

MONASH University
 Medicine, Nursing and Health Sciences

The Skin Why Protect It & Simple Wound Care

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Changes in the Skin with Ageing

- Dermis loses 80% of its original thickness
- 40% less collagen
- Sebum and sweat production is reduced
- Epidermal layer separates more easily from the dermis
- Elastin fibres decrease in number but increase in size, thus making the skin stiff
- Decrease in Langerhan cells-thus the immune system functions
- Small blood vessels diminish by 40%
 - ↓ vitamin D, collagen and moisture
 - ↓ migration of capillary epithelial cells
 - ↓ epidermal turnover
 - ↑ fragility of capillaries

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MEASURES TO ENSURE SKIN TONE

- SKIN pH
- SKIN MOISTURE
- SUN DAMAGE
- USE OF SKIN ADHESIVES

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pH of Popular Soaps

Brand	pH
J & J Baby Soap	11.9
Palmolive regular	11.0
Velvet	11.0
Neutrogena	9.5
Cussons Baby Soap	10.9
Cussons Imperial Leather	10.8
Pears	10.8
Simple Soap	11.2
Dove white	7.53
Lux	12.38
Camay	10.38

It is essential to ensure as the skin ages that appropriate measures are taken such as not using soap or other alkaline pH products that will increase the drying and therefore cracking of the skin

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MEASURES TO ENSURE SKIN TONE

Using appropriate moisturising agents to ensure suppleness and to minimise the drying effects of the ageing process on the skin including.

- Skin Creams eg. Sorbolene {No value}
- Skin Ointments eg. Wool Alcohols Ointment
- Skin Lotions
- Bath Oils
- Barrier Films

The choice of product type will depend on the skin quality
 Good skin younger people Creams - Good skin older people Ointments
 Fragile skin Lotions

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Types of Moisturizers



QV Cream
 QV Intensive Moisturizer
 QV Intensive Cream
 QV Lotion
 QV Heel Balm

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Bleeding

For a simple cut apply direct pressure

For larger areas or if bleeding continues apply a haemostatic Alginate dressing eg. Kaltostat®. These products may be also used In blood noses.

WOUND MANAGEMENT Antisepsis

Acute injuries will often be contaminated by the surroundings where the injury occurred eg. Dirt, gravel, grass, clothing or other foreign material. The risk of infection developing in these wounds is high due to the inflammatory nature of the wound as the tissue commences the healing process. The thorough decontaminating of the wound with a good surfactant product will help to remove most of the foreign material and reduce the risk of infection. It is also appropriate to apply a topical antiseptic before dressing the wound. This is usually left in place for 3-5 minutes and then washed off with clean water.

Hand Antisepsis

- The use of Alcoholic hand gels is superior to washing



Lacerations(Cut) Treatment

- Wash to remove excess foreign material
- Stop bleeding by:
 - Direct pressure
 - Haemostatic Alginate dressing
- Apply simple dressing

Graze

- Scrub the graze with a good Surfactant wash to remove any contaminant
- Apply a topical antiseptic
- Apply either an Island film, or a Foam dressing
- Apply a cohesive bandage

COOL THE BURN SURFACE

- Cold running water or packs between 8 and 25 deg C for 30 mins. 15 deg C is ideal temp

But Not Ice

Temperatures below 5 deg may deepen burn

Burns dressings
Hydrogels Liquid or Sheet

Skin Tears:

This could be you!

- Around 2.5 million Australians are over 65
- All are at some risk of developing skin tears
- >300,000 are in high care aged-care accommodation
- 30% in high care will have a skin tear at any time. In self care the % is slightly lower.
- Friction and/or shearing forces can separate the epidermis from the dermis (partial thickness). In more traumatic wounds both the epidermis and dermis can be separated from the underlying structure (full thickness) and at worst there is tissue loss.

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Skin Tears - Treatment

- **stop bleeding**
 - use alginate sheet (if needed)
- **gentle cleansing**
 - tap water/sterile saline
- **pat dry**
- **roll skin flap into place (where possible)** damp cotton bud
- apply Elastic Steri-Strips if skin flap still present max 1cm apart avoid applying tension
- **apply wound dressing** hydrogel around the wound (if skin is dry) AND Silicone foam (non-adhesive, thermally insulating, protective) If major separation apply Mepitel first
- mark direction of skin flap on dressing
- **dressing retention**
 - AVOID ADHESIVE TAPES
 - use cohesive bandage (eg, Handygauze Cohesive)

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What should a Home First Aid kit Contain

1. Hydrogel for Burns {Solugel / Solosite/ Hydrpsorb Sheet}
2. Simple waterproof dressing {Opsite Post Op}
Band Aid Replacement {Nexcare Strips}
3. Simple non-waterproof dressing {Primapore }
4. Haemostatic for bleeding {Kaltostat }
5. Co-hesive bandage a. (Retention) {Handygauze Co Hesive}
b. (support) {Coban / CoPlus}
6. Simple antiseptic {Betadine Solution or Cream/ Ointment}
7. Swabs for cleaning {Multisorb swabs}
8. Steri-strips closure {Steri Strips Elastic}
9. Silicone Foam Dressing (Older people to cover skin tears)
{Mepilex / Meplix Border/ Allewyn Life }

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Simple Dressings

Strips

Simple Waterproof Dressing

Antiseptic Solution/Ointment

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Foam Dressings

Haemostatic Dressing

Hydrogel Dressings

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Cleaning Swabs

Bandages

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