

Utilizing concentrated melting moisturizing crème* as the first step to achieve proper skin hygiene

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ABSTRACT

Statement of Problem: Changes in the October 2008 Center for Medicare/Medicaid services on re-imburement finally recognize the importance of prevention¹. Key elements in this reform are prevention, education, and accountability of patients and healthcare providers. Since skin is the largest organ in the body and the first line of defense against infection, skin hygiene must be a priority. Published literature documents assessment of the wound and surrounding tissue cannot be performed until the skin can be viewed for complete evaluation².

Description of Past Management: This Wound Clinic previously initiated a skin care program using concentrated melting moisturizer crème* to lubricate, protect, and heal skin and wounds³⁻⁵. We reported concentrated melting moisturizing crème enhanced this process by facilitating the removal of callous formations, scabs, other wound product residue, and dry flakey skin without causing tissue trauma. The regimen was considered easy to use by patients and providers.

Current Clinical Approach: The purpose of these multiple case studies are to review 10 years of evidence-based data from this Clinic's current skin hygiene regimen for evidence that confirms skin protocol results.

Materials and Methods: This protocol outlines proper and effective use of concentrated melting moisturizing crème* to facilitate the removal of wound debris without causing trauma so the skin can be assessed and treated correctly. The complete Skin Protocol is located on the back.

REFERENCES

1. Armstrong D et al. Wounds 2008; Sept 20(9); A14-A26.
2. Ayello E. Adv Skin & Wound Care 2005, March 18(2), 98-109.
3. Pattison P. Ostomy/Wound Management 2001; 47(8): 24-25.
4. Pattison P. Wound/Ostomy/Continence Nurse Meeting June 2003.
5. Pattison P. Wound/Ostomy/Continence Nurse Meeting June 2004.

* Elta concentrated melting moisturizing crème (Swiss-American Products Inc., Carrollton, Texas)

^N Nystatin triamcinolone acetonide cream

^T Elta Trivase antifungal moisture barrier (Swiss-American Products Inc., Carrollton, Texas)

CASE STUDIES

CASE STUDY 1

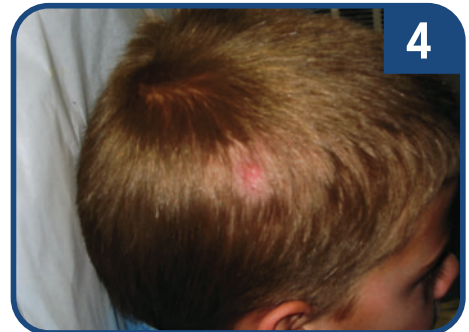
A 6yo male referral with “an enlarged scalp wound after initial head laceration and subsequent staple removal over 4 weeks ago.” Plastic surgeon recommended injecting lidocaine and excisionally debride. Clinic recommended Skin Protocol since tissue was not necrotic.

Photo 1. View of scalp and brown 4cm x 3cm scab with trimmed hair and crème applied.

Photo 2. Scab was gently lifted with a soft tip applicator and imbedded hairs clipped. Note: process caused no pain or tears.

Photo 3. Wound visualized and treated.

Photo 4. Follow up at 3 weeks showed healed wound.



CASE STUDY 2

A 69yo female with Type 1 diabetes on renal dialysis with a right BKA (below knee amputation) was referred for vascular evaluation of chronic left extremity ulcers.

Photos 1, 2. Initial view of left extremity.

Photos 3, 4. Initiate protocol on skin but not in ulcers. Removed scales and devitalized skin. Process repeated for another 30 minutes.

Photo 5. View of extremity after protocol. Total extremity assessed and vascular evaluation initiated.

Photo 6. Ulcer post excisional debridement. Provided wound care plan and skin hygiene education to healthcare providers and patient.



CASE STUDY 3

Emergency Room referral of 87yo non-compliant male with venous stasis disease for multiple right extremity ulcers and cellulitis.

Photos 1, 2. Initial view of right extremity as dressing was removed.

Photo 3. Skin protocol initiated.

Photos 4, 5. Crème applied. Layers of debris gently removed

Photos 6, 7. View of extremity post protocol. Right medial malleolus ulcer assessed and treatment initiated.

Provided re-education on skin hygiene, venous stasis disease, wound care, and monitoring.



CASE STUDY 4

Referral of 60yo female nursing home resident with immune deficiency disease and chronic hepatitis C for evaluation of chronic wounds and re-occurring cellulitis of both extremities. The patient had received 3 courses of antibiotic therapy prior to consultation.

Photos 1, 2, 3. Initial view. Skin protocol initiated.

Photo 4. View of extremities post protocol. No open areas noted. Fungal treatment initiated.

Photo 5. View of areas following 2 weeks of an antifungal steroid cream^N and 1 week of 2% miconazole nitrate antifungal moisture barrier cream^T. Change daily skin care to concentrated melting moisturizer crème*.

Photo 6. View of extremities 2 weeks later. No re-occurrence since August 2008.



CASE STUDIES (continued)

CASE STUDY 5

Referral of 50+yo male with re-occurring cellulitis for vascular evaluation.

Photos 1, 2, 3. Initial view. Note scratch marks on both extremities.

Photo 4. Initiate protocol, disperse crème, allow to soften.

Photo 5. After 2 minutes, the build-up was gently removed using gauze. Thickness of build-up varied from 0.25-0.5cm.

Photos 6, 7. Skin protocol process repeated for over 30 minutes until proper visualization was achieved. No open areas seen. Good pedal pulses noted. Fungal treatment initiated. Provide education, skin hygiene and monitoring.

Photo 8. Follow up 2 weeks after an antifungal steroid cream^N and 1 week of 2% miconazole nitrate antifungal moisture barrier cream^T. New daily skin care plan with concentrated melting moisturizer crème* initiated. Compression hose regimen initiated once leg bracelet was removed. No re-occurrence since September 2008.



SKIN PROTOCOL

Step 1 At each interaction assess skin integrity.

Step 2 If the skin is dehydrated and requires removal of debris, apply concentrated melting moisturizing crème generously to the entirety of the involved area. Disperse crème evenly over the area but NOT IN OPEN WOUNDS/ULCERS.

Step 3 Allow crème to penetrate and soften for 2-3 minutes.

Step 4 Use a soft cloth or gauze and lightly rub area to soften, lift and remove debris. A soft-tipped applicator may be used to lift off larger crusts but DO NOT pull, which may cause skin trauma. Instead, repeat steps 2, 3, 4 until skin is properly visualized. For extreme build-up, repeat process daily until skin is cleansed.

Step 5 Remove excess crème by gently wiping. Perform skin assessment.

OUTCOMES & CONCLUSION

Outcomes: A review of more than 2,000 clients/year supports the continued use of concentrated melting moisturizer crème when used per protocol. Photographic data (Cases 1-5) shows a variety of clients before/after application and follow-up. Proper application and removal techniques are depicted in each case.

Conclusion: The study results reinforce the importance of wound visualization and proper skin hygiene. Use of concentrated melting moisturizing crème did not traumatize the skin and avails the healthcare provider with tools to properly assess and treat the wound. Our current regimen supports the benefits of prevention, education and accountability for patients and healthcare providers resulting in improved skin hygiene.