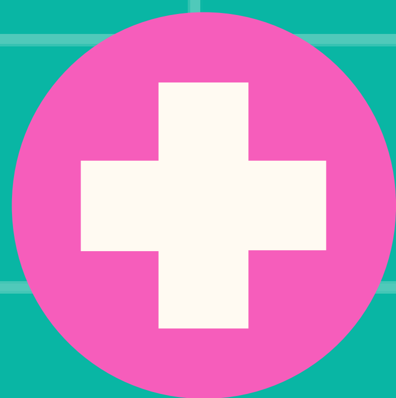

SKIN & LINE CARE 101

UCI MEPN C/O 2025

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This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

We thank for the guidance from nursing faculty in UCI School of Nursing.

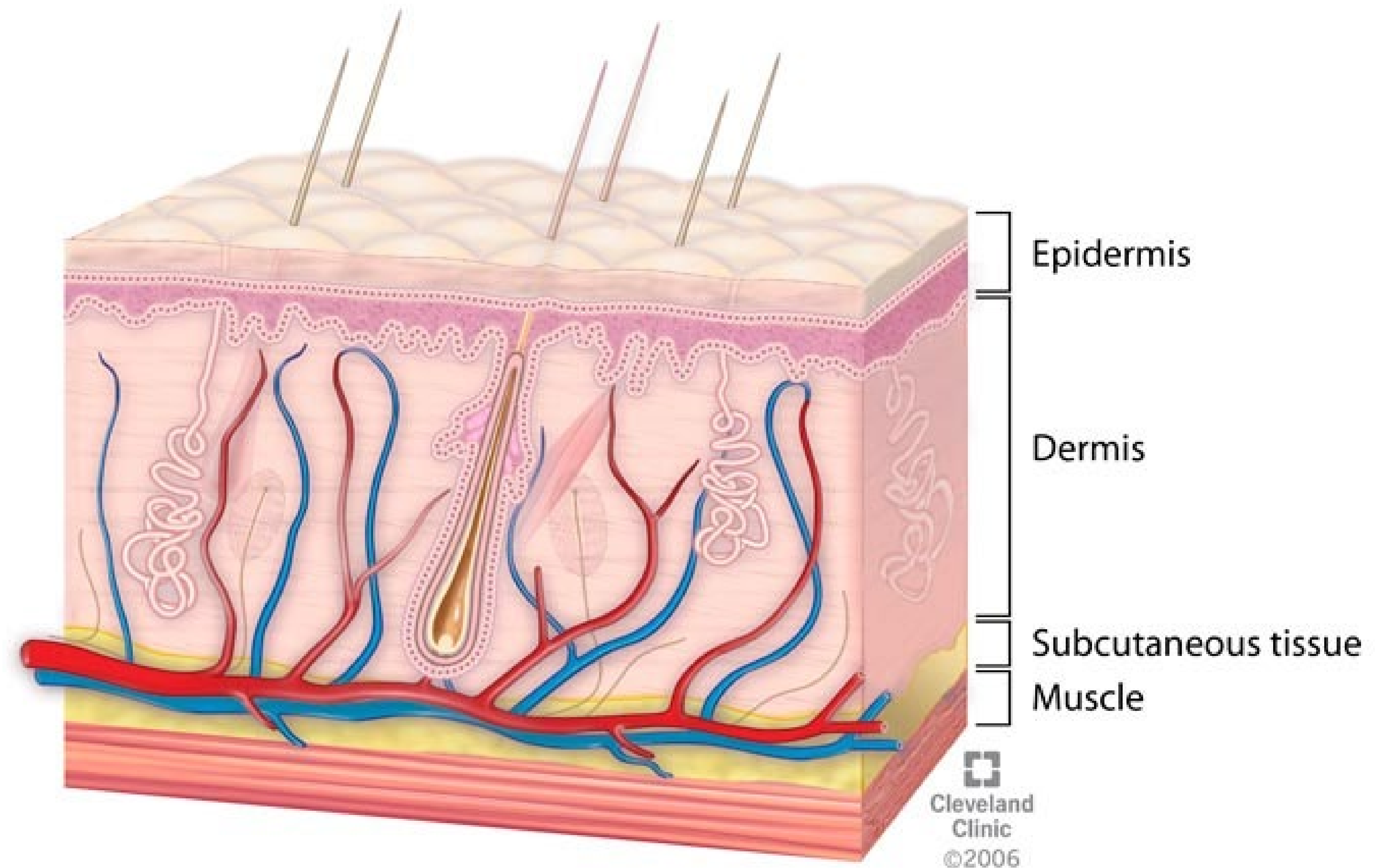
SKIN CARE

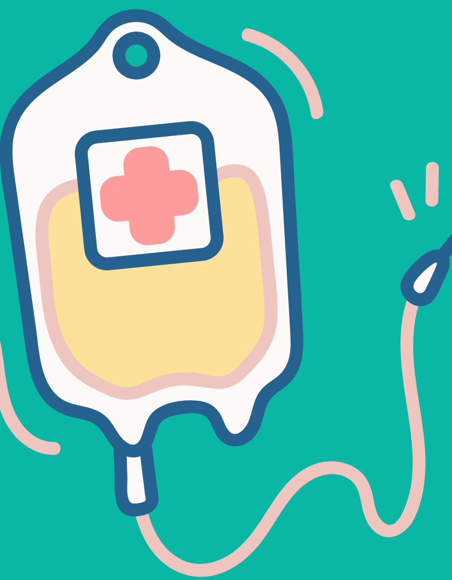
How do we examine the skin?

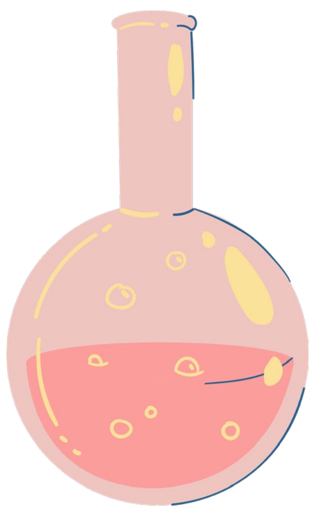
- Examination should be done daily
- Clean hands and well-lit room
- Know the patient's birthmarks and scars
- Note and notify the provider of any new changes or irritation
- Check bony prominences
- Be gentle!

What is a pressure ulcer?

- An injury to the skin or tissue caused by long-term pressure, decreasing circulation
- Signs and symptoms:
  - Redness that stays even when pressed
  - Breakage in skin
  - Presence of pus/liquid
  - Swelling or inflamed
  - Tender







PRESSURE ULCER

Skin

Soft tissue

Bone

Stage 1

Stage 2

Stage 3

Stage 4

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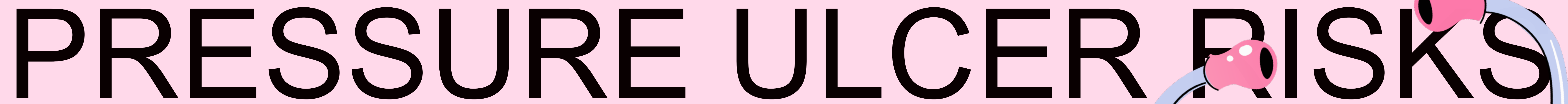
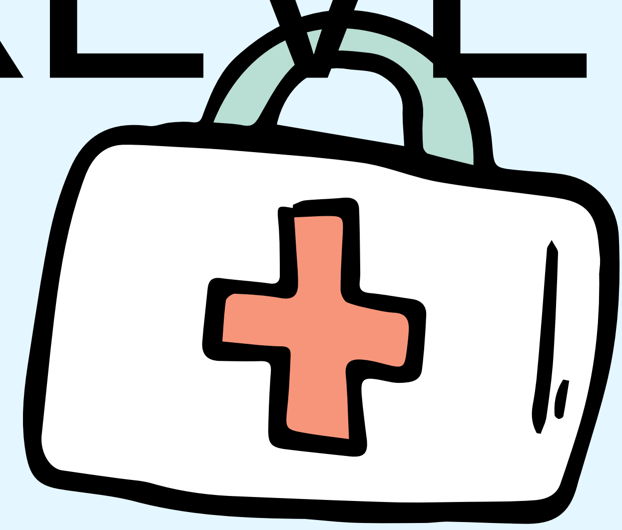
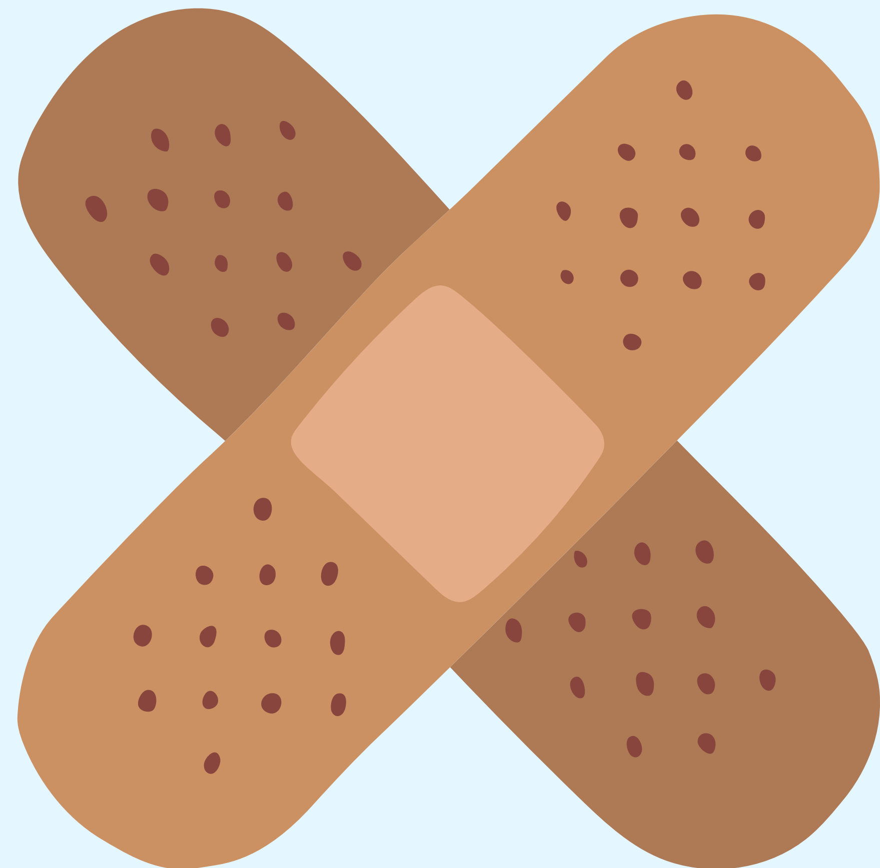


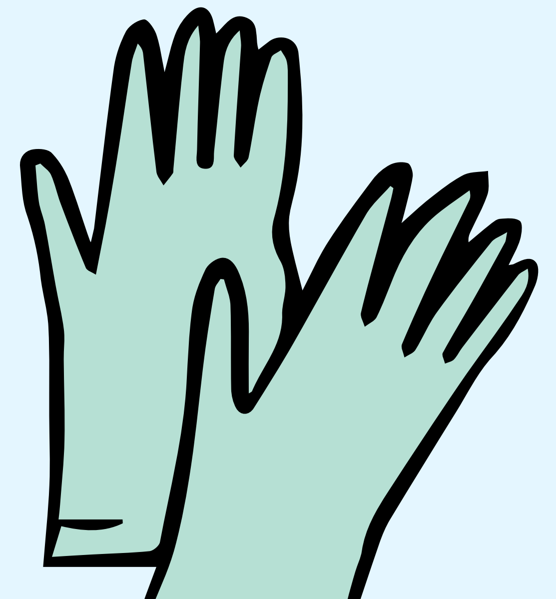
- Immobility
- Reduced sensation
- Poor circulation
- Malnutrition
- Dehydration
- Advanced age
- Incontinence
- Friction & shear
- Medical devices
- Smoking

PRESSURE ULCER PREVE



- Turn your patients at least every 2 hours
- Minimize moisture
- Apply appropriate dressings
- Keep skin clean
- Assess skin often
- Reduce friction





WOUND CARE ASSESSMENT

Using acronym "TIME"

Tissue
Healthy or not?
Signs of tunneling?
If so, how deep?

Infection
Redness, Erythema,
Immense pain,
Increased exudate?

Moisture
Wet or dry? In order for wound to properly heal, you must manage exudate properly.

Edges
Rolled edges can mean infection or chronic wound rather than new wound

BASICS OF WOUND CARE

Cleanse & Protect

Irrigate & cleanse the wound, per the assessment done prior. Use a swab with gauze that is damp and remove deep debris through irrigation.

Fill, Cover & Secure

Refrain from abscess pocket formation by filling wound using choice of filler. Cover wound through protective dressing to prevent infection and ensure closure and healing.

Acknowledging Healing Progress

Determine if wound is healing appropriately, regressing or if there is no change while changing wound dressing. Determine if there are NEW infection signs, adequate dressing positioning and/or control of drainage (if applicable)

WOUND CARE

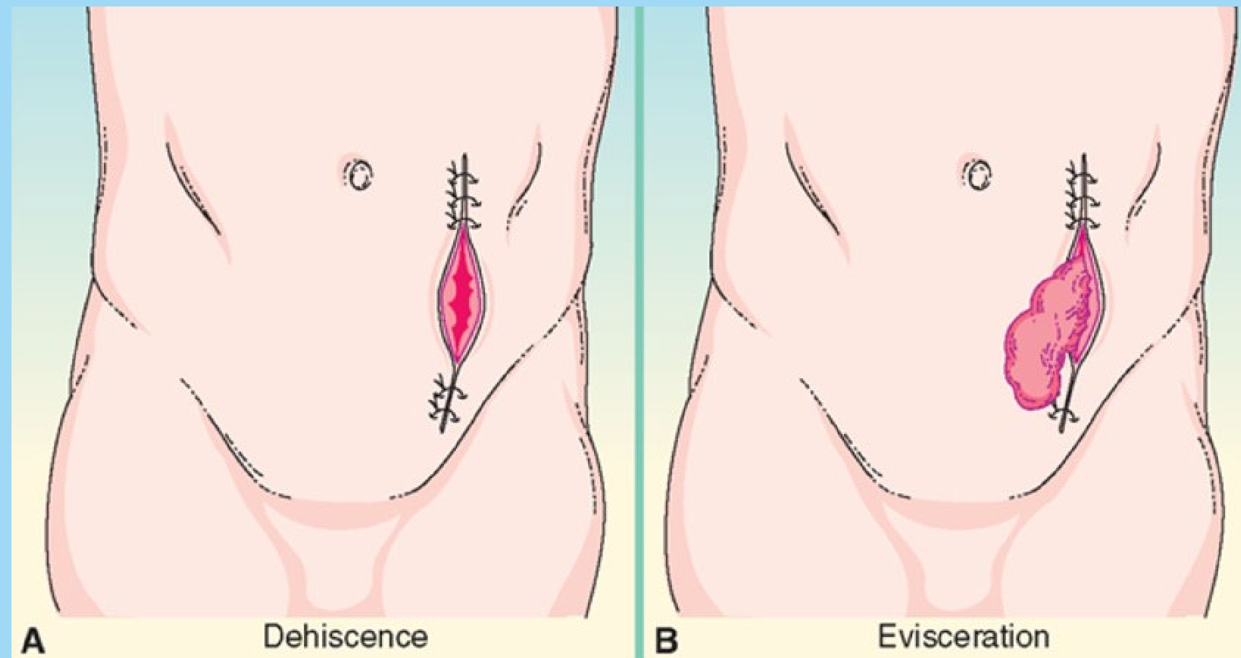
When is medical attention required?

- Wounds that will not stop bleeding after a few minutes of applying direct pressure.
- Long or deep cuts that need stitches.
- Cuts that may impair function of a body area such as an eyelid or lip.
- Cuts that remove all of the layers of the skin like those from slicing off the tip of a fing
- Cuts from an animal or human bite.
- Cuts over a possible broken bone.
- Cuts with an object embedded in them.
- Cuts caused by a metal object or a puncture wound.
- Signs of shock occur.
- Breathing is difficult because the cut is in the neck or chest.
- The wound is a deep cut to the abdomen that causes moderate to severe pain.
- The cut amputates or partially amputates an extremity.

Signs of Complications, Infections o Delayed Wound Healing

Surgical Incision Complications

- Dehiscence
- Evisceration

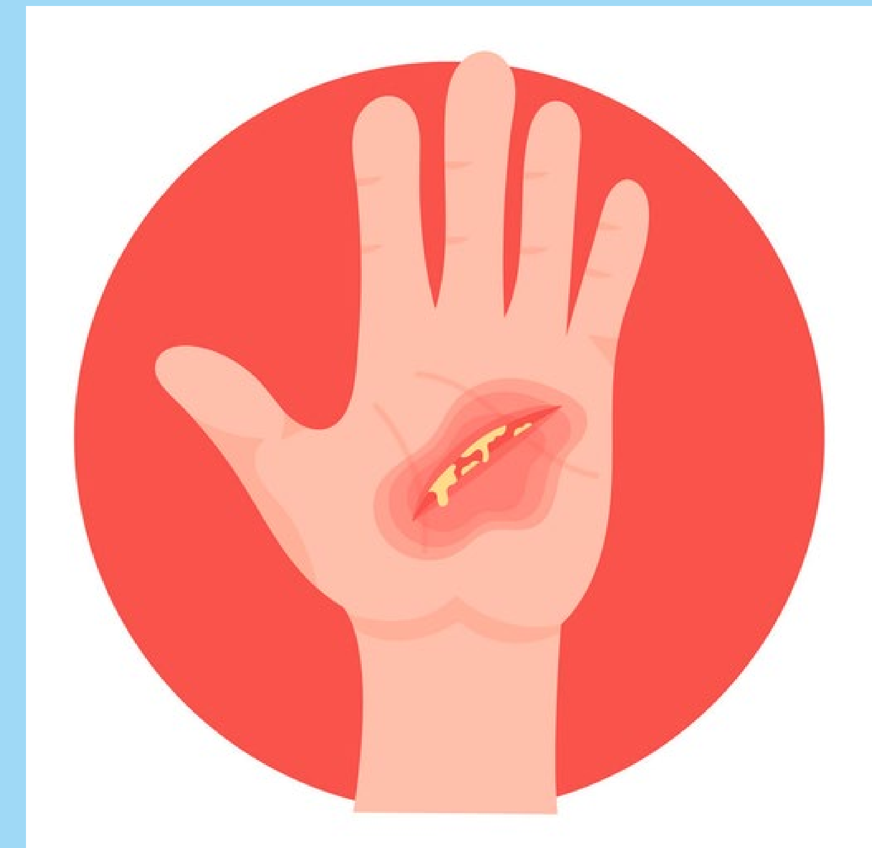


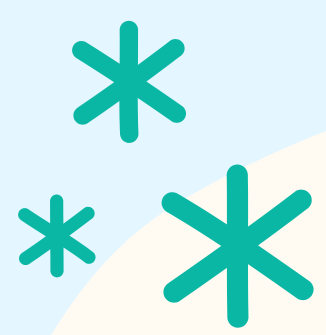
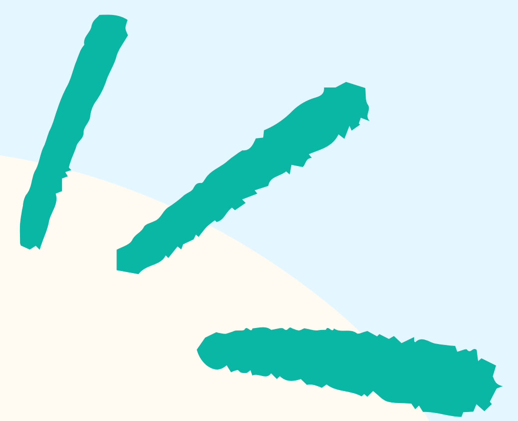
Infection

- Fever
- Pain
- Redness
- Drainage
- Skin Changes
- Swelling
- Itching
- Odor

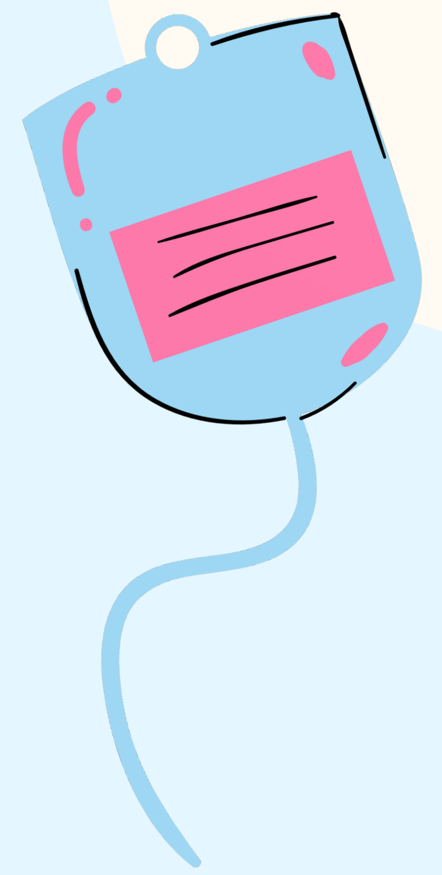
Prone to Non-Healing Wounds

- Diabetes
- Immunocompromised



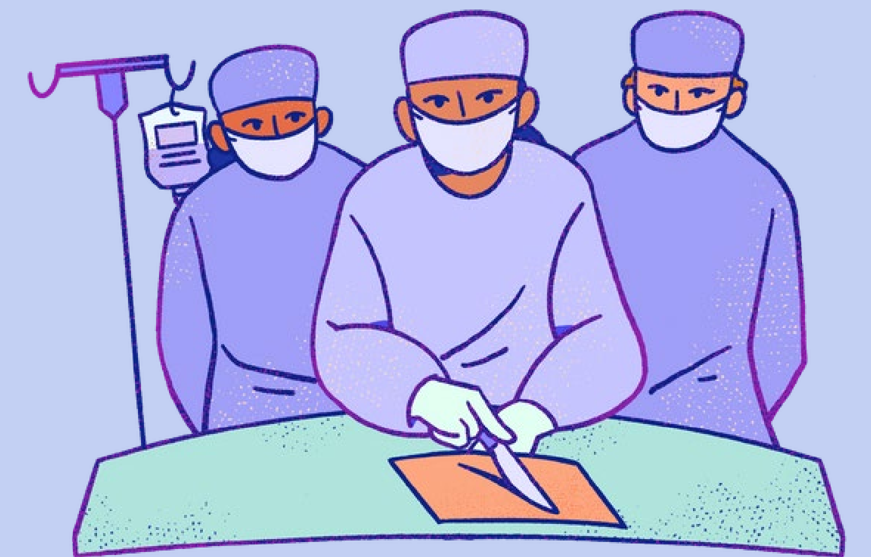
LINE CARE ASSESSM



PERIPHERAL INTRAVENOU

Peripheral IV

IV inserted into a peripheral vein



Why?

In order to administer medications/fluids into a person's veins through a faster route

Additional Knowledge

IV's should be changed every 72–96 hours and should be assessed prior to any medication administration with c

SKIN ASSESSMENT

Examine insertion site and look out for signs of infection.

Redness

Note for any signs of redness near the site. It is a sign of inflammation and may indicate an infection. Note any rashes/red streaks.

Swelling/Tenderness

Swelling and tenderness are also common signs of inflammation and possible infection. Swelling, along with redness, may also indicate the line is displaced.

Drainage

Yellow and green drainage near skin site are concerns for infection.

ALSO ASSESS FOR

Pain/Discomfort

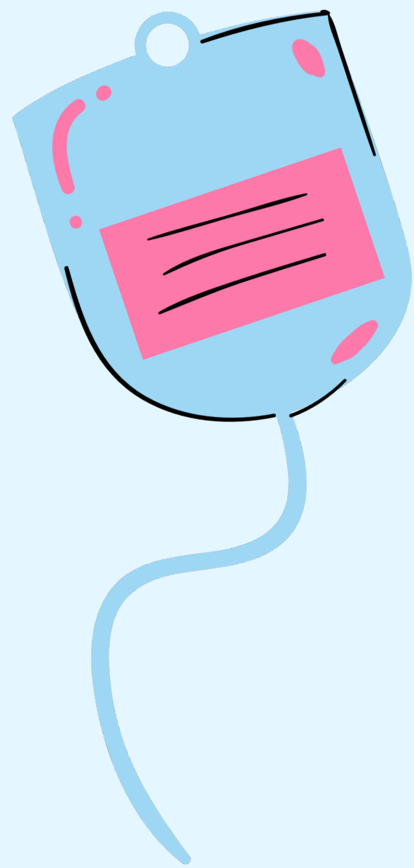
Are they in any pain or show signs of discomfort?

- Pain could be a sign of infection or that the line is out of the vein

Fever

Assess temperature, especially if they are displaying other signs of infection.

OTHER THINGS TO CONSI



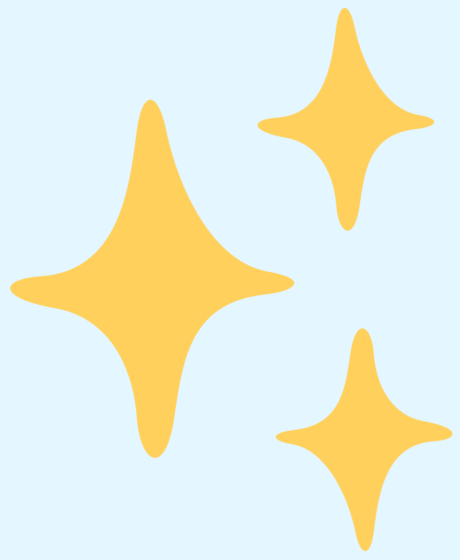
- Check for any kinks/clamps/obstructions if you notice infusion will not start
- Always assess if line is intact and for signs of leakage
- Is the line patent (is it easily flushed)? Are they in pain when medication is being pushed? Is there redness/swelling?
    - Line may be displaced/dislodged and not in the vein
    - Medication fills surrounding tissues instead
    - Check for patency: flush gently w/ saline

OTHER THINGS TO CONSI

- Frequently clean the site to prevent infection and complications; check if dressing is soiled/requires change

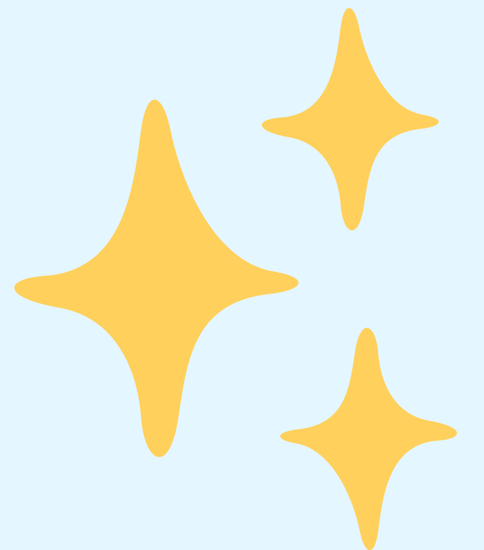
- Replace lines as instructed to also prevent infection

LINE
CLEANING



PERIPHERAL IV

- Hand Hygiene
- Gather Supplies
- Surgical Gloves
- IV dressing will need to be changed if it is wet and or visibly soiled and depending on organizations changing protocol. Call Doctor’s office if needed.
- If trained to remove dressing; clean around IV site with alcohol prep pad or CHG swab. Make sure IV is still patent before taping it back up



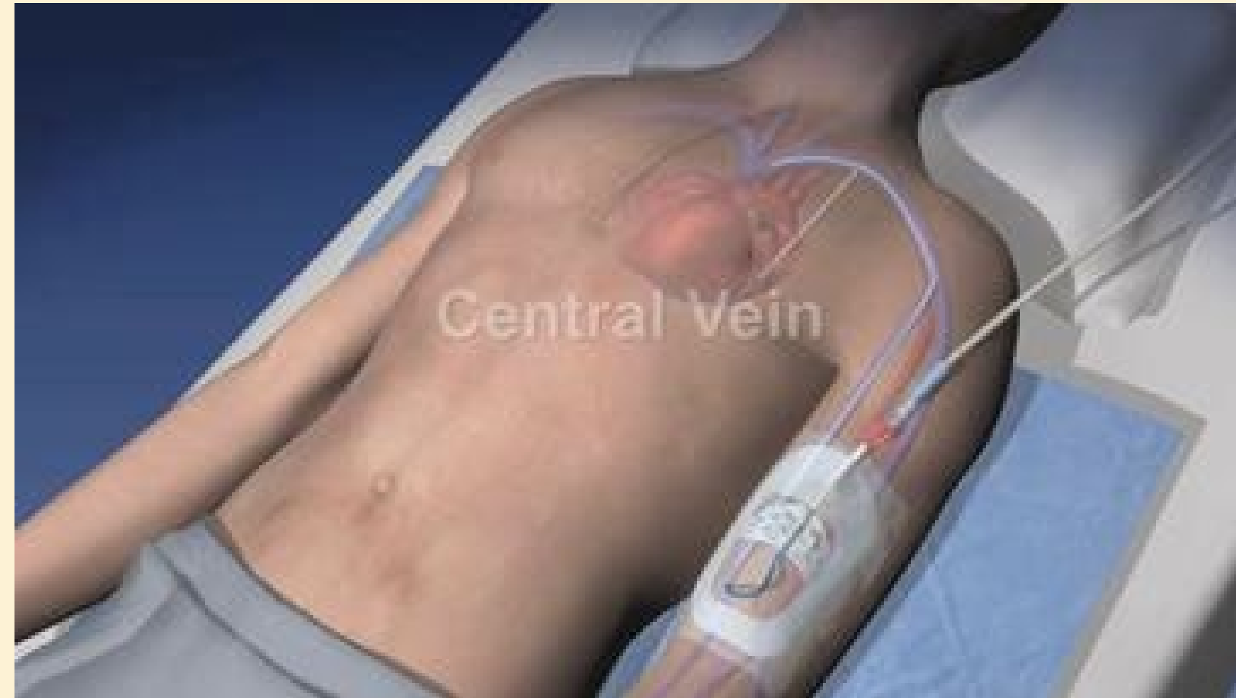
LINE EMERGENCY/WHAT TO R
THE PROVIDER

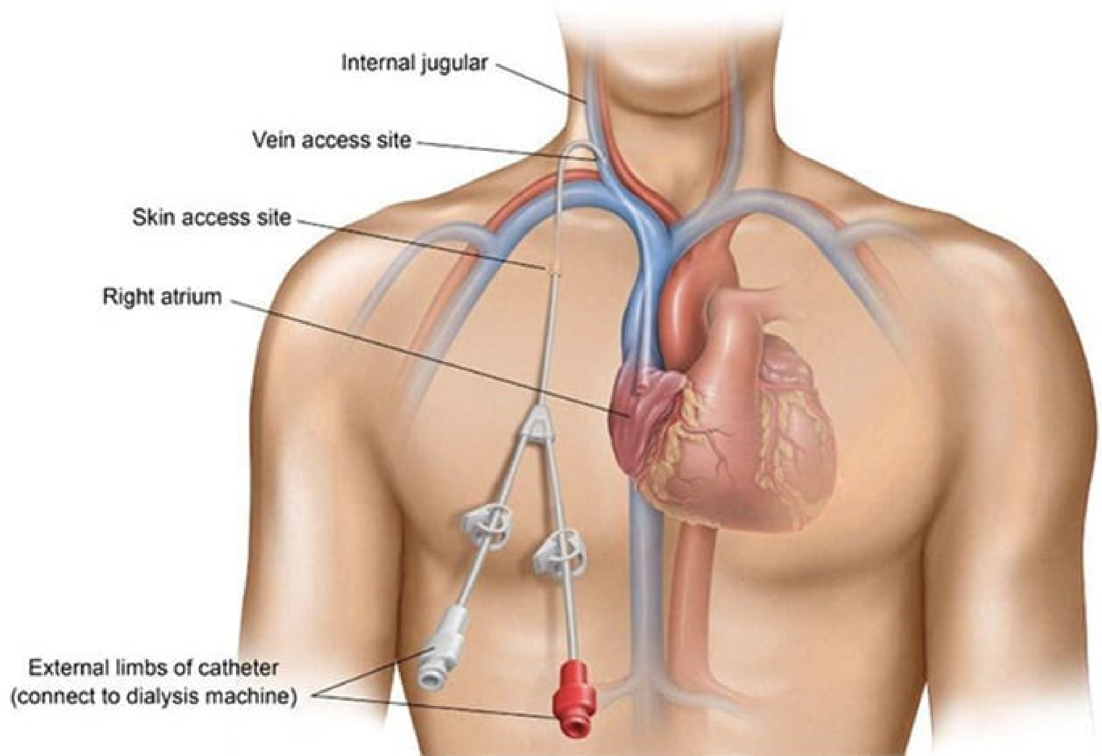
- Pain or tenderness around IV
- Fluid leaking from IV
- Swelling or redness at IV site
- IV comes out
- Numbness or tingling in the hand
- Infiltration
- Phlebitis

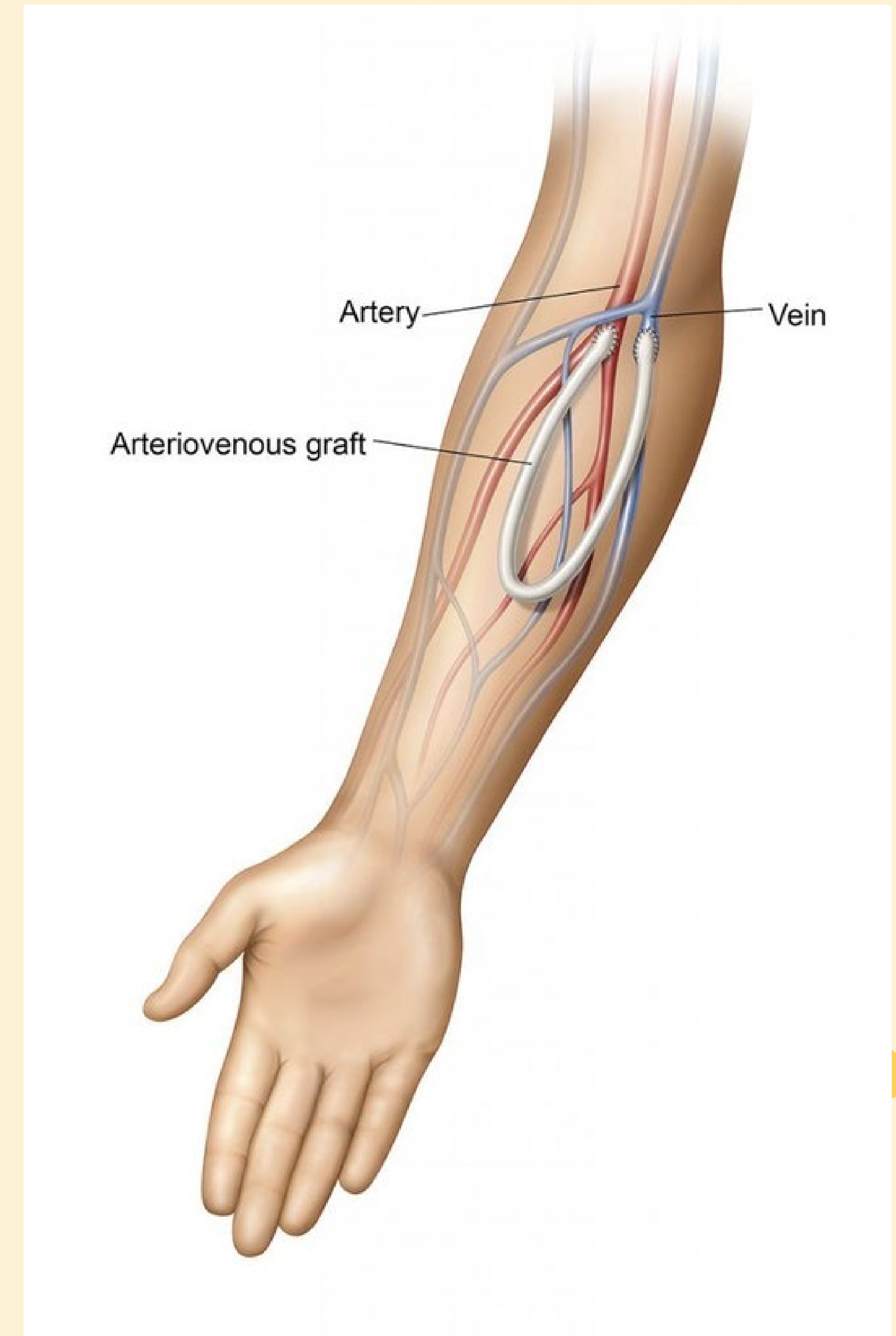
CENTRAL IV

- What is it?
  - long, thin tube that connects to a large vein in the heart
- What are some examples of kind of central lines?
  - PICC, Implanted port, dialysis line

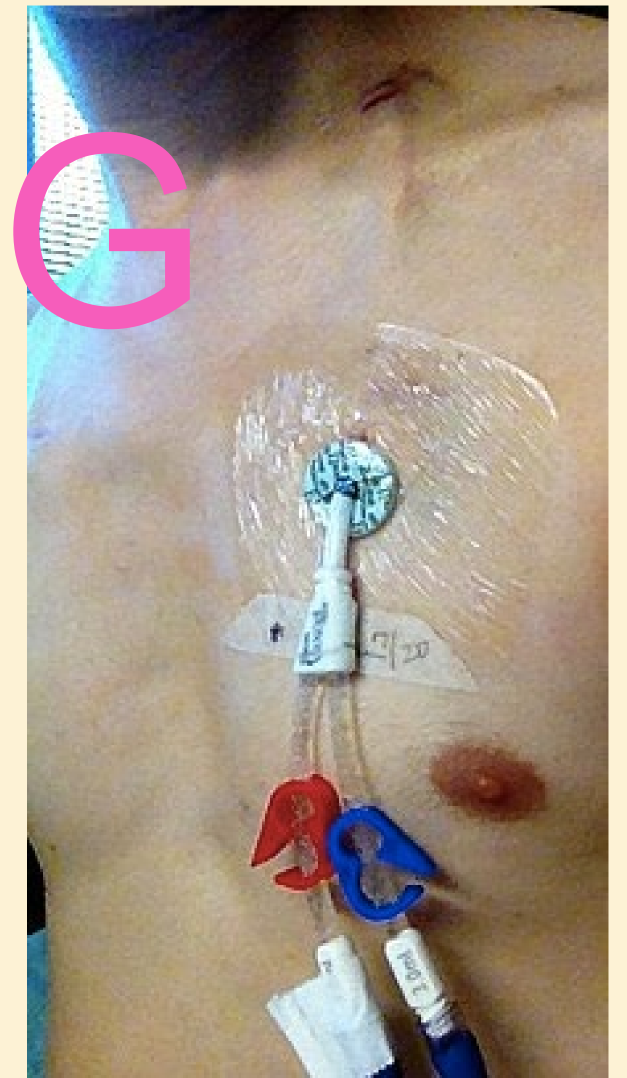
CENTRAL IV







CENTRAL IV DRESSING



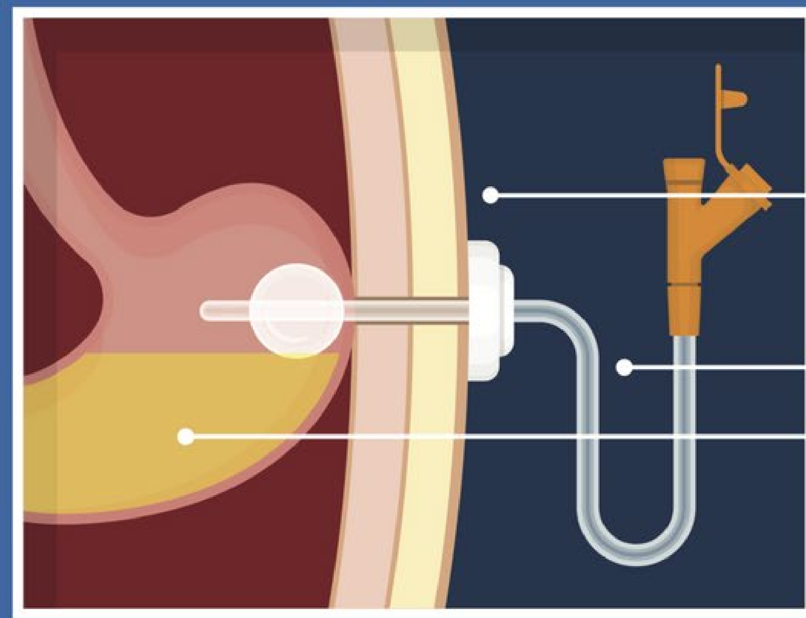
- Gather supplies: gloves, CHG, Biopatch, Tegaderm, medical tape
- Wash hands for at least 20 seconds
- Gently peel off the patient's old dressing and old Biopatch
- Throw away old dressing and Biopatch, and throw away gloves, then get new ones
- Look at the skin of the line, checking for abnormalities
- Use a CHG wipe to gently clean the skin around the line, as well as another wipe to gently clean the tubing, going proximal to distal
- Allow skin to dry
- Put the new Biopatch where the old one once was
- Gently place Tegaderm over the catheter
- Use a piece of medical tape to tape down the catheter to the skin so that it is secure

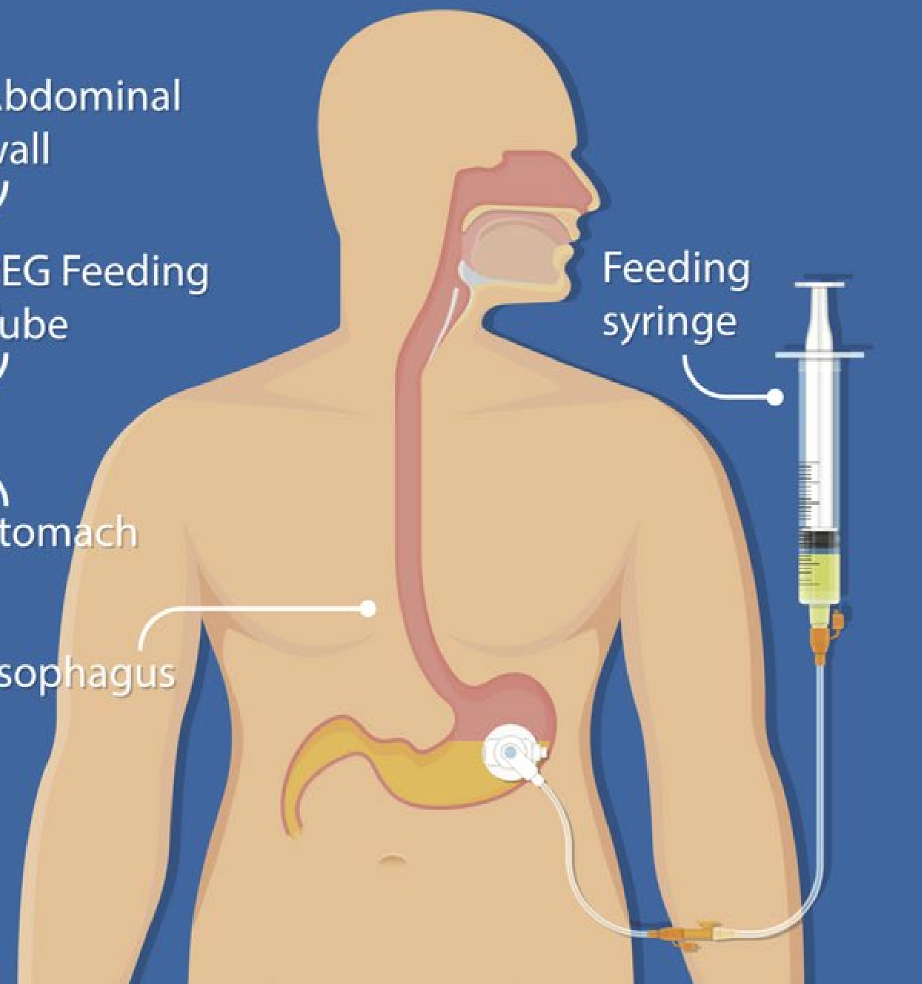
CENTRAL IV PRECAUTIONS

- Central IVs are extremely invasive!
  - with such close connection to the heart, there is a higher ris serious and life-threatening complications if not properly carec for
- Take close examination of the IV line everyday, and contact the patient's provider if there is:
  - Redness, leakage, swelling, pain, pus, foul odor, bleeding a the IV
  - Fever, rash, chills

Feeding Lines

G-tube





Gastric Feeding Tube (G-Tube)

A tube that is directly inserted through the belly, into the stomach

Gastric Tube Feeding

Clean the end of the tube with an alcohol wipe

Sit the patient upright or if not possible elevate the head on the bed during the feeding process

Flush the tube with 30 mL to 60 mL of warm water

Pour the formula into the gravity bag and prime the tubing (let it run through the tube to make sure the tube is working and that there are no unnecessary bubbles within the tube) by opening the roller clamp.

After the formula has run through the tube, close the clamp and attach the gravity bag to the end of the feeding tube

Open the clamps of the feeding tube and the bag

Let the formula run through the tube by raising the bag and letting the gravity delivery the contents of the bag to the stomach

Detach the tubing of the bag, clamp the feeding tube and dispose off all the unnecessary supplies

Gastric Tube Care

Wash hands with soap and water --> fill up a basin with warm water and soap --> put on gloves

If there is a dressing being used, take off the old dressing

Examine the skin for redness, drainage, swelling, or excess skin growth

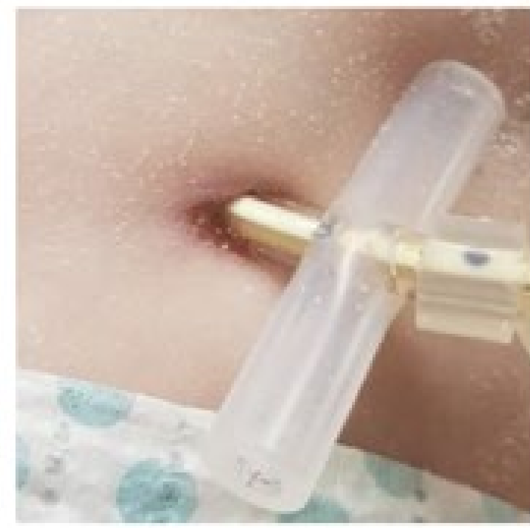
Dip clean gauze (or a clean wash cloth or towel) into the water --> clean around the G tube

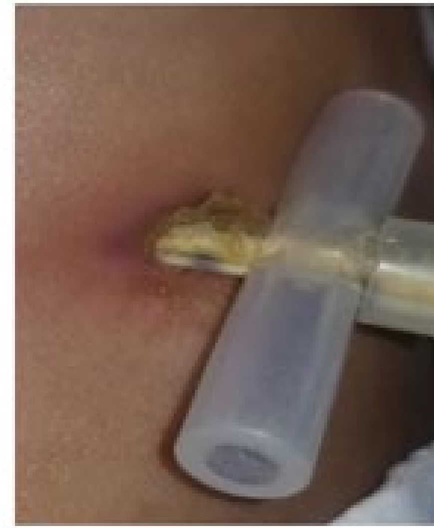
If there is still some crusting or drainage, use a clean cotton swab to get into the crevices and carefully clean further

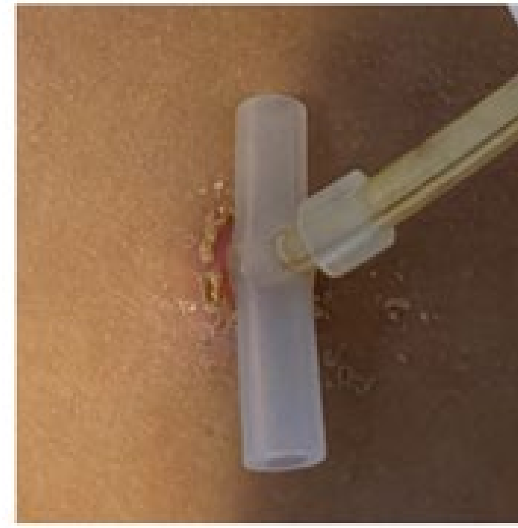
Rinse the soapy skin off with water

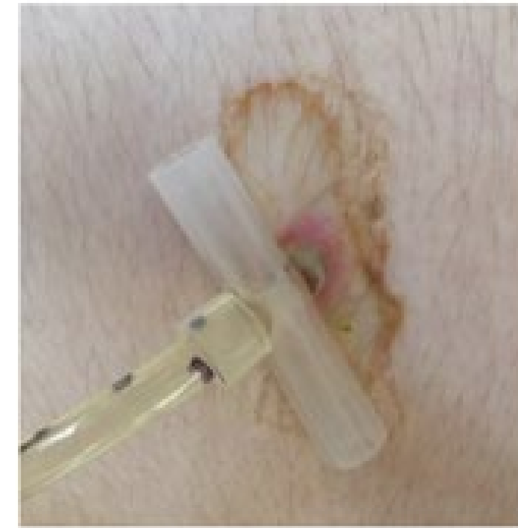
Allow the skin to dry using a clean dry cloth or towel

Reapply a new dressing (jf the G tube has a dressing)

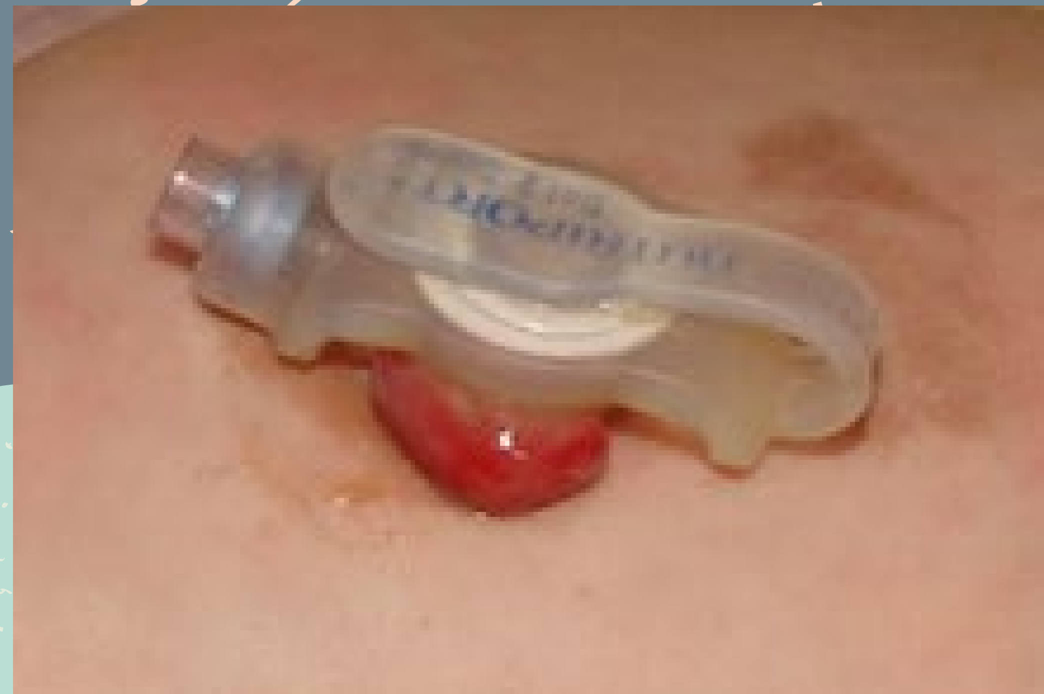


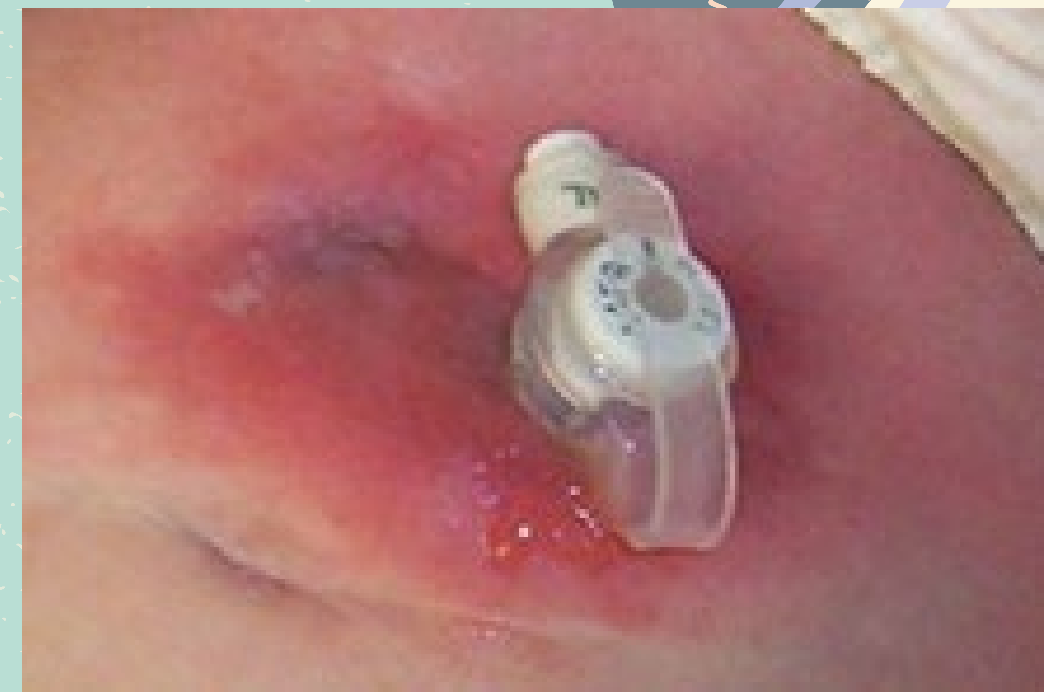




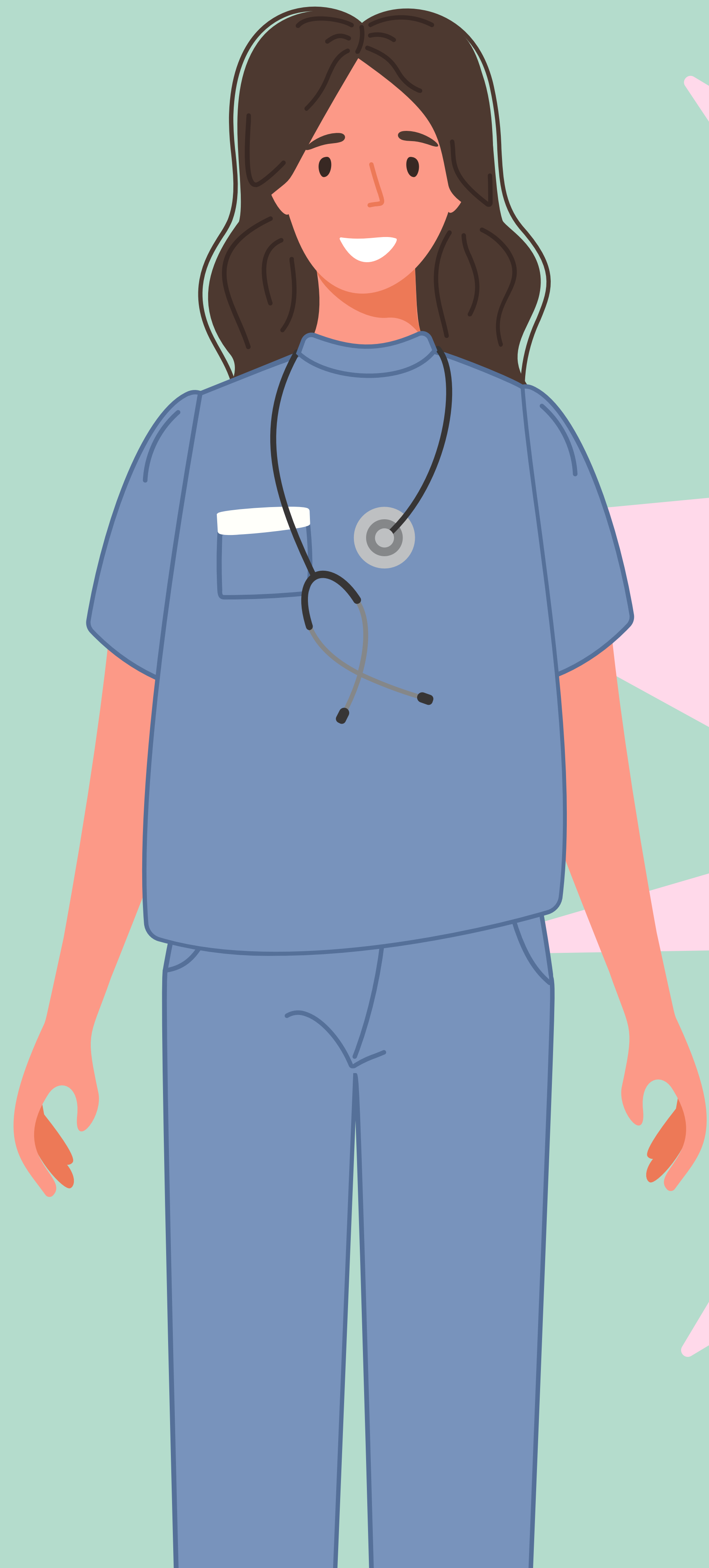


Gastric Feeding Tube (G-Tube) Precautions





- A proper G-tube should have a red, pink, or darkish-brown/red look around it that does not spread across the abdomen
  - It is normal for thin, clear yellow or green sticky drainage to be present around the stoma --> should be cleaned daily
- Assess for redness, swelling, pus, excessive leakage, pain, and bleeding, fever- this can be a sign of infection
- Hypergranulation
  - cause: overgrowth of issue due to excessive tract movement or moisture in the area
  - common (it is the body's way of trying to repair itself from the G tube placement)- may bleed a little bit if irritated; see provider for special ointment or possible cauterization if necessary



QUESTIO

ACTIVITIES TIME!

Station 1: Pressure Ulcers

Station 2: Basic Wound Care

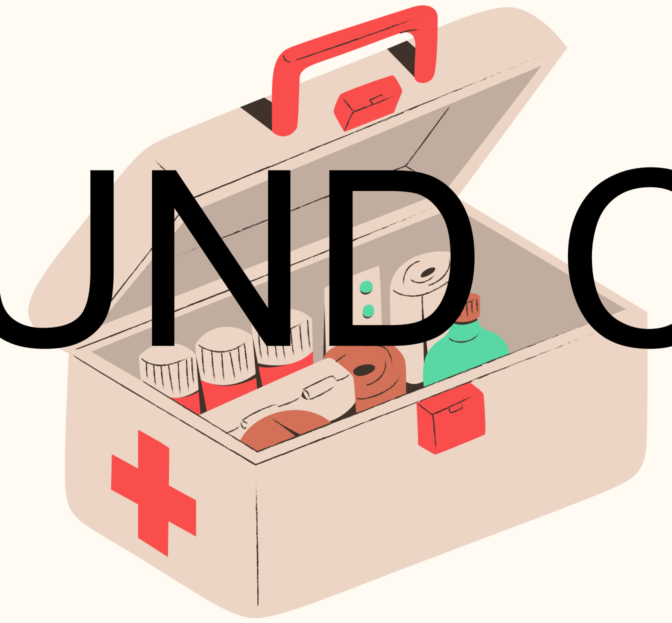
Station 3: Line/Dressing Changes

STATION 1: PRESSURE UL

STEPS

1) In your group, split into small groups of 4.
2) Each small group will receive a slip of paper with a number on it.
3) Matching the number on the paper to the location on the mannequin, discuss with your group members to guess what level pressure ulcer it is.
4) Under your guess, write an idea of how you would help promote the healing of this pressure ulcer.
5) Turn in your slip for a chance for a chance to win a prize! (make sure to have group member names)

STATION 2: BASIC WOUND CA



STEPS

1)Take turns practicing the basics of wound care mentioned earlier.

- Here's a recap:
  - Irrigate & cleanse the wound.
  - Swab with damp gauze & remove deep debris by irrigation.
  - Fill wound using choice of filler.
  - Cover wound through protective dressing.
  - Monitor for wound changes, signs of infection, or drainage.

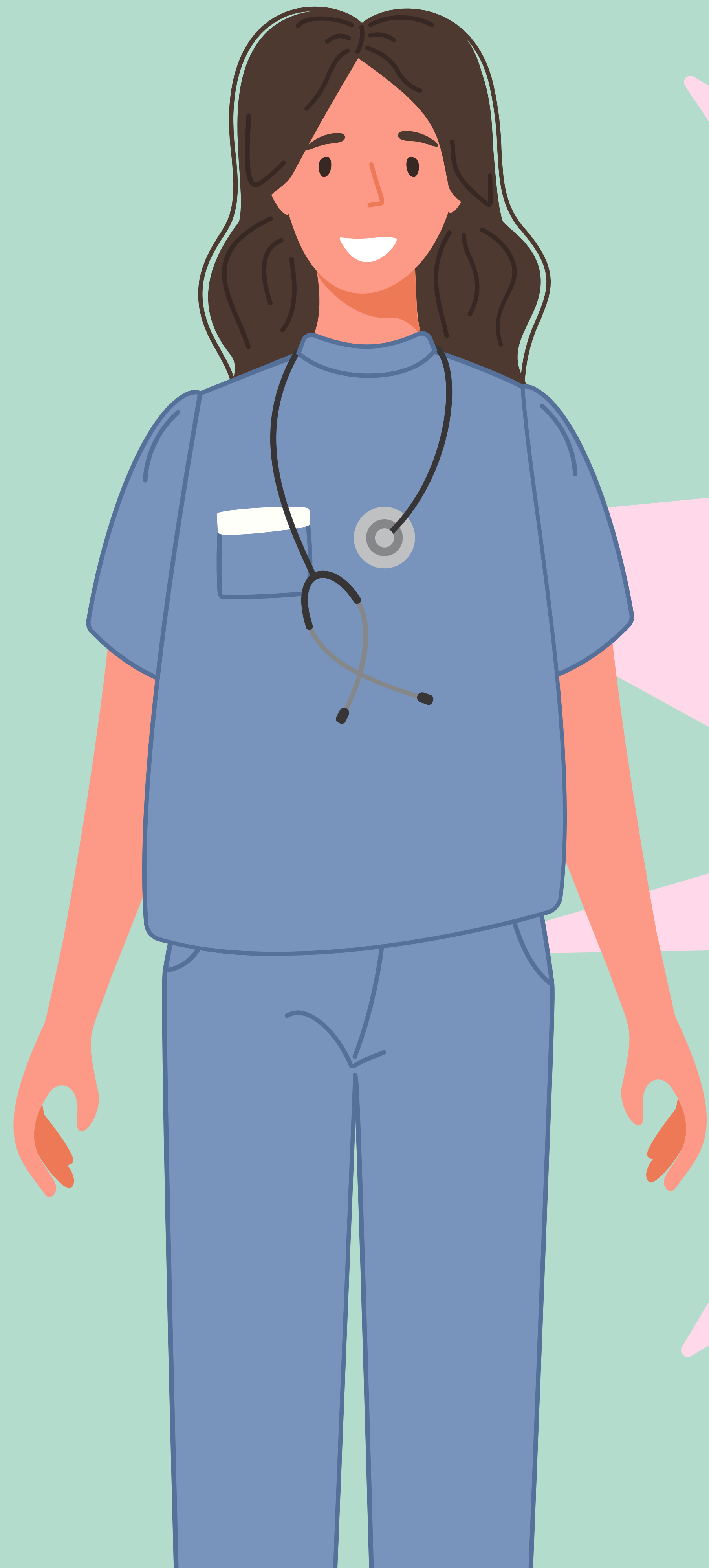
2) During each step of wound care, explain to your group why the step is important in wound healing.

3) Feel free to ask us any questions!

STATION 3: LINE/DRESSING CH

STEPS

- Split group into two small groups
- One group will watch line change and the other, dressing change
- Demonstrate line/dressing change to each group
- Have each group practice and then switch
- Supervise, answer questions etc while group practices



THANK YOU!