Manitoba
Health, Seniors and Active Living

Manitoba Health, Seniors and Active Living (MHSAL) supports reporting and learning from patient safety events. The focus of a patient safety review is to closely look at the health care system that surrounds and interacts with those giving and receiving care. The goal is to identify risks to patient safety and recommend the most effective ways to minimize risk and improve the delivery of healthcare.

Patient Safety Learning Advisory

Potential burns to bilateral feet following an assisted tub bath/shower

Summary:

A client receiving home care services potentially may or may not have sustained second degree burns to his/her bilateral feet during an assisted tub bath/shower. It is unknown if the client had an undiagnosed pre-existing skin infection to both feet prior to the bath versus burns sustained from a hot water exposure.

The client's underlying health conditions such as chronic lower limb swelling, presence of skin abrasions/scrapes to the top of the toes prior to the bath and diabetic neuropathy (nerve damage causing inability to sense/feel water temperature) are factors that may or may not have potentially contributed to the event.

A bath seat is utilized in the tub and washing occurs with a shower wand. It remains unknown due to inconsistencies in recall of the bath, if the water backlogged and exposed the client's feet to hot water.

It was discovered one day following the bath assist that the client's feet were red, blistered and peeling. The client indicated to the Home Care Attendant (HCA) that he/she did not know what had happened. The client was advised to seek medical attention.

The client presented to an Emergency Department (E.D.) for an assessment of his/her feet. The wounds appearance resembled a 2nd degree burn and a potential link was made to the having a bath one day.

Keywords: Second degree burns

This review is based on a single event.

Findings of the Review:

There were inconsistencies in recollection of the event related to a backlog of water in the bathtub prior to an assisted tub/shower that may or may not have exposed the client's feet to hot water. The client was unable to sense the water temperature fluctuation to his/her lower limbs due to his/her underlying health condition. The client regulates own water temperature at beginning of an assisted tub/shower with a double check by an HCA prior to proceeding.

The client may have potentially had an underlying undiagnosed skin infection as there was the presence of chronic lower limb edema and skin abrasions noted to his/her toes bilaterally prior to the assisted tub/shower. A report of a scrape to the toes had been communicated 5 days prior to the event. A Nursing Service Request was submitted for an assessment. There was no supportive documentation to confirm that an assessment had been completed prior to the scheduled bath.

There was a delay in filling a prescription for a diuretic (water pill), further contributing to an increase in lower limb swelling and a decline in the client's skin integrity prior to the scheduled bath.

The client slept in regular socks overnight following an assisted tub/shower one day prior as per his/her routine. On date of discovery, the socks were slightly moist and removed by an HCA. The skin to the feet were described as red, blistered and peeling. The client had no recollection of any injury sustained to his/her feet.

The Emergency Department visit indicated that the client had no recollection of an injury to his/her feet. The wounds appearance resembled a 2nd degree burn and a potential link was made to having a bath one day prior. The client received a course of antibiotics and daily dressing changes over the course of ~ two months.

System Learning:

Follow-up on a provincial level the implementation status of e-charting for real time documentation for Direct Service Nurses (DSNs) for all clients in the home care program for continuity of care.

Dependent on outcome above, proceed with implementation of e-charting &/or explore the ability for Direct Service Nurses (DSNs) to document in client's electronic home care record.

Reinforce/re-educate 80% of Direct Service Nurses (DSNs) on the importance of initiating a "*Wound Assessment Treatment Form"* for clients with new/existing wounds in order to provide continuity of care.

Date of Posting: