

Skin Changes At Life's End (SCALE)

Diane L. Krasner PhD, RN, FAAN

WWC Advanced Module

**Why
Wound
Care™**

For Nursing Students



The SCALE Expert Panel. (2014). *SCALE Skin Changes At Life's End*®: Final Consensus Statement. In: Krasner, D.L. (Ed). *Chronic Wound Care: The Essentials*. Malvern, PA, HMP Communications. Downloadable at www.WhyWoundCare.com/Resources.

Additional SCALE Documents downloadable from www.dianelkrasner.com

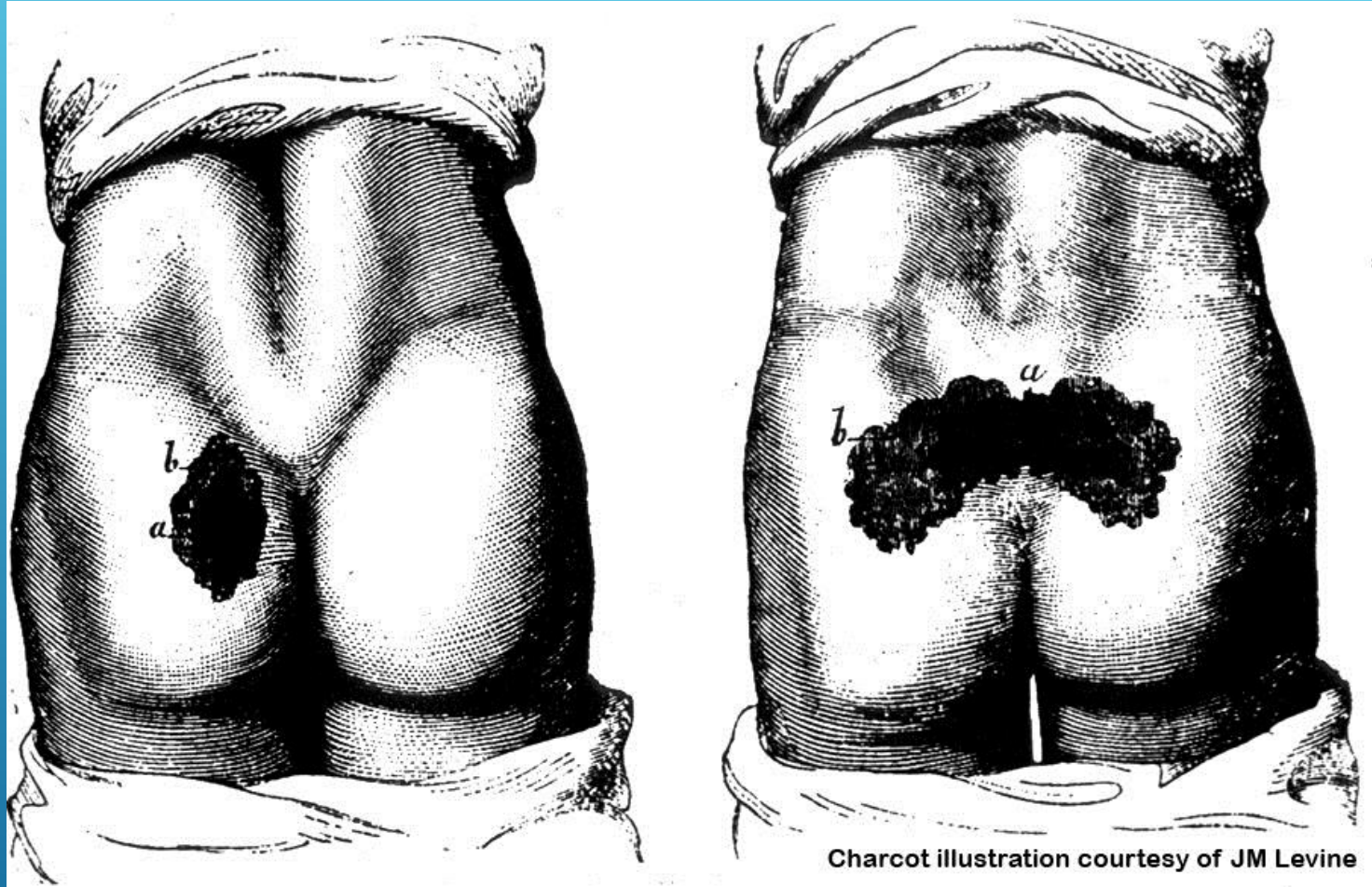
Jean-Martin Charcot

The Decubitus Ominosis

Lecture on Diseases of
the Nervous System
1877

Levine JM, JAGS 53:1248-1251,
2005



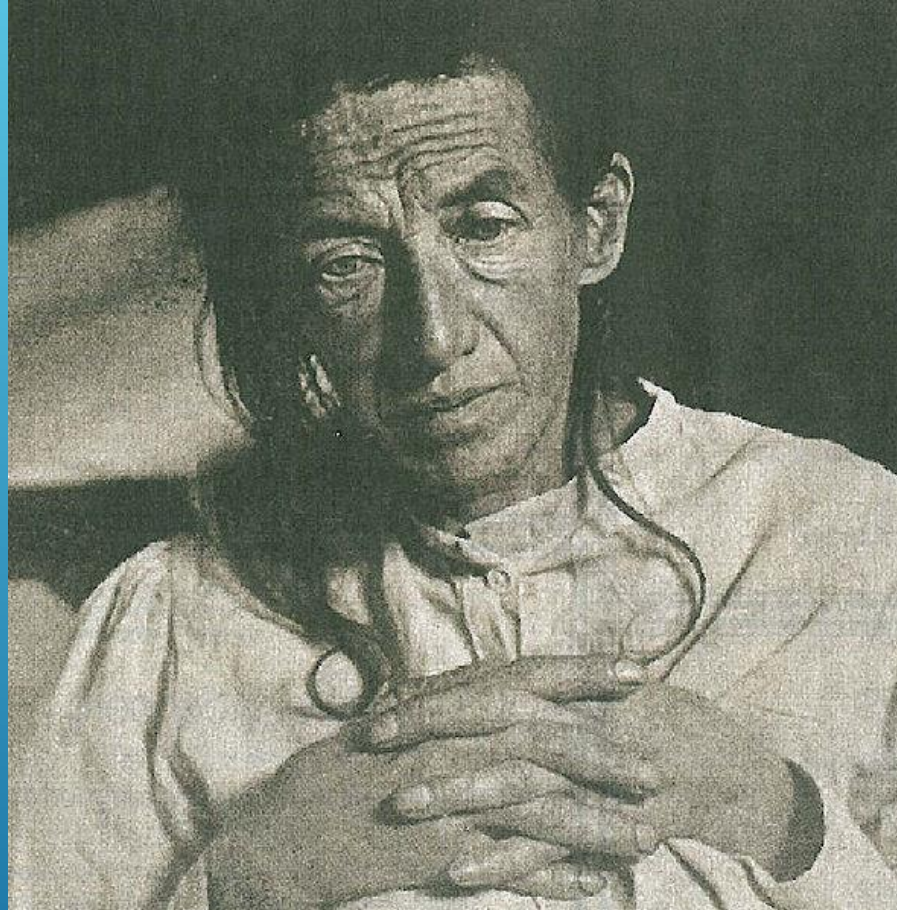


Charcot illustration courtesy of JM Levine

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

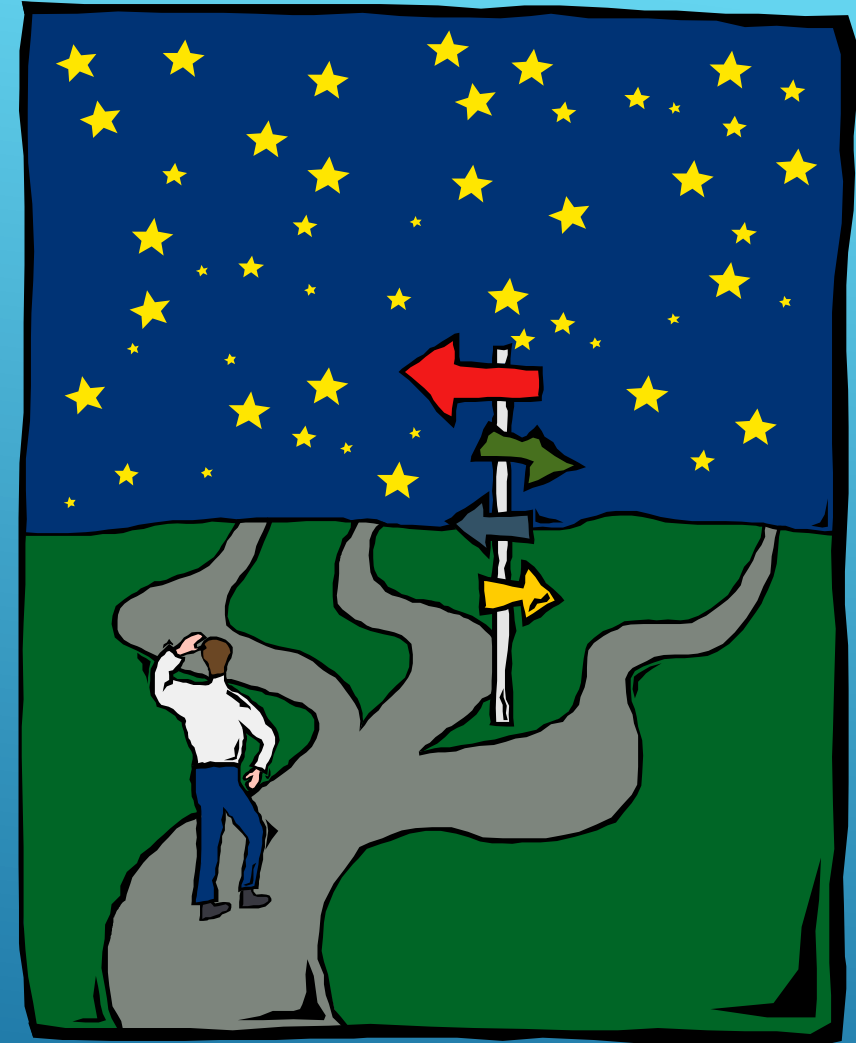
1. Aggressive/
Healable

2. Maintenance

3. Palliative/
Nonhealable

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

www.cwc-essentials.com





SCALE Wounds





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



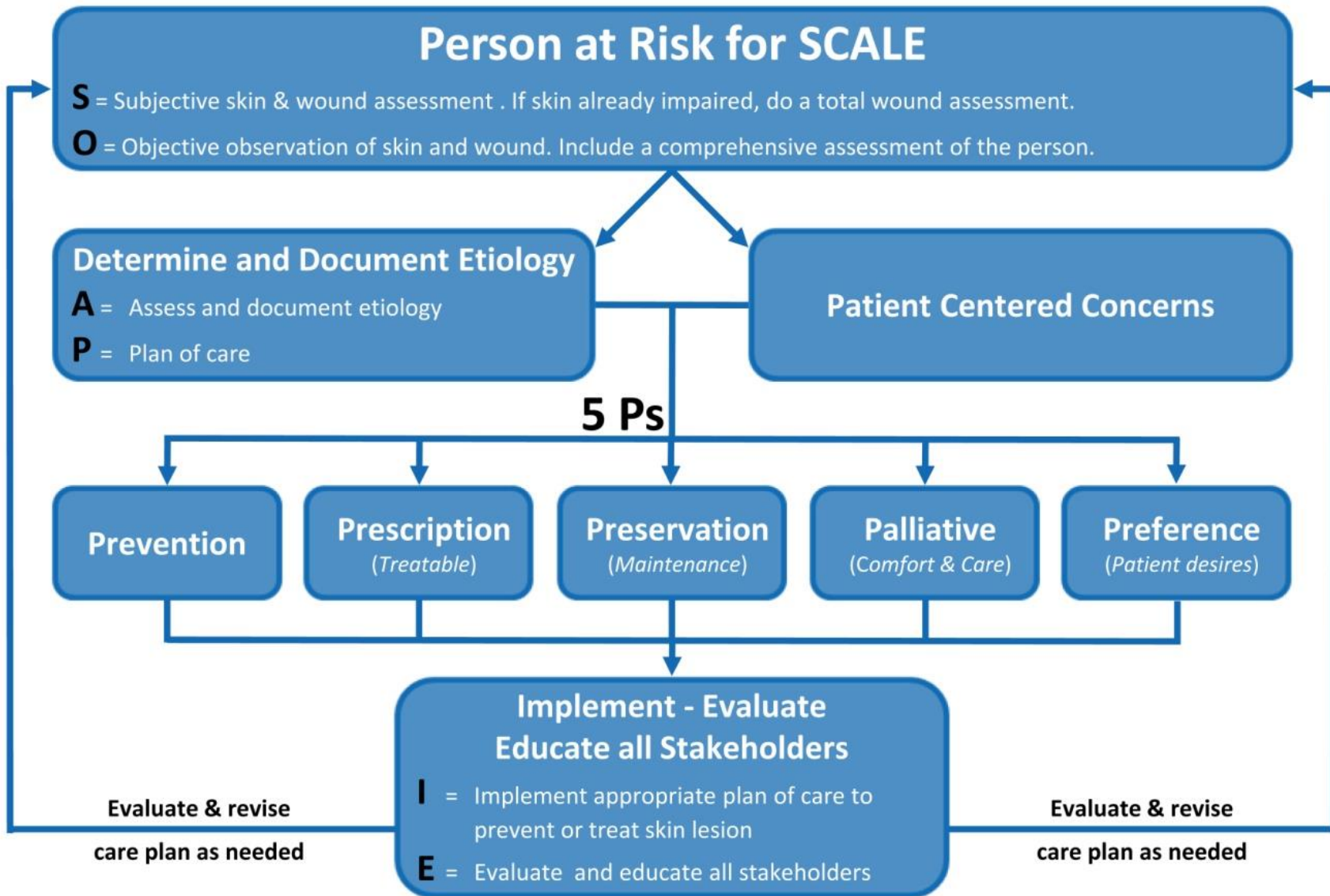
10 Consensus Statements
2 Tables, 1 Figure
Glossary of Terms
References





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.



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**.

UNAVOIDABLE PRESSURE INJURY: STATE OF THE SCIENCE AND CONSENSUS OUTCOMES

Laura E. Edsberg, Diane Langemo, Mona Mylene Baharestani, Mary Ellen Posthauer, Margaret Goldberg

Journal of Wound Ostomy Continence Nursing

2014; 41(4):313-334

Lippincott Williams & Wilkins

July/August Issue, 22 pages





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

Document

Document

Document





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



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