Skin Changes At Life’s End (SCALE): Clinical Considerations
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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.
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
Final Consensus Document
Annotated Bibliography
Enabler (3 pages)
Powerpoint Presentation

www.gaymar.com
> ClinicalSupport & Education
> SCALE Consensus Documents
SCALE FINAL CONSENSUS DOCUMENT

RELEASE DATE: OCTOBER 1, 2009
10 Consensus Statements
2 Tables, 1 Figure
Glossary of Terms
References
Person at Risk for SCALE

- **S** = Subjective skin & wound assessment. If skin already impaired, do a total wound assessment.
- **O** = Objective observation of skin and wound. Include a comprehensive assessment of the person.

Determine and Document Etiology
- **A** = Assess and document etiology
- **P** = Plan of care

Patient Centered Concerns

5 Ps

- Prevention
- Prescription (Treatable)
- Preservation (Maintenance)
- Palliative (Comfort & Care)
- Preference (Patient desires)

Implement - Evaluate
Educate all Stakeholders

- **I** = Implement appropriate plan of care to prevent or treat skin lesion
- **E** = Evaluate and educate all stakeholders

Evaluate & revise care plan as needed
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.
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.
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.
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.
Healthcare professionals need to facilitate communication and collaboration across care settings and disciplines; organizations need to prepare staff to identify and manage SCALE.
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.
Selected Publications

• December 2008. WCET Journal. Preliminary Consensus Statement

• December 2009 WOUNDS Condensed version

• Winter 2010 Healthy Skin CE Article
Selected Publications

• February 2010 Long Term Living FAQ’s

• May 2010 of Advances in Skin & Wound Care
Selected Publications

• March 2011 Nursing Management CE Article

• Fall 2011 The Director (NADONA)
Jean-Martin Charcot
The Decubitus Ominosis
Lecture on Diseases of
the Nervous System
1877

Levine JM, JAGS 53:1248-1251, 2005
Alois Alzheimer
Frau August D

Died April 8, 1906
Septicaemia due to decubitis

Shenk D,
The Forgetting
2001, p. 22
Kennedy Terminal Ulcer 1989
SKIN

FAILURE

The Skin is an organ

Heart Failure, Kidney Failure, etc.
3 WOUND CARE PATHWAYS

1. Aggressive/Healable
2. Maintenance
3. Palliative/Nonhealable

Krasner et al, CWCE, Chapters 1, 2, 23

www.cwc-essentials.com
Evidence-Based Medicine

Research

Clinical Experience

Patient Preference

Sachett et al, BMJ, 1996; Straus et al, 2005
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Examples of SCALE Wounds
SCALE
KEY CLINICAL
CONSIDERATION #1:
Wound Care Plan of Care
3 WOUND CARE PATHWAYS

1. Aggressive/Healable
2. Maintenance
3. Palliative/Nonhealable

Krasner et al, CWCE, Chapters 1, 2, 23

www.cwc-essentials.com
Surgical Debridement (Aggressive) vs. Enzymatic Debridement (Palliative) vs. No Debridement (Maintenance)
1\textsuperscript{st} Heel Elevators & Povidone Iodine
Then Palliative Sharp Debridement, followed by Enzymatic Debridement
SCALE

KEY CLINICAL

CONSIDERATION #2: Odor & Bioburden Control
Control Odor = Control Bioburden

- Antimicrobials
- Silver
- More frequent dressing changes
SILVER ADHESIVE FOAM
POVIDONE IODINE & ABD
Mr. S.
SCALE
KEY CLINICAL
CONSIDERATION #3
Incontinence & Exudate Management
Incontinence → Moisture Barriers
Zinc Oxide –Based Moisture Barrier & ABD within Brief
EXUDATE
MANAGEMENT
SOFT SILICONE FOAM
BORDER DRESSING
Pouching: Odor Control & Exudate Management
SCALE
KEY CLINICAL
CONSIDERATION #4
Secondary Dressings
Secondary Dressings

- ABDs
- Adhesive Strips
- Plastic Wrap
- Non-adherent gauze
SOFT SILICONE CONTACT LAYER, ABD & WRAP
SCALE
KEY CLINICAL
CONSIDERATION #5
Documentation
REFLECT ON HOW YOU MET THE STANDARD OF CARE IN YOUR NOTES
Documentation should illustrate a consistent Interprofessional Patient-Centered Team approach to care
SCALE
KEY CLINICAL
CONSIDERATION #6
Communication with the Patient and his/her Circle of Care
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
Resident’s wound on admission to Rest Haven – York from York Hospital
Skin Tear to Buttock documented on admission
Skin Tear
Recoded 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 a SCALE Wound?
Last photo prior to death

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

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

Identify SCALE patients early and meet their individualized needs.
The real voyage of discovery
Consists not in seeking new landscapes,
But in having new eyes.
- Marcel Proust
Thank you!

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