



A GUIDE FOR PATIENTS AND CARERS PREVENTING PRESSURE ULCERS

Our nurses are responsible for preventing pressure ulcers. However, your help in detecting the early signs of an ulcer can alert our staff, helping prevent pressure ulcers getting worse. If the early signs of a pressure ulcer are not treated quickly, it can develop into an open blister, which can then lead to a more serious pressure ulcer. If you notice any signs of pressure damage, please notify a healthcare professional immediately. This information explains what a pressure ulcer is and how to identify the signs that one may be developing.

What is a pressure ulcer?

A pressure ulcer/bed sore is an area of the skin and underlying tissue which is damaged. This is due to lying or sitting in one position for too long without moving, or by rubbing, dragging or sliding down or across the bed, which can strip the top layers of the skin.

Pressure ulcers are most likely to develop over bony areas. The areas most at risk are the heels, bottom, and base of the spine, elbows, shoulders and the back of the head.

Alert a professional if:

- Red or darker patches of skin which do not disappear within 1-2 hours
- They feel hot or cold
- You have discomfort or pain
- They are blistering
- You feel any numbness, soreness, swelling or hardening of the skin

Who is at risk?

Anyone can be at risk; however people with an increased risk of developing a pressure ulcer are those who:

- Have difficulty moving and changing their own position
- Are not eating or drinking properly
- Are in pain and therefore are reluctant to move
- Have loss or no control over their bowels or bladder causing the skin to dampen
- Are frail, elderly or weak
- Have loss of sensation to some parts of their body, have a serious illness or are undergoing surgery or have diabetes or poor circulation

What to expect from your healthcare professional?

Assessment: regular assessments of your skin will be made.

Surface: mattress and cushions will be provided, depending on your level of risk.

Moving: assistance with re-positioning using correct equipment will be provided.

Incontinence: will be assessed and skin kept clean and moisturised.

Nutrition: will be assessed, and assistance to eat and drink will be provided.

What can you do to help prevent a pressure ulcer?

Skin: if you are able to, check your skin regularly, or ask a carer or relative. Do not continue to put pressure on reddened areas, particularly at risk areas.

Keep Moving: one of the best ways to prevent a pressure ulcer is to relieve the pressure on the at risk areas by regularly changing position. This can be as simple as standing and walking on the spot for a few minutes every hour if you are able to. If you are sitting, try and lift your bottom off the seat regularly. If you are in bed, try and change your position without digging your heels into the bed as this can cause damage. Try not to slide down the bed as this can cause damage to the skin - ask a health care professional for advice if this is a problem.

Incontinence: Wash and dry your skin carefully. Do not use talcum powder or perfumed soap as these can dry out the skin. If you have loss or no control over your bladder or bowels, speak to your nurse or doctor about the best way to control it.

Nutrition: eat a well-balanced diet and drink plenty of fluids.

Source: Vanessa McDonagh Department: Tissue Viability - University Hospital Coventry & Warwickshire.