Adding Patient Education of Skin Cancer and Sun-Protective Behaviors To the Skin Assessment Screening on Admission to Hospitals

On admission to the acute care setting, each patient should have a skin assessment performed by a RN. This assessment is very important and is used to document any lesions, lacerations, and bruising on the skin. However, the primary purpose is to assess for skin breakdown (Braden & Bergstrom, 1988). Skin assessments focus on pressure ulcers, especially because acquiring a pressure ulcer is a never event and is not reimbursed by Medicare (Health Watch USA, 2010).

Another potential skin problem is not assessed as frequently, yet warrants heightened attention. Skin cancer is increasing in frequency in the United States and has reached epidemic proportions (Centers for Disease Control [CDC], 2010). For example, a person born in 1935 had a 1 in 1,500 chance of acquiring skin cancer in his or her lifetime; risk is now 1 in 50 (American Academy of Dermatology [AAD], 2010). Screening for skin cancer can occur easily with the patient assessment completed on hospital admission, and have an impact on disease occurrence.

About Skin Cancer

Three types of skin cancer have been identified: basal cell carcinoma, squamous cell carcinoma, and melanoma (AAD, 2011). Basal cell carcinoma, the most common lesion, usually appears on the face or the ears. It is the easiest to detect or treat, and is the least likely to metastasize. Basal cell carcinoma looks like a pimple or a sore that does not heal. Squamous cell carcinoma is the next most common type of skin cancer. It usually appears on sun-exposed parts of the body and is more likely to metastasize. Typically, it appears as a bump or a red scaly patch. When diagnosed and treated early, non-melanoma skin cancers have over 95% rate of cure (AAD, 2011).

These non-melanoma skin cancers are the most common cancers in the United States. There are 3.5 million cases per year in 2 million people (National Cancer Institute [NCI], 2011). This rate has more than doubled since 1992, when there were 1.1 million cases. These numbers are astounding; however, they do not reflect the actual numbers as reporting of non-melanoma cancers is not mandated. Skin cancer is the fifth most costly cancer, consuming 4.5% of cancer costs for Medicare (NCI, 2011).

Melanoma is the least common of the three skin cancers, but the most lethal. It metastasizes quickly; therefore it is important to diagnose and treat early. More than 68,000 people are diagnosed with melanoma each year (American Cancer Society, 2011). Approximately 70% of melanomas start in or near a mole or other dark spot on the skin. A person is at highest risk if he or she burns or freckles easily, has light blue or green eyes, and red or blonde hair. However, anyone can get skin cancer. Bob Marley, a famous dark-skinned Jamaican musician, died of melanoma. A 500% increase in diagnosis of melanoma has occurred since 1950 (NCI, 2011). Melanoma is the most common form of cancer for people ages 15-29, increasing faster in females. It is expected there will be 1 million cases of melanoma, exceeding all cancers combined (Clarke, 2010).

One possible cause for the increase in the occurrence of skin cancer in recent years is the fact people may be spending more time in the sun. In addition, use of tanning salons may have contributed to the increase. A tan has been perceived as beautiful and healthy looking, and many people are seeking beach vacations. In particular, there has been a 50% increase in occurrence of skin cancers in women since 1980 (Purdue, 2008). Studies have found the use of indoor tanning by persons under age 35 increases the person’s risk by 75%. Nearly 70% of tanning salon patrons are Caucasian girls and women ages 16-29 (AAD, 2011). The International Agency for Research of Cancer has reclassified tanning beds as carcinogenic to humans. This classification places indoor tanning in the highest cancer risk category afforded by the international agency, which is a division of the World Health Organization (AAD, 2011).

Nurses’ Role in Skin Cancer Prevention and Diagnosis

Nurses are very much involved in health assessment, promotion, and education. If all nurses also screened for skin cancers and educated each patient about sun-protect-
tive behaviors, they could impact morbidity and mortality. Specific sun-protective behaviors include the following:

- Seek shade.
- Avoid sun 10:00 a.m. - 4:00 p.m. when rays are strongest. Cover skin with clothing and wear a hat with a 4-inch brim.
- Avoid tanning beds; there is no such thing as a healthy tan.
- Use a sunscreen with SPF 30 as a minimum. Apply 30 minutes before going outdoors, and reapply every 2 hours and after swimming and sweating.
- Wear sunglasses with 100% UVA protection. Sunglasses are sunscreens for the eyes (CDC, 2010).

Nurses also should encourage patients to perform a skin self-exam monthly, using a full-length mirror. They should identify moles, blemishes, and birthmarks in order to recognize if changes occur; using photos can assist in noting changes. Patients should examine their skin for changes, such as a new mole; change in color, shape, size, or texture of an old mole; or a sore that does not heal within 2 weeks (CDC, 2011). Danger signs of pigmented lesions (moles) for potential melanoma can be summarized as follows:

A = Asymmetrical in shape
B = Border irregularity
C = Color, not uniform
D = Diameter, greater than 6 mm
E = Evolution, something has changed in the mole (CDC, 2011).

Nurses should teach patients of all ages about sun protection, and warn them about the dangers of the sun and tanning. Nurses also should role model their natural skin tones to lend credibility to their teaching about skin cancer and sun-protective behaviors. Patients should be encouraged to examine their skin once a month and have a full-body exam by a health care provider annually (Siegel, 2010).

Conclusion

Nurses should take the initiative in teaching patients of all age groups and races about sun-protective behaviors, the dangers of tanning, and recognition of signs and symptoms of skin cancer. Nurses also should be role models for proper sun-protective behaviors. Through the role of assessment, advocacy, and education, nurses can have a significant impact in decreasing the epidemic of skin cancer (Siegel, 2010).

REFERENCES

ADDITIONAL READING

Relationship-Based Care

continued from page 182

REFERENCES
Kirsch, J. (2008a, May). Workshop #1. In VHA central: Return to care rapid adoption network. Symposium conducted at the meeting of the Voluntary Hospitals of America, Indianapolis, IN.
Kirsch, J. (2008b, September). Workshop #2. In VHA central: Return to care rapid adoption network. Symposium conducted at the meeting of the Voluntary Hospitals of America, Indianapolis, IN.

ADDITIONAL READING