





SKIN CARE GUIDE

Care Workers notify nurses of skin concerns. Nurses notify Doctor or Nurse Prescriber to chart creams.

Avoid soap and water: soap dries skin and alters skin pH, increasing the risk of skin breakdown and infection.

Avoid using excess cream, gently rub in creams, they will 'shine' on the skin.

SHOWERING & WASHING	<ul style="list-style-type: none"> *Add your product* is a soap substitute for washing and can be used over all skin areas including the buttocks. Bed-wash: add cream into a bowl of warm water; agitate to mix. No need to rinse off the skin. Showering: wet skin first then apply cream gently rubbing over skin surfaces and rinse. Ensure all skin folds and between toes and hands are cleaned and dried thoroughly. Guide: x2 pumps of cream will wash both arms and legs; x1 pump for remaining body areas. 	Add name/picture of your soap substitute
SKIN CARE	<ul style="list-style-type: none"> Regular skin moisturising reduces the risk of skin tears Moisturise skin at least daily to hydrate the skin and reduce the risk of skin damage and skin tears Use cream to moisturise arms and legs. Guide: x1 pump to moisturise both arms and x1 pump for the legs. Large or moist skin folds: Avoid applying cream to these areas, keep skin folds separated and dry e.g., use low-lint wash cloths. 	Add name/picture of your moisturiser
FOOT CARE	<ul style="list-style-type: none"> Wash feet and between toes, dry well. Check areas for red skin, callus (thickened skin), blisters or cracks. Footwear is clean and dry, free of foreign objects, and not tight to cause red skin marking. Ensure bedding and bed end do not apply pressure over toes and feet. Residents/Patients with Diabetes are at higher risk for foot complications Apply Urea 10% cream to dry skin areas 1-3 times/day (best applied at night when socks and shoes are off). Avoid cream between the toes. Nurses: Refer to Podiatrist for foot, callus and nail management as per your local policy 	Add name/picture of your foot cream
<p>Moisture Related Skin Damage (skin burnt from urine &/or faeces)</p> <p><i>Preventative measures – Identify any continence issues, assess and manage and select the most appropriate product if needed.</i></p> <p><i>The nurse must exclude fungal and bacterial infections.</i></p> <p><i>Low-lint wash cloths are soft & gentle to use on damaged skin.</i></p>		
NORMAL OR INFLAMED WITH NO SKIN BREAKS	 <ul style="list-style-type: none"> Use a soap substitute for washing skin after incontinence. *Add your product* = Barrier for intact skin only. Protects skin from urine and faeces. Dispense onto the back of your clean glove and apply a thin layer over buttocks and inner thighs. 	Add names/pictures of your soap substitute and barrier product
INFLAMED WITH SOME SKIN BREAKS	 <ul style="list-style-type: none"> Use a soap substitute for washing skin after incontinence and to remove soiled Zinc cream. Apply barrier cream thinly to intact skin areas to protect from urine and faeces. For broken skin dispense a pea-size amount of Zinc onto the back of your clean glove, gently 'pat' a thin layer onto broken skin areas. 	Add names/pictures of your soap substitute, barrier product and zinc cream
INFLAMED WITH LARGE AREAS OF SKIN BREAKS	 <ul style="list-style-type: none"> Use cream for washing skin after incontinence & to remove soiled Zinc cream. Dispense a pea-size amount of Zinc onto the back of your clean glove, gently 'pat' a thin layer onto broken skin areas. Nurses: if a large skin area is affected Zinc cream can be rubbed into cuticerin and placed over the affected area. 	Add names/pictures of your soap substitute, barrier product and zinc cream
FUNGAL INFECTION	 <ul style="list-style-type: none"> Commonly affects under the breasts, skin folds on the stomach or thighs, the armpits and groin. Report to the nurse if you see red, pimple-like bumps, odour, itching and burning. Keep skin folds clean and dry, use soap substitute, separate skin folds with low lint dry wash cloth and apply prescribed treatment. 	Add name/picture of your soap substitute

STOP REGIME if any deterioration: urgent assessment required by Nurse, NP, or GP