

3.6 Skin Integrity and Pressure Management

There are many considerations that are crucial to promoting safety and optimizing recovery when working with people who have had a stroke. The TACLS Quick Reference Guides were developed from the TACLS resource and can be used as quick reference to help *support healthcare providers* and informal caregivers who may not typically work with and care for people who have had a stroke.

We recommend reviewing the full **TACLS resource** for more complete information:
strokebestpractices.ca/resources/professional-resources/tacsl

Quick reference guide highlights

- **Always follow the current care plan for the person that you are working with.**
- People who have had a stroke are at increased risk of skin breakdown and pressure injury due to factors such as: decreased ability to relieve pressure due to weakness/changes in mobility, decreased sensation, increased moisture from incontinence or perspiration, poor nutrition, dehydration and dry skin, inability to communicate pain and/or improper positioning.
- Establish a toileting routine to assist with incontinence. Incontinence products should only be used when absolutely necessary as they can increase skin temperature and prevent good air circulation which can impact the skin's ability to stay dry and healthy.
- Complete skin checks at least once a day paying special attention to bony prominences (e.g., elbows, heels, ankles, hip bones, sacral area – tail bone, ischial tuberosities – sitting bones). Protect bony prominences when positioning.
- DO NOT massage bony prominences or reddened areas. Report any redness or changes in skin integrity to the stroke care team.
- During the skin check, look for redness, blisters, bruising, bleeding, discharge and/or skin breaks.
- Ensure that the person is not sitting or lying on items that may cause pressure.

Pressure redistribution devices

- An occupational therapist may recommend pressure redistribution devices (e.g., specialty mattress, specialized wheelchair cushions, heel pads or boots, etc.) for a bed, chair and/or wheelchair. Follow care plan to ensure proper use.
- Avoid using donut devices as they can decrease blood flow and increase tissue breakdown.
- Use friction reducing devices as prescribed and instructed (e.g., a slider sheet).

Promote hygiene

- Teach appropriate skin care and hygiene for the person that you are working with.
- Change pads and linens when damp.
- Barrier creams, moisturizers and/or ointments may be recommended to protect and promote skin health. Only use creams and ointments prescribed in the care plan.

- A person may develop spasticity in their affected hand. This hand is at increased risk of skin breakdown and should be gently opened to provide skin/nail hygiene. Follow the care plan for strategies and techniques to complete care. Please refer to *TACLS Quick Reference Guide – Shoulder Care* and **TACLS Shoulder Care** for additional information on managing spasticity.

Positioning and repositioning

- Assist with positioning as needed. If the person is unable to reposition themselves in bed, they should be turned at least every 2 hours.
- People who can shift their weight while sitting should do so every 15 minutes. If unable to shift their weight while sitting, they should be repositioned at least every hour, or according to the care plan.
- When positioning (sitting or lying), the goal is to maintain proper body alignment while reducing pressure on bony prominences and compromised areas.
- Avoid complete side-lying position to reduce the amount of pressure on the hip bone.
- Position the person at 30-degree side-lying position, and support with pillows.
- Ensure affected arm and leg are supported with pillows. Use pillows between knees and ankles to separate bony area.
- Ensure that this position does not affect their breathing.
- If positioning on back, relieve heel pressure by floating the heels with a pillow under the calves (not behind knees) or use off-loading boots.
- Support the head, affected arm and hip with pillows.
- Avoid raising the head of the bed unnecessarily to help reduce sheering forces. Encourage the person to keep the head of the bed at or below 30 degrees.
 - Note: If it must be raised for certain activities, raise to lowest point possible and limit to as short a time as possible. Ensure the knee gatch is raised appropriately prior to elevating to help prevent sliding.
- Always consult the care plan, as sometimes there may be orders for the head of the bed to be raised to a specific angle.



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Note: This information represents some of the priorities of care related to skin integrity and pressure management; consult with nurse, occupational therapist and physiotherapist with any questions or concerns.

References:

1. Canadian Stroke Best Practice Recommendations: www.strokebestpractices.ca, **Acute Stroke Management**, 6th Edition, Section 8.1
2. Taking Action for Optimal Community and Long-Term Stroke Care (TACLS) – **Skin Integrity and Pressure Management**

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