

Pressure ulcer prevention

Information for patients
and carers



Health and
Social Care

The purpose of this leaflet is to provide you and your carer with information on pressure ulcers, how they develop and the steps you can take to prevent them. Occasionally there may be good reasons why your treatment is different to that in this leaflet and you should discuss this with your nurse.

What is a pressure ulcer?

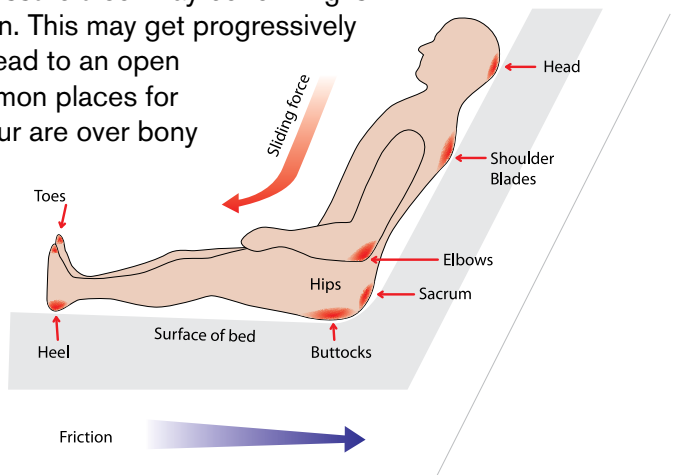
A pressure ulcer is damage that occurs on the skin and underlying tissues due to the lack of blood and oxygen supply. This may happen due to:

Pressure – the weight of the body pressing down on the skin. Any object or device for example catheter tubing pressing on the skin.

Shear – this can occur if the patient slides down in the bed or chair. The skin becomes stretched and tears.

Friction – rubbing the skin.

The first sign that a pressure ulcer may be forming is usually discoloured skin. This may get progressively worse and eventually lead to an open wound. The most common places for pressure ulcers to occur are over bony prominences, (bones close to the skin) like the bottom, heel, hip, elbow, ankle, shoulder, back and the back of the head.



Based on information provided by Your Turn, www.your-turn.org.uk

Who gets pressure ulcers?

Anyone can get a pressure ulcer but some people are more likely to develop them than others.

For example, people who:

- have problems moving and cannot change position by themselves without help;
- cannot feel pain over part or all of their body;
- are incontinent;
- are seriously ill or undergoing surgery;
- currently have a pressure ulcer;
- have had pressure ulcers in the past;
- have a poor diet and don't drink enough water;
- have damaged their spinal cord;
- have epidural analgesia eg women in labour;
- are ill or have suffered an injury, for example, a broken hip;
- have to wear a splint or body brace.

What are the warning signs?

- red patches on fair skin;
- purple/bluish patches on dark skin;
- swelling and blisters;
- hard or swollen areas which may be painful;

Important points to prevent or heal pressure ulcers:

- Skin** – your skin should be assessed regularly to check for warning signs of pressure ulcer development.
- Surfaces** – you may need specialist equipment. Your healthcare professional will assess and decide if you need this.
- Keep moving** – this results in reducing and relieving pressure on bony parts of the body.

This is done by moving around and changing position as much as possible. If you already have a pressure ulcer, lying or sitting on the ulcer should be avoided as this will make the ulcer worse.

Your healthcare professional should advise you and your carer on how pressure is best reduced or relieved on areas of skin that are vulnerable to pressure ulcers.

This advice should include:

- correct sitting and lying positions;
- how to adjust your sitting and lying position;
- how often you need to move or be moved in the bed or the chair;
- supporting your feet;
- keeping good posture;
- which equipment you should use and how to use it;

Incontinence – damp skin may be damaged more easily by pressure for example urine, faeces, sweat or a weeping wound. Keep the skin clean and dry. Regularly moisturise dry skin. Apply a barrier cream if required.

Nutrition – eat a good diet, plenty of fresh fruit, vegetables and protein-rich foods (eg meat, fish, eggs, cheese, and dairy products). Drink adequate fluids to keep your skin soft and supple.

Practical hints and tips

Do:

- change your position frequently, while in bed or sitting in a chair, avoid being in one position for long periods of time;
- take good care of your skin, keep it clean and free from too much moisture;
- try to eat a healthy balanced diet;
- use the equipment as advised by your nurse;
- inspect your skin for red marks and report these to the nurse.

Don't:

- sit on rubber ring cushions (may cause more damage);
- massage or rub pressure areas;
- drag yourself over damp or creased bed clothes;
- use a sheepskin to help relieve pressure – this is merely a comfort measure;
- allow incontinence sheets to crease up under you – avoid their use if you can;
- don't try to manage a pressure ulcer yourself – seek help from your nurse or tissue viability nurse specialist.

This leaflet has adapted from the 2005 NICE leaflet Pressure ulcers – prevention and treatment and local Health and Social Care Trust pressure ulcer prevention leaflets.

Further information can be found at:

Pressure ulcers – prevention and treatment

www.nice.org.uk/nicemedia/pdf/CG029publicinfo.pdf

Pressure Ulcer Prevention: Quick Reference Guide

www.npuap.org/Final_Quick_Prevention_for_web_2010.pdf

The Role of Nutrition Pressure Ulcer Prevention and Treatment:
National Pressure Ulcer Advisory Panel White Paper

www.npuap.org/Nutrition%20White%20Paper%20Website%20Version.pdf

Your Turn

www.your-turn.org.uk



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