

**Skin Changes at Lifes End (SCALE) – Patient in the last 6 weeks of life.**

During the end stages of life, any number of vital body systems can be compromised and will eventually cease functioning. The process of organ failure can result in injury or interference to the skin as a result of decreased cutaneous perfusion and localised hypoxia. This reduced availability of blood denies the body of vital nutrients and other factors required to sustain normal skin function. When this compromised state occurs, it is referred to as **‘Skin Changes at Life’s End’** (SCALE). This physical status can increase the risk of pressure damage as a result of direct pressure, friction and/ or shear.

It is recommended that the following 5 Ps are considered **before** a pressure ulcer can be reported as being SCALE.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Intervention** | **Evidence required** | **YES** | **NO** | **Partially** |
| **Prevention** | Has a risk assessment been carried out including a full skin inspection? Is there evidence of re- assessment?Does the pressure ulcer prevention care plan address:* Excessive pressure, friction and shear.
* Moisture
* Suboptimal nutrition
* Immobility (inability to move own position)

Has the wishes of the patient and their circle of care been Included within the care plan?  |  |  |  |
| **Prescription** | If the pressure ulcer is deemed ‘treatable’, Is there a care plan in place that aims to optimise healing potential and address wound related problems (i.e. Infection or exudate)?Does the care plan reflect the concerns/ wishes of the patient? (i.e. Pain, odour, quality of life) |  |  |  |
| **Preservation** | If wound healing potential is limited, is there a plan of care in place that focuses on maintenance and prevention of deterioration?Have the reasons been documented? (i.e. Underlying co-morbidities, poor nutritional intake, patient refusing treatment) |  |  |  |
| **Palliative** | Is wound care ‘palliative’ because of a general decline in the patients’ health or due to factors such as poor perfusion of blood (critical ischaemia)? Is this clear from the care plan? |  |  |  |
| **Preference** | Does the pressure ulcer prevention care plan and pressure ulcer management care plan reflect the preferences of the patient and their circle of care?This may include preferences about equipment, repositioning regimes, wound care or active treatment such as antibiotics or analgesia. |  |  |  |