

Pressure ulcer prevention

Pressure ulcers are also known as pressure sores or bed sores. They are areas of damage to the skin and underlying tissue and range from superficial red patches through to large open wounds. They may cause pain, or become infected. In extreme cases they cause underlying damage to muscle or bone.

What causes pressure ulcers?

They are caused by a combination of:

Pressure: when pressure is applied to skin and underlying tissue it can cause damage. Constant pressure can stop blood flow to the skin and underlying tissue. This can stop skin getting enough oxygen and nutrients to stay healthy.

Shearing: when two surfaces move in opposite directions. E.g. this can happen to your skin when you slide down or move in bed.

Friction: can happen when skin is rubbed against clothes or bedding.

Common body sites for pressure ulcers

These are usually over bony prominences. Areas to monitor are:

- Base of spine.
- Buttocks.
- Elbows.
- Toes.
- Heels.
- Back of the head.
- Ears.
- Hips.
- Shoulders.

What does pressure ulcer damage look like?

- Purple/blue patches on darker skin tones or red patches on light skin tones.
- Swelling, blisters or shiny areas.
- Hard, swollen, dry, tender or moist skin.
- Numbness.

If you or your carer notice possible or actual signs of skin damage, please inform your Nurse or Doctor immediately.



What increases the risk of developing a pressure ulcer?

- Moving less, or spending more time in bed due to pain or tiredness.
- Moist skin, for example from incontinence.
- Poor circulation.
- Certain medical conditions (e.g., diabetes).
- Previous pressure ulcers.
- Poor diet and lack of fluids.
- Being at the end of life.

What can I do to help prevent getting pressure ulcers?

Some patients may need support from loved ones to do the following:

- Move around or shift your weight frequently if you're able to.
- Keep your skin clean and dry. Wash the skin with a gentle cleanser and pat dry. Do not rub skin vigorously.
- Inspect your skin daily, look for warning signs of a pressure sore.
- Eat a well-balanced diet and drink plenty of fluids.
- Protect your skin. Use emollients if your skin is dry or moisture barrier creams to protect your skin from moisture (e.g., urine or stool). Watch for buttons, zips on clothing and wrinkles in bedding that irritate your skin.
- Change bedding and clothing frequently if needed.
- Use pressure relieving equipment if you have been provided with it. If you feel you need pressure relieving equipment discuss this with your

healthcare professional. If you are in bed do not raise the head rest above 30% as this can cause you to slip down the bed and increase shearing damage to your skin.

What will your Healthcare Team do to help prevent a pressure ulcer?

- Helping you with or reminding you to change position regularly. Nursing staff might use slide sheets to reposition you.
- You might be nursed on specialist equipment like a pressure relieving mattress or cushion. If you are at home your Healthcare Team can help order equipment you might need.
- Make sure skin is clean and dry.
- Checking skin regularly.
- Helping you have the right diet and plenty of fluids.

What happens if I get a pressure ulcer?

- It is important that you still change position regularly.
- Any treatment will be tailored to your individual pressure ulcer (e.g., a specialist dressing or antibiotics).
- Your Healthcare Team will ensure you are provided with pain killers if you are in pain.
- The Nursing Team may need to take a photo of your pressure ulcer to record and monitor its healing progress. If we need to do this we will ask you (or a family member on your behalf) to sign a consent form. This photo will be attached to your clinical notes and will only be accessible to healthcare professionals.