

- Petechiae are not visible on dark brown or black skin, but they may be visible on oral mucous membranes or the conjunctiva.
- When skin disorders are present, assess the client's psychological response to the condition. Many clients, especially those with chronic disorders, feel self-conscious and depressed.

### Nursing Diagnoses

- Disturbed Body Image related to visible skin lesions
- Anxiety related to potential for permanent scarring or disfigurement
- Pain related to skin lesions and pruritus
- Risk for Injury: Infection related to entry of microbes through damaged skin

### Planning/Goals

*The client will:*

- Apply topical drugs correctly
- Experience relief of symptoms
- Use techniques to prevent or minimize skin damage and disorders
- Avoid scarring and disfigurement when possible
- Be encouraged to express concerns about acute and chronic body image changes

### Interventions

Use measures to prevent or minimize skin disorders.

- Use general measures to promote health and increase resistance to disease (ie, maintain nutrition, rest, and exercise).
- Practice good personal hygiene, with at least once-daily cleansing of skin areas with high bacterial counts, such as underarms and perineum.
- Practice safety measures to avoid injury to the skin. Any injury, especially one that disrupts the integrity of the skin (eg, lacerations, puncture wounds, scratching of skin lesions) increases the likelihood of skin infections.
- Avoid known irritants or allergens. Have the client substitute nonirritating soaps or cleaning supplies for irritating ones; use hypoallergenic jewelry and cosmetics if indicated; wear cotton clothing if indicated.
- Use measures to relieve dry skin and pruritus. Dry skin causes itching, and itching promotes scratching. Scratching relieves itching only if it is strong enough to damage the skin and serve as a counterirritant. Skin damaged or disrupted by scratching is susceptible to invasion by pathogenic microorganisms. Thus, dry skin may lead to serious skin disorders. Older adults are especially likely to have dry, flaky skin. Measures to decrease skin dryness include the following:
  - Alternating complete and partial baths. For example, the client may alternate a shower or tub bath with a sponge bath (of face, hands, underarms, and perineal areas). Warm water, mild soaps, and patting dry are recommended because hot water, harsh soaps, and rubbing with a towel have drying effects on the skin.

- Liberal use of lubricating creams, lotions, and oils. Bath oils, which usually contain mineral oil or lanolin oil and a perfume, are widely available. If bath oils are used, precautions against falls are necessary because the oils make bathtubs and shower floors slippery. Creams and lotions may be applied several times daily.
- Prevent pressure ulcers by avoiding trauma to the skin and prolonged pressure on any part of the body. In clients at high risk for development of pressure ulcers, major preventive measures include frequent changes of position and correct lifting techniques. Various pressure-relieving devices (eg, special beds and mattresses) also are useful. Daily inspection of the skin is needed for early detection and treatment of beginning pressure ulcers.
- Avoid excessive exposure to sunlight and other sources of ultraviolet (UV) light. Although controlled amounts of UV light are beneficial in some dermatologic disorders (ie, acne, psoriasis), excessive amounts cause wrinkling, dryness, and malignancies. If prolonged exposure is necessary, protective clothing and sunscreen lotions decrease skin damage.
- When skin rashes are present, cool, wet compresses or baths are often effective in relieving pruritus. Water or normal saline may be used alone or with additives, such as colloidal oatmeal (Aveeno) or baking soda. A cool environment also tends to decrease pruritus. The client's fingernails should be cut short and kept clean to avoid skin damage and infection from scratching.

For severe itching, a systemic antihistamine may be needed.

### Evaluation

- Observe and interview regarding use of dermatologic drugs.
- Observe for improvement in skin lesions and symptoms.
- Interview regarding use of measures to promote healthy skin and prevent skin disorders.

## PRINCIPLES OF THERAPY

### Goals

General treatment goals for many skin disorders are to relieve symptoms (eg, dryness, pruritus, inflammation, infection), eradicate or improve lesions, promote healing and repair, restore skin integrity, and prevent recurrence. Specific goals often depend on the condition being treated.

### General Aspects of Dermatologic Drug Therapy

1. Pharmacologic therapy may include a single drug or multiple agents used concurrently or sequentially.
2. For severe skin conditions, a dermatologist is best qualified to prescribe medications and other treatments.