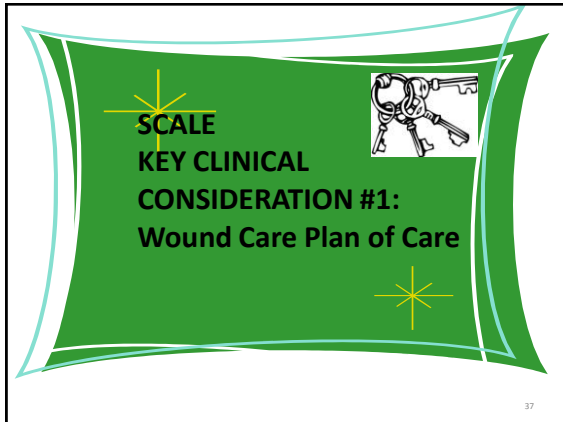
Maintenance

Palliative/  
 Nonhealable





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**SCALE**  
**KEY CLINICAL**  
**CONSIDERATION #2:**  
**Odor & Bioburden**  
**Control**

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**Control Odor =**  
**Control Bioburden**

- Antimicrobials
- Silver
- More frequent dressing changes



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## SILVER ADHESIVE FOAM



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## POVIDONE IODINE & ABD



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## Mr. S.







**SCALE**  
KEY CLINICAL  
CONSIDERATION #3  
Incontinence & Exudate  
Management

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### Incontinence → Moisture Barriers



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### Zinc Oxide –Based Moisture Barrier & ABD within Brief



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### EXUDATE MANAGEMENT SOFT SILICONE FOAM BORDER DRESSING



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## Pouching: Odor Control & Exudate Management



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## SCALE KEY CLINICAL CONSIDERATION #4 Secondary Dressings



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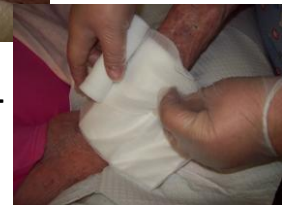
## Secondary Dressings

- ABDs
- Band-aids™
- Saran Wrap™
- Stockinette™
- Telfa™



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**SOFT  
SILICONE CONTACT  
LAYER,  
ABD & WRAP**



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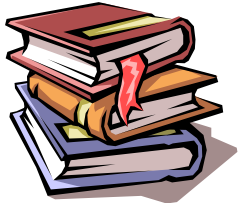
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**SCALE**  
**KEY CLINICAL**  
**CONSIDERATION #5**  
**Documentation**


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**DOCUMENT**  
**DOCUMENT**  
**DOCUMENT**




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**REFLECT** ON HOW  
 YOU MET THE  
 STANDARD OF CARE  
 IN YOUR NOTES



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Documentation should  
 illustrate a consistent  
**Interprofessional**  
**Patient-Centered**  
**Team approach to care**



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**Match the Guideline to the Case**

**Date**  
**Setting**  
**Healthcare Professional**

No one should be using the 1992 & 1994  
 AHCPR Clinical Practice Guidelines as the  
 source for standards of care.

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**SCALE**  
**KEY CLINICAL**  
**CONSIDERATION #6**  
**Communication with the**  
**Patient and his/her**  
**Circle of Care**

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### Son's Wishes for Aggressive Wound Care

Plan of Care  
Driven by  
The Circle of  
Care



### Rest Haven – York Palliative Wound Care Pathway: Symptom Management



### Mrs. L. Lower Leg Vasculitis

Procedural Wound Pain

- Cleansing
- Dressing changes
- Movement /ADLs



### Mrs. L. Lower Leg Vasculitis

Chronic Wound Pain

*Mixed Pain Pattern:*

- Swelling
- Ischemia
- Neuropathic pain



### Individualized Wound Care Plans of Care







**Skin Tear**  
**Recorded as**  
**Pressure**  
**Ulcer: Eschar**

**Was it**  
**Avoidable?**  
**Unavoidable?**

**Was there**  
**negligence?**




Pressure Ulcer  
starts to  
deteriorate.  
Resident now  
a Hospice  
Patient

Is this a Kennedy  
Terminal Ulcer?  
Or SCALE?



Last photo  
prior to  
death

What are the  
regulatory,  
legal and  
economic  
implications of  
cases like this?



## SCALE: LEGAL IMPLICATIONS



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### PRACTICE PEARLS

Update your wound  
care plan of care as the  
wound status changes



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### PRACTICE PEARLS

Document  
Document  
Document



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### PRACTICE PEARLS

Identify SCALE patients early  
and meet their  
individualized needs.



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**For every complex problem  
there is a simple solution . . .  
and it is wrong.**

**- H. L. Menken**



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**The real voyage of discovery  
Consists not in seeking new  
landscapes,  
But in having new eyes.**

**- Marcel Proust**



**Thank you!**

**Dr. Diane L. Krasner  
dlkrasner@aol.com**



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**Questions - Comments**

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