Skin Changes At Life’s End (SCALE)

Diane L. Krasner PhD, RN, FAAN

WWC Advanced Module

Additional SCALE Documents downloadable from www.dianelkrasner.com
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.

Langemo & Brown, 2006
3 WOUND CARE PATHWAYS

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

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

www.cwc-essentials.com
18 month process
18 panel members
52 distinguished reviewers
Modified Delphi Process
Final Consensus Document
Annotated Bibliography
Enabler (3 pages)
Powerpoint Presentation

www.gaymar.com
> ClinicalSupport & Education
> SCALE Consensus Documents

SCALE Documents downloadable from www.dianelkrasner.com
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.
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.
Surgical Debridement (Aggressive) vs. Enzymatic Debridement (Palliative) vs. No Debridement (Maintenance)
Documentation should illustrate a consistent Interprofessional Patient-Centered Team approach to care.
Individualized Wound Care Plans of Care
PRACTICE PEARLS
Identify SCALE patients early & meet their individualized needs.
The real voyage of discovery Consists not in seeking new landscapes, But in having new eyes.  
- Marcel Proust