

Skin case study essay sample

[Health & Medicine](#), [Body](#)



Skin is the largest organ of the body, covering and protecting the entire surface of the body. The total surface area of skin is around 3000 square inches or roughly around 19, 355 square cm depending on age, height, and body size. The skin, along with its derivatives, nails, hair, sweat glands, and sebaceous glands forms the integumentary system. Besides providing protection to the body the skin has a host of other functions to be performed like regulating body temperature, immune protection, sensations of touch, heat, cold, and pain through the sensory nerve endings, communicating with external openings of numerous other body systems like digestive system, urogenital system, and respiratory system via mucous membranes. The skin is primarily composed of three layers.

The skin, which appears to be so thin, is still itself divided into epidermis, dermis, and subcutaneous layer or hypodermis. Each layer has its own function and own importance in maintaining the integrity of skin and thereby the whole body structure. Pressure sores or decubitus ulcers are the result of a constant deficiency of blood to the tissues over a bony area such as a heel which may have been in contact with a bed or a splint over an extended period of time. The surface of the skin can ulcerate which may become infected. Eventually subcutaneous and deeper tissues are damaged. Besides the heel, other areas commonly involved are the skin over the buttocks, sacrum, ankles hips and other bony sites of the body

Pressure Sites

People are at risk of developing pressure sores if they have difficulty moving and are unable to easily change position while seated or in bed. Immobility may be due to: Generally poor health or weakness

Paralysis

Injury or illness that requires bed rest or wheelchair use

Recovery after surgery

Sedation

Coma

Other factors that can increase the risk of pressure sores

Age

Weight loss

Poor nutrition and dehydration

Excess moisture or hydration

Medical conditions

Smoking

By using incorrect handling and moving techniques you are not just putting the resident at risk you are also putting yourself at risk. For example if you was to move a resident up the bed on your own you are putting them at risk their skin may be fragile and like tissue paper and can tear very easily also you may pull your back this is why you shouldn't lift on your own. To prevent pressure sores and the breakdown of skin you should do hourly turns on your residents and pressure relief if they are in arm chairs. Pressure cushions should be used and also airflow mattress if residents are prone to pressure sores. Carers should always check residents for skin integrities and report

any changes to the nurse. If you notice a pressure sore earlier enough you can prevent it getting worse, applying creams and dressing will help pressure sores heal more affectively.

Legislation and Guidelines

Common Law requires people, “ to take reasonable care to avoid acts and omissions which you can reasonably foresee would be likely to injure your neighbour”. Staff working for a care organisation could therefore be sued if they failed to give adequate pressure area care which resulted in a sore.

Health and social care act 2008. This act gave the CQC its powers to oversee and regulate the care given in care homes and by community care providers.

There are 16 essential standards which must be met. The care plan:

Should state clearly what the individual risks are.

Describe the equipment which should be used to relieve pressure. Describe how to position the person in their chair or bed.

Give guidance about how often an individual should be turned or moved

Care plans should be followed at all times because this is the best advised care for the resident. They provide up to date information and you can also find support and information if needed.