

Pressure Ulcer Prevention

Tissue Viability



Introduction

This leaflet is aimed at informing the public who are at risk of pressure ulcers, or carers and family who care for those at risk of pressure injuries. If you do not understand the information ask your health care professional to explain this leaflet.

Did you know that Pressure Ulcers:

- Are often known as bedsores or pressure ulcers
- Are areas of damaged skin and tissue that develop when constant pressure on a part of the body shuts down the blood vessels feeding that area of skin
- Usually occur when someone sits or lies in one position for too long
- Usually develop below the waist and especially at the base of the spine, the buttocks and the heels. They can also be found on elbows, shoulders and ears
- May also develop from use of splints, casts, oxygen devices and other medical devices

However many other parts of the body can develop pressure ulcers, including knees, ankles, shoulders, behind ears and the back of the head.

The Royal Wolverhampton NHS Trust is committed to ensure it takes every step to support you with preventing pressure ulcers, promoting self care and skin care advice.

There is a website designed to help answer some of the questions you might have about pressure ulcers, whether you are at risk yourself or if you know of somebody who might be at risk.

<https://www.nationalwoundcarestrategy.net/pressure-ulcer/> is a useful resource that could prove invaluable. This is designed to help people understand the causes of pressure ulcers and, therefore, hopefully prevent them in the first place.

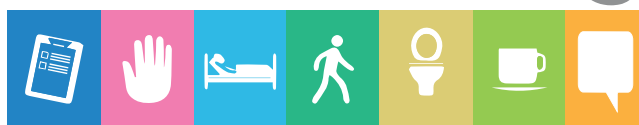
The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- **Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available**
- **If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111**
- **Keep the environment clean and tidy**
- **Let's work together to keep infections out of our hospitals and care homes.**

Can pressure ulcers be prevented?

In many cases, yes. It is important to follow 7 key principles, commonly referred to as:

aSSKINg



Assessment

For specific questions about your personal circumstances, please seek advice from your healthcare professional.

Who is affected?

Pressure ulcers can affect anyone, particularly those with poor mobility who spend prolonged periods in bed or in a chair or are unable to change their position. Older people are more likely to develop pressure ulcers and the risk of developing them may be increased by factors such as poor diet, anaemia, recurrent infection, long term illnesses, poor circulation, incontinence and dehydration. Neonates, children and young people are also at risk due to the factors highlighted above.

Skin Inspection

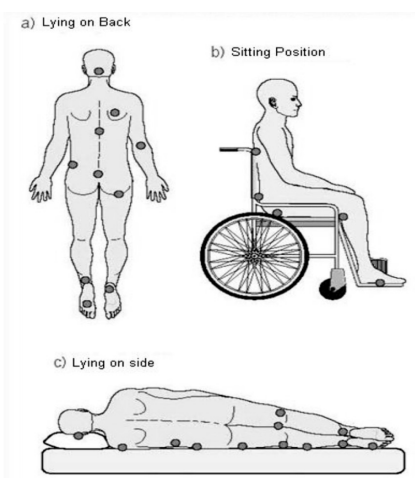
It is important for you, your carer or health professional to examine your skin regularly, to monitor for early warning signs such as redness or pain to common locations for pressure ulcers. This can be more difficult with dark pigmented skin. If you have darker skin look to see if your skin appears darker or lighter. It may also be very painful. Blisters may form, do not burst these as they will reduce if pressure is removed from the area.

A pressure ulcer may initially appear as a red area of skin that does not disappear after a few hours and it may feel tender. The area may become painful and red in colour.

Continued pressure and poor circulation can cause the skin and tissue to break down.

The most common places for pressure ulcers are over bones that are close to the skin like the sacrum, buttocks, heel, elbow, ankle, shoulder, spine and back of the ear.

Common locations for pressure ulcers:



Ref: Whiting NL (2009) Skin assessment of patients at risk of pressure ulcers. Nursing Standard vol 24 no. 10 pages 40 - 44

All wounds heal at different rates depending on your general health and some types of medicines you may be taking. A wound will start to heal when it appears red. Some wounds may look sloughy (creamy yellow) or necrotic (black) and these may get larger or deeper before the wound will start to heal. If you have any concerns about your wound speak to your health care professional. If you have a wound, ask for a General Wound Information leaflet to give you more information.



Surface

Special mattresses, such as air filled alternating mattresses, specialist foam mattresses and cushions that redistribute pressure will help reduce pressure sensitive areas. It is important to ensure bed sheets are not pulled too tightly over these mattresses as it can affect the efficiency of the mattress. There are other devices to help off load pressure from heels.

When you are in a sitting position, it is important to sit upright to ensure any pressure is distributed evenly. If you find yourself leaning to one side, this will increase pressure on one area of your bottom, increase the risk of developing sore elbows and may change your posture. If you use a recliner chair, using different positions of the chair will help redistribute pressure to improve comfort. If you sit in a wheelchair, you can relieve some pressure by leaning side to side or forward and back if you are safe to do so, to relieve some pressure, before returning to an upright position.

Medical devices such as oxygen devices, spectacles, hearing aids, catheters / drain tubing, hosiery, casts or bandages must fit correctly. Sometimes it will take your skin a while to get used to the device and may only be applied for short periods initially. Your health care professional will check your skin and teach you how to off load pressure with your device.



Keep Moving

The most important factor in preventing pressure ulcers is avoiding prolonged pressure on the skin. This can be achieved by encouraging a person to:

- Change their position regularly throughout the day
- Avoid crossing legs, as this increases pressure in particular areas, and may increase risk of heel pressure ulcer

Those unable to move themselves, should be moved at appropriate intervals to maintain comfort. This might be up to every 2 hours if you are in a 24 hour care environment or less if your skin can tolerate longer periods. It is essential that appropriate moving and handling equipment is used to prevent shear and friction such as hoist or slide sheets. Healthcare professionals can assess your needs and suggest appropriate care. If you require assistance with all care, for example sit or lie for prolonged periods, try arm, hand and leg stretching exercises to prevent your limbs becoming stiff and contracted. Ask for assistance during your personal care if you are unable to do this yourself.



Incontinence

It is important to keep your skin clean and dry. A pH balanced soap and warm water is advisable. Perfumed soap can cause skin to become dry and increase the risk of skin breakdown. Apply moisturisers to prevent dry skin. If you experience urinary or faecal incontinence, regularly attending the toilet will help control your continence and prevents moisture associated skin damage, which can be painful and will increase your risk of pressure ulcers, also known as incontinence associated dermatitis. If possible try pelvic floor exercises to try to strengthen your muscles. If this fails to improve your bladder or bowel control, inform a healthcare professional. Skin protectants are available to protect your skin from excessive moisture. In hot weather or if you feel sweaty, wear light clothing, wash and dry your skin well, taking particular attention to any skin folds such as your buttocks. If these areas appear red, painful and or smell, inform your health care professional for advice on skin care or there may be a fungal infection that will need a short treatment prescribed.



Nutrition

It is important to eat a healthy diet including plenty of vitamin C and zinc and adequate intake of fluid to maintain your hydration.

Suggested foods on wards or at home:

- Cup of full fat milk 3-4 times per day (try to use 1 pint per day)
- Cereal with full fat milk at breakfast or as a snack
- Protein at each main meal, for example milk and/or yoghurt at breakfast and meat / fish / chicken / cheese / peas / beans or lentils / egg at lunch and dinner
- Sandwiches with protein fillers, for example egg, tuna, cold meats, cheese or peanut butter
- Hot puddings rather than jelly and ice-cream
- Build-up drinks and soups
- Hot drinks like malted drink and hot chocolate made with milk
- Cheese and biscuits (as a snack)
- Milky puddings, for example yoghurt, rice pudding, custard or semolina
- Chunky home made soups with added peas / beans or lentils / meat / chicken etc.
- Sausage rolls or meat pastries
- Nuts, seeds and dried fruit
- Fresh fruit / stewed fruit / tinned fruit

If your appetite is small and food intake is poor, eat small regular meals / snacks throughout the day (including snacks from home where possible) and drink the supplement drinks that are individually prescribed for you.

Patients with other medical conditions such as diabetes, coeliac condition or swallowing problems need to consult with their Dietitian, Specialist Nurse or Speech Therapist.

If your child is taking a specialised diet liaise with your child's Dietitian if you are concerned.

For further information speak to your health care provider.



Giving information

Your health care professional will support your care and share information with relevant care colleagues. If you chose not to follow health care advice, the staff will follow a concordance pathway, explain the risks and possible problems you may encounter. The staff will help you to plan small achievable actions to reduce your risks, based on your individual needs and choices.

Useful web sites:



www.nice.org.uk

www.wounds-uk.com

www.epuap.org

<https://www.nationalwoundcarestrategy.net/pressure-ulcer/>

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。