

Preventing Pressure Ulcers



Information for patients and carers



Tissue Viability

Version 3

This leaflet gives you information on how you can help prevent pressure ulcers. If you are unsure about anything in this leaflet or have any questions, please speak to a Healthcare Professional.

What is a pressure ulcer?

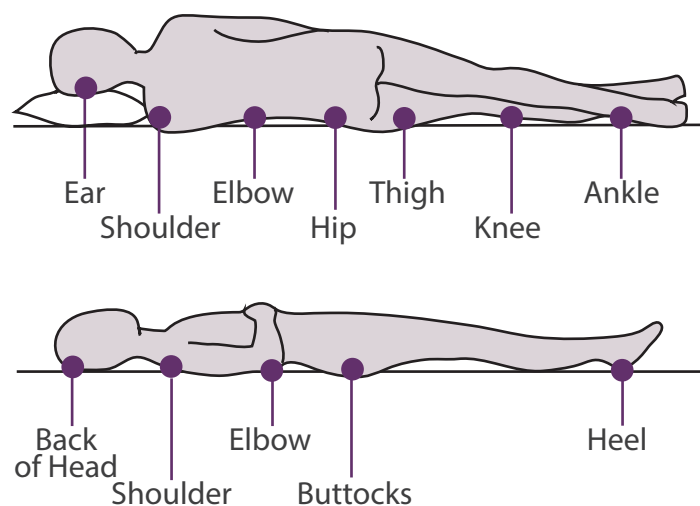
Pressure ulcers (also called pressure sores or bed sores) are areas of skin damage that occur due to pressure and friction.

These mainly develop over bony areas, but can also occur as a result of lying for too long or pressure from medical devices (for example oxygen masks, tubing and catheters.)

Pressure ulcers can reduce quality of life and may cause pain. They may extend the time you spend in hospital. In extreme cases they may be life threatening.

Common areas of the body at risk

The diagram below shows the most common areas where a pressure ulcer can develop. These areas are at risk while you are in contact with a surface.



What are the signs of pressure damage?



Red, purple or blue areas on the skin that do not go pale, on light finger pressure.



Blisters or broken skin.



Persistent red area which may be painful swollen or hard.



Areas hot to the touch.

Images with kind permission from Healthcare Improvement Scotland

Who is at risk of developing a pressure ulcer?

Anybody can develop a pressure ulcer. However some people are at higher risk. You might be at a higher risk if you:

- Have problems moving or changing position without help.
- Have had pressure damage in the past.
- Have reduced mobility.
- Cannot feel pain or have reduced sensation.
- Are seriously ill or undergoing surgery.
- Have conditions such as diabetes, stroke, peripheral vascular disease and neurological disorders
- Have a poor dietary and fluid intake.
- Are very young or elderly.
- Have continence problems.
- Are injured.
- Are overweight (poor circulation to the skin) or too thin (no protective padding over the bones).
- Are a smoker.
- Are receiving end of life care.
- Have problems with memory and understanding.

Are you at risk of Pressure Ulcers?

LOW RISK	Can change position independently without help or prompting. Have a good nutritional intake and no continence problems.
MEDIUM RISK	May have reduced mobility or require prompting to move regularly. Nutritional intake may be poor and may have continence problems.
HIGH RISK	Cannot change position independently or move without regular prompting. Nutritional intake may be poor and may have continence problems.

What to do if you think you are at risk or have a pressure ulcer?

If you feel you may be at risk of developing a pressure ulcer or observe skin colour changes, blistered or broken skin, please contact a health professional as soon as possible.

- Nurse/District Nurse.
- Doctor.
- Dietician.
- Occupational Therapist.
- Physiotherapist.
- Podiatrist.

What the healthcare team can do to help prevent a pressure ulcer?

Your healthcare professional will assess your individual needs and plan your care (in agreement with you), to reduce the risk of pressure sores. This may include:

- Asking questions to assess risk.
- Examining of the skin for signs of damage.
- Providing equipment to relieve pressure.
- Providing information and advice on repositioning and pressure relief.
- Referral to a healthcare specialist (District Nurse, Dietician, Occupational therapist, Physiotherapist, Podiatrist, Tissue Viability Nurse).

What can you do to help prevent a pressure ulcer?

You, your family or carer can use the five-step care plan, called the SSKIN Bundle to help prevent a pressure ulcer.

The SSKIN bundle is a short form, highlighting the five areas of pressure prevention:

Support surfaces and equipment requirements.

Skin inspection.

Kee patient's moving.

Incontinence and moisture management.

Nutrition and hydration assessment.

Equipment and other things that might help

- If you notice warning signs of pressure damage, contact a health professional, as pressure cushions or mattresses may be required to reduce pressure.
- If you notice warning signs of pressure damage on the heels, pressure relieving foot protectors can be used to reduce pressure, particularly in patients with diabetes and peripheral vascular disease.
- Appropriate pressure relieving equipment can be placed between ankles and knees whilst in bed to reduce the pressure between the bony areas.
- Avoid synthetic materials because they are more likely to make your skin moist and sticky.
- Sheets should be changed regularly if you are sweating a lot.
- Using lightweight bedding or a bed cradle provided by a health professional can relieve pressure on vulnerable areas, for example toes.
- Ensure bedding is crease free and clothing does not have seams, zips or large buttons which may cause pressure damage to the skin.
- Ensure no moving and lifting equipment is left in place, unless they are designed to be left in place, as they may cause pressure damage.



Skin inspection

- Check your skin for warning signs of damage, at least twice daily.
- A hand mirror may be helpful to see some areas that cannot be viewed easily.
- Ask your family, carer or health professional to check your skin.
- Check skin under medical equipment, for example oxygen masks, tubing and catheters.
- Ensure skin is dry and moisture free.
- If skin is dry and flaky, apply a non-perfumed moisturiser at least twice daily.

Keep moving

- People who move often are less likely to develop pressure ulcers. The more mobile you are the better this is for your circulation and reducing the risk of developing a pressure ulcer.
- Sitting for long periods can increase the risk of pressure ulcers. Changing position, standing up regularly or going for a short walk, will all help.
- Ensure you change position regularly when in bed and sitting
 - discuss how often you should be repositioning with your healthcare professional.
- If you are not able to move yourself, then assistance to change position will be required. A healthcare professional may be able to give advice on equipment that can help.

Incontinence and moisture management

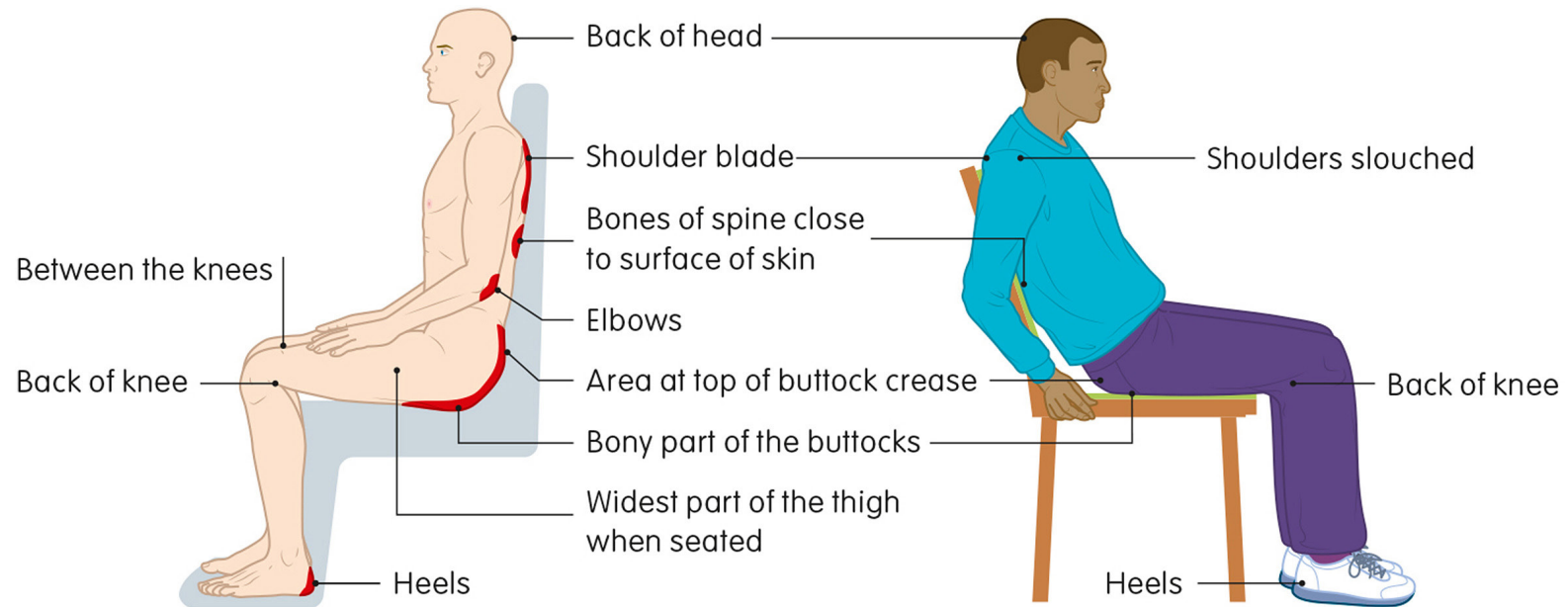
- Always keep skin clean and dry. Damp skin (for example due to urine, faeces, sweat or a weeping wound), can be damaged more easily.
- Change continence pads regularly if wet or soiled.
- Apply a barrier cream to protect your skin. A health professional can give advice on a range of appropriate products.
- If continence is a problem, please ask a health professional for help and advice. You may need to be referred to a specialist service.

Nutrition and hydration assessment

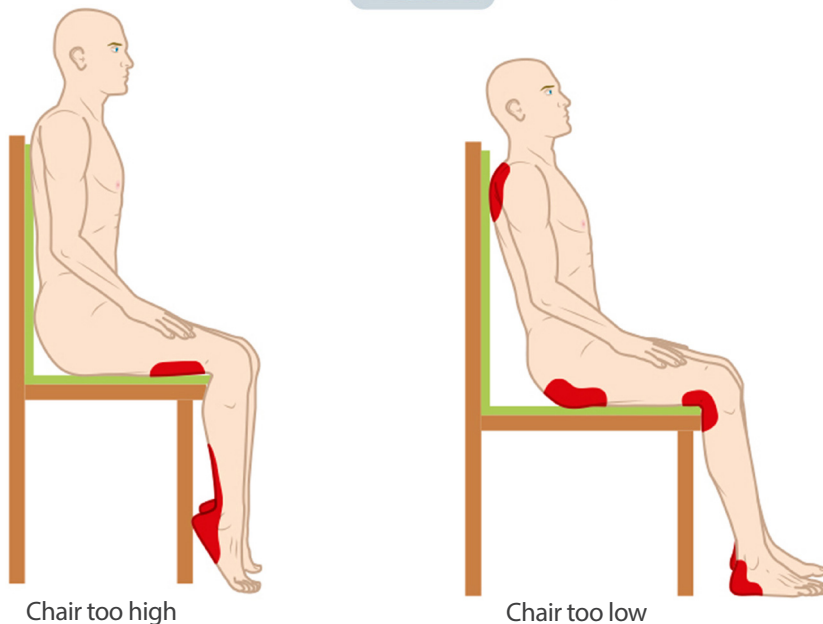
- Eat a healthy diet.
- Eating small and often - aim for 3 small meals a day with 2 to 3 snacks in between.
- Aim for at least eight cups or mugs of fluid a day. Any fluid (except alcohol) counts, for example milk, water, tea, coffee and fruit juice.
- Drinks and foods with added calories or protein are available if this is necessary.

Areas at risk when sitting

Make sure you change position regularly to reduce risk.



Areas at risk due to bad sitting posture



The at risk areas are:

- Buttocks or sit bones
- Base of spine
- Hips
- Behind knees
- elbows
- Shoulder blades
- Heels

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If you are unsure about any of the information in this leaflet, or have any further questions, please contact a local health professional.

**Tissue Viability Department
Aberdeen Royal Infirmary**

Feedback from the public helped us to develop this leaflet.
If you have any comments on how we can improve it,
please call us on (01224) 554149 to let us know.



Further information and resources available from:

Scottish-Adaptation-of-the-European-Pressure-Ulcer-
Advisory-Panel.pdf



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