



Northumbria Healthcare
NHS Foundation Trust

How to Prevent Pressure Ulcers

Issued by the Tissue Viability Service



This leaflet is for patients and carers; it explains how you can prevent pressure ulcers developing.

What is a pressure ulcer?

A pressure ulcer, sometimes called a pressure sore or bed sore, is an area of damage to skin and underlying tissue caused by prolonged pressure to any part of the body.

What are the causes of a pressure ulcer?

Pressure ulcers are caused by sitting or lying in one position for too long without moving. This can also be aggravated by rubbing or dragging the skin across a surface. A pressure ulcer can develop in a very short time, as little as a few hours.

Who is at risk of developing a pressure ulcer?

Anyone can get a pressure ulcer whether they are aged 10 or aged 80. People most at risk are those with:

Mobility problems – if you are in bed, chair or wheelchair bound your ability to move is limited; the area of skin you are sitting or lying on does not get enough oxygen and can breakdown.

Poor circulation – if you have vascular disease and/or smoke it reduces the blood flow to the skin.

Moist skin – caused by incontinence, sweating or a leaking wound.

Previous skin damage – including previous pressure ulcers, scar tissue is more vulnerable to pressure and is not as strong as normal skin making it more prone to breakdown.

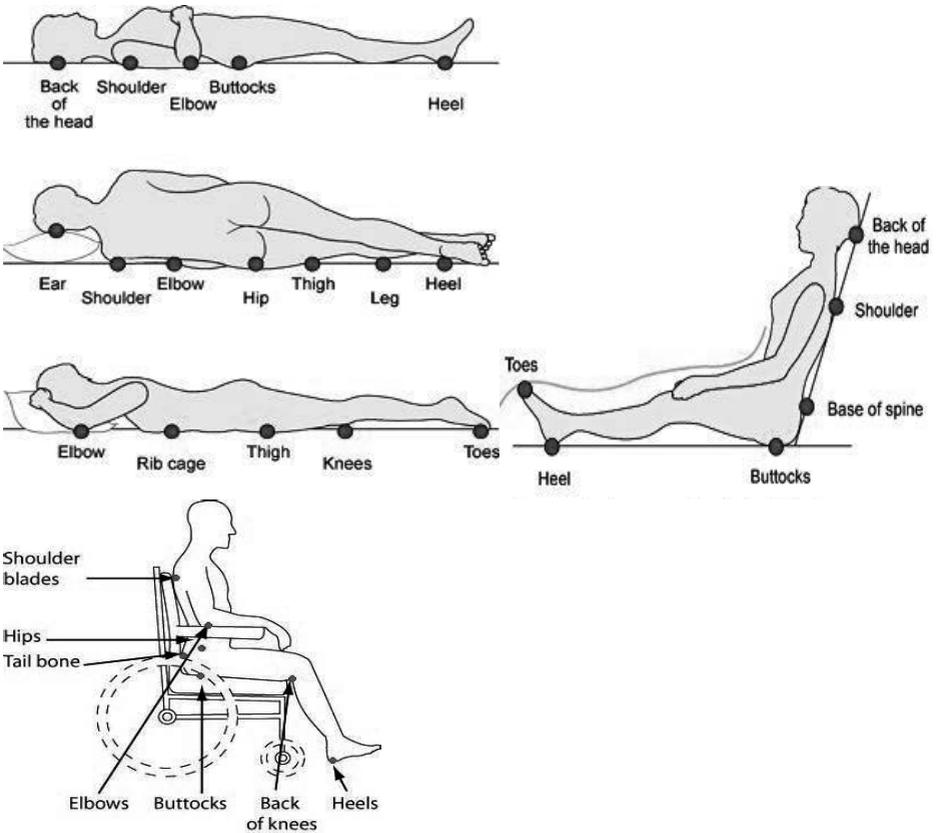
Age - as you get older your skin becomes thinner and less elastic.

Poor diet and fluid intake – lack of fluid may dehydrate your skin. Weight loss or gain can affect pressure areas and healing.

Lack of sensation to pain or discomfort – conditions affecting the nerve supply and muscle movement, such as diabetes, stroke, multiple sclerosis, Parkinson’s disease, Alzheimer’s disease, can reduce feelings and sensations of discomfort. These sensations would normally prompt you to change position. Surgery or epidural pain relief can also reduce your sensitivity to pain or discomfort so that you may not be aware you need to move.

Where is a pressure ulcer most likely to develop?

The following diagrams show the areas where you might develop a pressure ulcer.



What are the signs of pressure damage?

Pressure ulcers are likely to develop on areas that have little or no body fat to cover them. The most common areas at risk of pressure damage are the heels, bottom, ankles, elbows, shoulders, back of the head and the ears.

The first signs that pressure damage has started are patches of redness (on light skin) or purple / blue patches (on dark skin).

Other signs can include: blisters, warm / cool patches, pain, numbness or discomfort, hard / boggy areas or broken skin.

DO NOT continue to lie or put pressure on these areas. If your skin does not go back to its original colour when you have taken your weight off it within 10 – 30 minutes pressure damage has occurred.

In lighter skin tones to test your skin, press on the red, pink or darkened area with your finger for three seconds. The area should go white; remove the pressure and the area should return to the red, pink or darkened colour within a few seconds, indicating good blood flow. If the area stays red, then blood flow has been impaired and damage has begun.

How can you help prevent pressure damage?

Identifying symptoms early is important so that you can take steps to prevent a pressure ulcer developing.

Skin

Check your skin for pressure damage at least once a day, if necessary use a mirror. If you are unable to do this yourself a relative or carer may be able to do this for you.

Avoid hot water when washing/bathing as it can dry the skin.

Avoid rubbing or massaging your skin too hard especially over bony parts of your body; pat it dry with a soft towel.

Do not use talcum powder or perfumed soaps as they may dry out your skin.

Talcum powder also makes it more difficult to see any reddened or discoloured areas.

To prevent your skin becoming dry you may need to moisturise it.

Moving

One of the best ways to prevent a pressure ulcer is to relieve the pressure by regularly moving or changing position; this can be as simple as standing and walking on the spot for a minute every hour.

DO NOT use rubber rings or cushions they only relocate the pressure elsewhere.

If you are in an armchair or wheel chair:

In a wheelchair, always use the foot supports - they help to distribute your weight.

If possible try to take the weight off any vulnerable areas every 15 minutes.

When you are sitting almost half of your body's weight is supported by the bones in your bottom. You can feel these by simply sliding your hands under your buttocks. Lean forward and push up on the arms of the chair or roll from cheek to cheek for a short time to reduce the pressure in this area.

If you are in bed:

Try not to slide down the bed as this can cause damage to your skin.

If you are in bed try and change your position without digging your heels into the bed as this can cause damage.

Change your position as often as possible, at least every two hours to relieve the pressure.

Change position by lying on your back and alternate sides.

Use pillows to stop your knees and ankles touching each other, especially when you are lying on your side.

Use a bed cradle or light duvet to reduce pressure on vulnerable areas.

Avoid wrinkles or crumbs in the bed sheets.

Incontinence / moisture

If you are incontinent speak to a healthcare professional as they may be able to help manage it or supply you with the most suitable products to make you more comfortable and protect your skin.

Avoid using sheets such as nylon as they are more likely to make your skin hot and sticky.

Nutrition

Inadequate diet and fluids can lead to weight loss and dehydration, both of these factors can increase your risk of developing a pressure ulcer.

If you do not get enough calories, proteins, vitamins, minerals and fluids you may develop a pressure ulcer **OR** your pressure ulcer may fail to heal.

Eat a well-balanced diet; eat regularly and include fruit, vegetables, starch, proteins and dairy foods to help achieve this. Drink a variety of fluids at least 6-8 drinks daily, not just tea and coffee, try fruit juice in moderation, or water.

If you think you are at risk of developing a pressure ulcer contact your district nursing team, GP, or hospital nurse.

What can you to expect from us?

We will arrange an assessment to identify your risk.

Skin – we will examine and inspect your skin and advise you to check your skin regularly.

Surface – we will assess your needs, provide advice and if appropriate specialist equipment to reduce your risk of developing a pressure ulcer.

Keep moving – we will advise you on regular repositioning regimes and if necessary provide the appropriate equipment.

Incontinence – we may perform a continence assessment and advise you on how to keep your skin clean and moisturised.

Nutrition – we will assess your nutritional status and, if necessary, refer you to a dietician. We will give you a leaflet containing dietary advice.

If you need further information or advice please contact us:

Name:

Telephone:

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on **03 44 811 8118**

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: **0800 032 0202**

Text: 01670 511098

Email: northoftynepals@nhct.nhs.uk

Northumbria Healthcare NHS Foundation Trust

General Enquiries **03 44 811 8111**

www.northumbria.nhs.uk

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