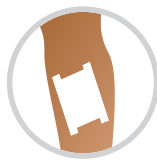


Tissue
Viability
Service



Preventing Pressure Ulcers

A guide for patients
and carers

Tissue Viability/Jennifer Neale

Lymphoedema Centre

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What is a pressure ulcer?

A pressure ulcer (bed sore) is an area of skin and underlying tissue which has been damaged. It's caused by lying or sitting in one position for too long without moving, or by friction caused by rubbing.

Who is at risk?

You are at risk if you have:

- **Problem with movement** - if your ability to move is limited, the area of skin you are lying or sitting on doesn't get enough oxygen and can break down.
- **Poor circulation** - vascular disease and smoking reduces the blood flow to the skin.
- **Moist Skin** - caused by incontinence, sweating or a weeping wound.
- **Previous skin damage** - scar tissue will have lost some strength and is more prone to breakdown.
- **Poor diet or fluid intake** - lack of fluid may dehydrate your skin. Weight gain or loss can effect pressure areas and healing.
- **Lack of sensitivity to pain or discomfort** - conditions such as diabetes, stroke, and disorders which affect nerve supply and muscle movement reduce the normal sensations or feelings of discomfort that usually prompt you to move. Some treatments (such as epidural pain relief or operations reduce your sensitivity to pain or discomfort, making you less aware of the need to move.

How can I avoid pressure ulcers?

- **Keep moving** - one of the best ways to prevent a pressure ulcer is to relieve the pressure by regular changing your position.

Try to:

- Walk on the spot for a few minutes every hour
- If you are sitting, lift your bottom off the seat every hour.
- If you are in bed, change your position without digging your heels into the bed, as this can damage skin on your heels.
- Avoid sliding down the bed, as this can damage your skin.

- **Look for signs of damage** - check your skin regularly or if you are unable to do so, ask a relative or carer to do this for you. Do not continue to put pressure on or rub reddened areas, particularly areas at risk of skin breakdown.
- **Protect your skin** - wash with warm water or ph-neutral soap cleansers. Do not rub or massage your skin as this can cause damage.
- **Avoid heavily perfumed soap or talcum powder.**
- **Eat a well-balanced diet** - aim for food rich in energy, protein, vitamins and minerals and drink at least six to eight cups of fluid a day. Your healthcare team may refer you to the dietician for advice.

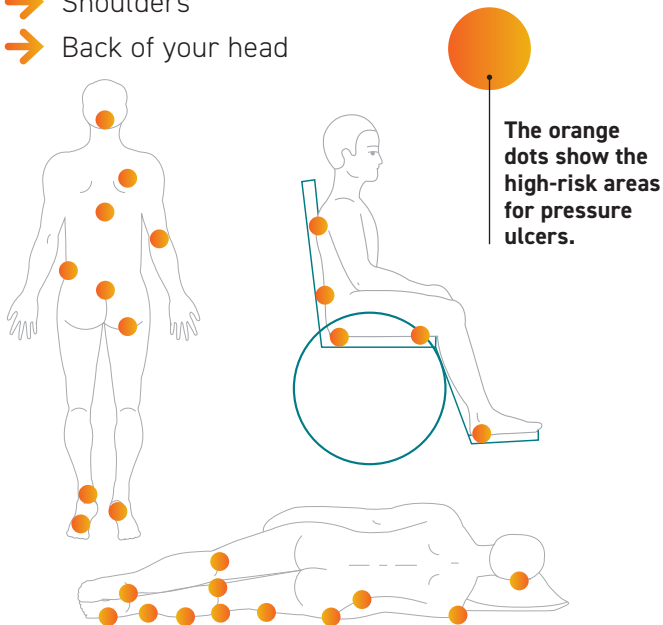
* If you have continence problems, please inform your healthcare team.

For more advice, visit the national Your Turn campaign to prevent bed sores at www.your-turn.org.uk or www.lovegreatskin.co.uk/home

Which areas of the body are most at risk?

Pressure ulcers are most likely to develop over bony areas, **such as:**

- Heels
- Buttocks and base of your spine
- Elbows
- Shoulders
- Back of your head



What to look for

- Red or dark patches of skin which do not disappear within 1-2 hours
- Discomfort or pain
- Blistering
- Any numbness, soreness, swelling or hardening of the skin

For more advice, visit the national Your Turn campaign to prevent bed sores at www.your-turn.org.uk or www.lovethegreatskin.co.uk/home

Is it a pressure ulcer?

To find out, follow these steps...



Redness, as above, is the first response to pressure.



Press finger over the reddened area for 15 seconds. When you remove your finger the area should turn white/pale (blanche) if the skin is undamaged.



If the area blanches, it is not a pressure ulcer. If it stays red, it is a pressure ulcer.



But remember... if you have darkly pigmented skin it does not blanch. Instead, look for purple discolouration, your skin feeling too warm or cold, numbness, swelling, hardness or pain.

Warning Signs:

This is the beginning of a pressure ulcer.



This is scuffed skin from pressure or from sliding down the chair or bed.



This is a heel blister caused by pressure.



This is potential pressure damage that could develop into a deep sore.



How your healthcare team can help

Special care and treatments are available from your healthcare team to help with pressure ulcers, **including:**

- ➔ **Risk and Skin Assessments** - you may be referred to the Tissue Viability Team, clinical nurse specialists specifically trained in this area.
- ➔ **Equipment** - surface pressure-relieving mattresses and cushions, and other equipment to help with repositioning, is available for immobile patients.
- ➔ **Nutrition advice and support** - including assessment and help with eating and drinking. Supplements may be provided and a referral to a dietician will be made if you are at risk.
- ➔ **Incontinence support** - your skin will be assessed for the presence of moisture, and assistance will be given to help keep your skin clean and moisturised. An assessment may be needed to help manage your continence.

If you suspect you or the person you care for has a pressure ulcer, tell your nurse or doctor as soon as possible.

If you need this leaflet in:



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 **0300 303 9952** (9am-5pm)

 **provide.customerservices@nhs.net**

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