Common Skin Problems in Older Adults

RECOGNIZE THE DIFFERENCE BEFORE YOU TREAT

GOAL **Start with cause: pressure, moisture, trauma, vascular disease and infection require different responses.**

1 PRESSURE INJURY

- Usually localized over a bony prominence or under / near a device.
- Pressure and / or shear is part of the cause.
- May begin as non-blanchable or persistent color change.
- Stage only when the injury is pressure-related.

2 MOISTURE-ASSOCIATED DAMAGE

- Often occurs where skin is exposed to urine, stool, perspiration or wound drainage.
- Frequently diffuse, irregular, superficial and moist / macerated.
- Common in the perineum, buttocks, folds and around draining wounds.
- Pressure injury and moisture damage can coexist.

3 SKIN TEARS & FRAGILE SKIN

- Skin tears are traumatic separation of skin layers and are common in aged, fragile skin.
- Use gentle handling; avoid unnecessary friction, shear and aggressive adhesives.
- Document the mechanism and appearance - do not automatically label a skin tear as pressure injury.
- Look for a skin flap, bruising or injury after transfers, dressing removal or minor trauma.
- Protect dry, fragile skin with a facility-approved skin-care regimen.

4 OTHER COMMON PATTERNS

VENOUS / EDEMA CHANGES

Lower-leg edema, reddish-brown discoloration, scaling and stasis dermatitis may accompany venous disease.

INTERTRIGO / FUNGAL PATTERN

Warm, moist skin folds can develop erythema, maceration and secondary infection. Follow facility protocol.

BRUISING / PURPURA

Older skin bruises easily. New unexplained bruising, pain, swelling or breakdown still deserves assessment and documentation.

CLINICAL PEARL

Etiology drives treatment: pressure, moisture, trauma, vascular disease and infection are not interchangeable.

UNCERTAIN SKIN BREAKDOWN?
ASSESS THE CAUSE / DOCUMENT / PROTECT / ESCALATE WHEN NEEDED