

## Peri-Rectal and Acute Cutaneous GvHD Skin Care Made Easy

Bobbie Broski, RN, BSN, OCN  
Stanford Hospital and Clinics  
bbroski@gmail.com

**Purpose:** The aim of this evidenced-based practice project was to determine if implementation of a standardized skin care protocol for Acute Cutaneous Graft versus Host Disease (GvHD) and peri-rectal breakdown will improve patient outcomes by increasing nurses' knowledge and ability to administer nursing skin care.

**Background:** GvHD is a potential side effect for Bone Marrow Transplant patients who receive stem cells from a sibling or unrelated donor. More than half of this patient population will be affected by acute cutaneous GvHD. Due to the required immunosuppression, impaired skin integrity puts these patients at high risk for infection. Increased pain is also a result of cutaneous GvHD. Currently, no published standards of skin care for Acute Cutaneous GvHD exist. Treatment varies due to the lack of a standardized protocol, creating inconsistent care.

**Methods:** Peri-Rectal Breakdown can be one component of GvHD; therefore a standard protocol for peri-rectal breakdown was developed and implemented to assess the effectiveness of implementing a standardized skin care protocol. After a pre-test and audit, inpatient nurses were educated on the revised Peri-Rectal and newly developed GvHD skin care protocols, including assessment, documentation, and education. Chart audits and post-test were done at the completion of the project to assess the effectiveness.

**Results:** 32 of 41 full-time nurses were educated. 19 patient records were audited. Post survey improvements were seen in documentation of stool, products used, peri-rectal assessment, and education. A more accurate description of aGvHD grades were noted by the nurses. Diarrhea listed as the first sign of peri-rectal breakdown went from 0 to 11 patient records.

**Conclusions:** When education is provided and a standard of care is used, documentation of assessment improves. Documentation of patient education still needs improvement. Ongoing education of Acute Cutaneous GvHD and nursing treatment must be continued. Limitations were: high acuity of patients made it difficult to educate during work hours; lack of acute cutaneous GvHD patients during the project.