Skin Breakdown

Many factors contribute to skin breakdown —age, body temperature, diaphoresis (sweating), impaired circulation due to pressure, poor dietary habits, loss of mobility and loss of sensation. All factors must be taken into account when assessing your clients potential for skin breakdown. Knowing what to look for will assist you in preventing skin breakdown with your clients.

While doing the personal care of your client (I.e. bath, dressing, etc.) observe the back, buttocks and bony prominences for rough reddened skin. The skin should be cool and dry to touch, soft and pliant. The texture should be smooth without areas of flaking. Any area that appears hot, red, swollen, or tender may be signs of a bed sore forming.

Older clients have an increased risk of skin breakdown due to decreased circulation, various disease states (diabetic, obesity), fragile skin and decreased mobility. Younger clients also can be prone to skin breakdown if limited in mobility or disease states (paraplegic, diabetic, obesity).

Those clients that are bedridden have increased risk of skin breakdown on the occipital (back of head), auricle of the outer ear, coccyx , ankles and heels. For a client who sits most of the day watch for breakdown in the buttocks and coccyx and heels.

Prolonged pressure (such as sitting or laying in one position for a long period of time) over bony prominences can cause a lack of circulation and oxygenation to the tissues leading to decubiti (bedsores).

There may be a warmth or increased temperature of the skin and pain or itching with a developing decubiti. In a client with light skin the area may appear dusky rose or similar in color to a light bruise. The color does not change or go away when the client is moved to a new position. In a client with darker skin the area may appear red, blue or purple and does not change when the client is moved to a new position.

If no intervention is taken the area will progress to a more severe pressure ulcer. The area may appear as a loss of skin that is not to deep and looks like a scrape, blister or shallow crater. It may be quite painful.

If no intervention if taken the area will progress to a point when a ulceration of the skin appears, with deep tissue loss. The ulcer will continue to progress until the extensive skin loss may include supporting tissue, muscle, or bone.

Decubiti can be avoided by assessing the skin condition of the client on a regular basis. If an area of skin breakdown is noted in the early stage numerous interventions can be applied to avoid further breakdown.

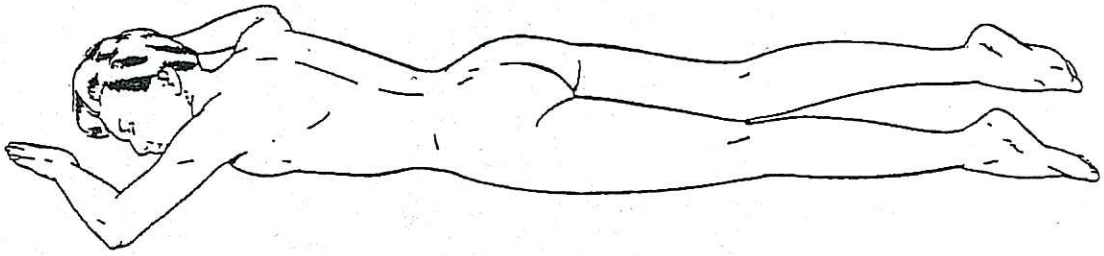
When an area of breakdown is noted (or potential for) change the position of the client frequently to remove the pressure from the area that is at risk. Be sure the skin in maintained in a clean and dry condition.

A variety of special devices can be utilized to avoid skin breakdown: eggcrate mattress, water or alternating air mattress, heel and elbow protectors, gel filled cushions. Be sure to notify the office if you are concerned about an area of skin breakdown (or potential for a skin breakdown).

With good assessment of the skin on a regular basis and early intervention is initiated the potential for decubiti should be avoided.

Name _____ Date _____

Identify the areas on the body that are the most sensitive to pressure sores by labeling them on the following diagram.



WORKSHEET 2

List four changes in skin conditions that may indicate the beginning of a pressure sore.

1. _____
2. _____
3. _____
4. _____

List five ways to help prevent decubiti.

5. _____ 6. _____
7. _____ 8. _____
9. _____