How to Prevent Pressure Ulcers



Information for patients, families and carers

What is a pressure ulcer?

A pressure ulcer is an area of damage to the skin and/or underlying tissue.

The first sign that a pressure ulcer may be forming is usually discoloured skin.

The area may worsen and even lead to an open wound. Pressure ulcers (sometimes known as bedsores or pressure sores) can develop within a few hours.

Causes

Pressure ulcers develop when the blood supply to an area of skin is disrupted. A lack of blood supply means that oxygen and nutrients do not reach an area as they should. This damages the skin cells which causes the skin to break down and ulcerate.

As well as continued pressure on an area, pressure ulcers can develop when combined with:

Shearing

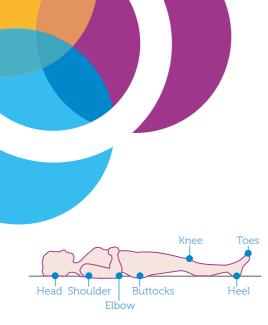
From sliding down or being pulled up a bed or from a chair. This may cause damage to the skin and deeper layers of tissue.

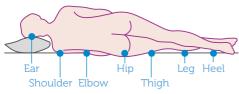
Friction

Poor moving and handling techniques can create friction and cause skin damage.

If you require this information in an alternative format please call 01803 210800







Common body areas for pressure ulcers

These are usually over boney prominences (where the bones are close to the skin surface).

The bodymap above shows where pressure ulcers can form.

Pressure ulcers can also develop under medical devices, for example oxygen masks/tubing and catheters. Prolonged pressure can cause heat and moisture to form on the skin under a rigid medical device which may result in damage.

Are you at risk of a pressure ulcer?

The following factors are known to increase risk of developing a pressure ulcer

- Reduced mobility
- · Weakness and fatigue
- Difficulty in eating and drinking
- Dry or very moist skin
- Incontinence
- Poor circulation
- Loss of sensation to some areas of the body
- Previous pressure ulcer
- Other conditions e.g. diabetes, organ failure
- Prolonged sitting in a chair/ wheelchair

What will the nurses do to help prevent pressure ulcers?

A nurse who has had the appropriate training will carry out a risk assessment. A plan of care to help prevent the development of pressure ulcers will then be discussed with you which will require your agreement.

The plan will include:

Regular skin inspection

Visual inspection is important as skin damage may be identified early and prevented from getting worse.

Regular skin care

Skin damage can be prevented if the skin is kept clean and free from

excessive moisture. Moisturisers are used to hydrate the skin. Barrier creams are applied to protect the skin from excessive moisture e.g. incontinence.

Regular re-positioning

One of the best ways to prevent a pressure ulcer is to reduce or relieve pressure on the areas at risk by moving around and changing position frequently. If able, nurses will encourage you to stand/mobilise regularly. Appropriate levels of assistance and/or aids to help you move safely will be provided. If you are being cared for in bed you will be encouraged to move/repositioned by the nurses at least every four hours where possible.

If you have a medical device this will be moved to enable the skin underneath to be inspected. When possible, any tubing will be repositioned to relieve pressure on the area.

Use of specialist equipment

Provision of an electric profile bed frame and high risk mattress will reduce pressure and risk of shearing. Rise and recline chairs have inbuilt pressure relief systems.

Other equipment may be used to help to reposition you safely and comfortably.

Eating and drinking

Although good nutrition is important, eating and drinking can be difficult for many patients in our care. You/ your carer will be asked about your appetite, preferences and abilities in respect of nutrition. This will ensure the appropriate types, textures and amounts of food and drinks are provided for you. The nurses will support you to eat and drink as you are able comfortably.

What can you and your carer do to help prevent pressure ulcers?

It is important to relieve the pressure on at risk areas of skin frequently.

Your carer may be able to help in some of the ways pressure ulcers may be prevented.

Where possible you should:

- Reposition yourself/accept help to reposition in bed at least every four hours
- Restrict sitting in an armchair to a maximum of two hours
- Allow nurses/your carer to inspect your skin at least daily for signs of:
 - Red or dusky areas
 - Swelling
 - Blisters
 - Dryness or moisture
 - Cracks or calluses



What can you and your carer do to help prevent pressure ulcers? Continued.

- Keep your skin clean and well moisturised
- Wear loose fitting clothing in bed
- Check footwear fits correctly
- Eat and drink comfortably as able
- Report any areas of discomfort, pain or numbness to the nurses/ your carer

What will happen if you develop a pressure ulcer?

Rowcroft Hospice is committed to providing the best care to our patients. However, pressure ulcers can sometimes develop when a person has a life limiting illness.

The following procedure must be followed when pressure ulcers develop before or after admission to the Inpatient Unit:

- 1 The pressure ulcer is categorised using a validated national classification system
- 2 You may be asked for your consent to photograph the area/wound. (This may help to accurately categorise the ulcer and compare any future changes)
- 3 Your care plan will be reviewed and changes recommended as appropriate. If you were unable to agree or decline to accept the care plan, this would be documented.
- The pressure ulcer will be recorded as an 'incident' to be investigated by the Ward Manager or her deputy.
- This will decide if the pressure ulcer must be reported to the Care Quality Commission (CQC) and South Devon and Torbay Clinical Commisioning Group (CCG). The CCG will review the incident and advise on any further action and learning required to improve quality of care.

Useful resources for Pressure Ulcer Prevention is available at:

www.nice.org.uk/guidance/cg179 www.npuap.org https://tvs.org.uk/clinical-guidelines