

Pressure ulcers

Pressure ulcers can be painful and distressing.
Deep ulcers can be extremely debilitating and fatal.

Stop, plan, prevent!

With the right knowledge and advice,
many pressure ulcers are preventable.

This is a personalised pathway to support you in
preventing pressure ulcers or managing any existing
skin damage to prevent it deteriorating.

Think **aS SKING**

Seek prompt help through
your GP, carer
or your health care professional
Community Health Services Single Point of Access (SPA):

0300 300 7777

Warning: There are images within this leaflet that some
readers may find upsetting.

What is a pressure ulcer?

A pressure ulcer (sometimes called a bed sore) is an area of damaged skin that has been caused by continuous pressure. It can happen to anyone, anywhere on the body but usually over a bony part. It ranges from a discolouration of the skin (reddening on light skin tones and grey/bluish/purple on dark skin tones) to a deep wound reaching the bone.

Pressure ulcers can also develop as a result of moisture, friction and shearing (pressure that occurs when part of the body tries to move but the surface of the skin remains fixed).

There are four categories of pressure ulcer, one being the least damage up to four being the most severe, including damage that is classed as unstageable. Unstageable means we are unable to categorise because dead skin is covering the wound. Deep tissue injury can also occur - this is when the underlying skin has become damaged but outer skin remains intact.

Blanching



Healthy skin may develop redness (on light skin tones) after being subjected to pressure e.g. if the legs are crossed. Gently press the area to see if the skin blanches (goes white) then goes back to red - this means the skin is healthy. In dark skin tones, using the same method, the area may present as grey, blue or purplish. This is not a pressure ulcer if blanching occurs.



Categories of pressure ulcer



Early signs of pressure damage can be difficult to detect in people with dark skin tones. Look out for visual changes to your skin or a change in texture (soft/firm), temperature or tenderness.

Pressure ulcers can deteriorate within hours!

Report any signs of pressure damage promptly to a health care professional.



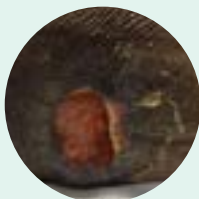
Category 1

Skin is intact and non-blanching in a localised area. May feel tight, spongy, warmer or cooler and could look shiny with pain or numbness.



Category 2

Superficial skin loss, may present as a water filled blister. As soon as the skin is broken the risk of deterioration is higher.



Category 3

Deep skin loss that may extend beneath the skin surface. Slough may be present but does not obscure the wound bed.



Category 4

Deep skin loss. Bone, tendon, muscle can be seen or felt.



Deep tissue injury

Discoloured skin or blood filled blister, can resemble a bruise but there has been no impact injury.



Unstageable pressure ulcers

We are unable to confirm what category these pressure ulcers are due to the dead tissue that is present on the wound bed. This dead tissue hides the true depth of the ulcer.

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assessment

Your risk of getting a pressure ulcer.

Are you likely to get a pressure ulcer?

Always remember **anyone** can develop a pressure ulcer. Certain factors put you at higher risk of developing pressure ulcers, the more of these factors you have, the higher your risk.

Reduced or lack of mobility

When you don't move regularly, you may notice that your skin feels uncomfortable or even painful, this is because your blood supply is not effectively getting to your tissues. When this happens, you would usually change your position to stop the discomfort, however you may be unable to move without assistance or find it challenging to do on a frequent basis, this causes prolonged lack of blood supply to your skin, resulting in tissue damage.

Also with some conditions your sense of feeling is affected, for example if you have diabetes, you may not feel the pain in your feet and so miss the trigger to move: this can lead to pressure ulcers. You may also lack the ability to report pain due to cognitive (your ability to clearly think, learn, and remember) or communication difficulties.

Incontinence or perspiration

Prolonged exposure to moisture can irritate the skin and make it vulnerable to damage.

Poor diet/hydration

A lack of good nutrition can weaken the immune system and slow the healing process.

Obesity

Being overweight can affect mobility, cause diabetes, heart disease, a stroke or depression - all factors that increase the risk of a pressure ulcer.

Skin type

Skin that is dry, fragile, thin or previously damaged is more likely to develop an ulcer.

Long term health conditions

Diabetes, renal disease, heart/circulatory and respiratory problems. Stroke, multiple sclerosis, dementia, Huntington's disease, profound multiple disabilities, paraplegia, organ failure, anaemia, peripheral vascular disease, terminal illness. All of these increase your risk either due to them impacting on your understanding and ability to carrying out advice, ability to feel pain or carry an adequate blood supply to the skin.

Smoking

Smoking can worsen existing skin conditions, create eczema/psoriasis and effect the body's ability to circulate blood, making it harder to heal wounds.

Alcohol

Alcohol can increase blood sugar and reduce vitamins needed for healthy skin.

Recent major surgery

This can affect mobility and your ability to self-care.

Medication

Some medications can thin the skin. Other medications can make you sleepy and therefore reduce your mobility and your stimuli to relieve pressure/turn in bed.

Acute illness

Fractures, infection, being generally unwell and therefore reducing mobility.


Incorrect footwear

Incorrect or ill-fitting footwear can cause friction, blisters and damaged skin.

Ask - What is your risk level?

Health care professionals will use a tool called a Waterlow (adults) Braden Q (children) to assess your level of risk. Ask your health care professional to circle and discuss the rationale for this decision.

low risk 

medium risk 

high/very high risk 

Why?

If your choice differs from advised treatment this may increase your risk.

How do you reduce your risk?

Think:



Seven steps to preventing pressure ulcers -  explained

As part of your treatment plan, your care team will discuss with you the best way to prevent pressure ulcers. This will be based on your individual circumstances and the

 approach.

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Skin inspection

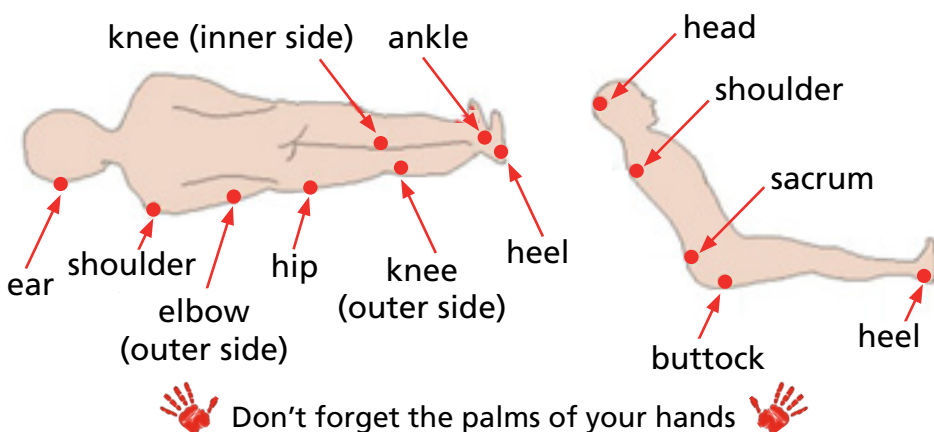
Early inspection means early detection!
Check your skin daily.

Early symptoms

Red patches of skin on light skin tones that don't blanch (see page 2) and grey/bluish/purplish patches on people with dark skin tones that don't go away (see page 2).

- Blisters or damaged skin
- Swelling
- Patches of hot/cool skin
- Patches of hard/boggy skin
- Increased tenderness

These are the high risk areas on your body but be mindful that pressure ulcers can develop anywhere.



Ask - your health care professional about your personal areas of concern



Surface

Make sure you have the right support for your chair and bed.

Pressure ulcer prevention equipment will not take away the need to reposition.

It is important to use the equipment provided by your health care professional or discuss with them why you are choosing not to, to ensure you understand the associated risks.

Ask – What pressure relieving equipment should I be using?

If you are provided with an Air Flow Mattress, please ensure you, your family and/or carers are aware of the correct setting.

If you are provided with a turning system, please ensure you, your family and/or carers are aware of the setting and when to switch on/off.

Use the space provided above to document advice.



Keep moving

Changing position.

If you are able to walk independently then you should get up and move around regularly, even if this is just standing to relieve your pressure areas.

If you are unable to walk or stand independently then someone should assist you to do this, every two hours would be best. We appreciate that this is not always possible - for example if your carers only visit 1 - 4 times daily. If this is the case, walk or stand each time they visit. Your clinician may advise that you require specialist equipment to support you with this or increasing your carer support package. If you are in a tilting wheelchair or recliner chair, use them to alter your position.

Keep moving by altering your position frequently, even small movements can help. Please refer to section on 'how to reposition myself effectively' to support with this.

Ask - What is my advised repositioning timetable (sitting and lying)?

Include offloading advice and pillow positioning.

***If the therapy service is involved in your care they may add to nursing advice.**



Keep moving

Changing position.

How can I effectively reposition myself?

Any movement (however small) that you can make will help provide pressure relief to your vulnerable 'at risk' areas as described within this leaflet.

Please consider what is within your capability to perform safely and always discuss with your health care professional if you are unsure.

- Raising/moving your arms up/down
- Lifting your legs and/or rotating your ankles
- Turning your body from side to side
- Moving your head up/down, side/side
- When seated tilting slightly forwards/backwards and side/side

Your health care professional will talk to you about using the 30 degree tilt, this is a way of using soft pillows to gently tilt you off your high risk areas, it is a common and effective practice used by patients, family, carers and nursing staff.

Please see the pictorial on page 12 to support you in performing this.

Repositioning charts

The use of a repositioning chart can support you, your family and/or carers to keep a record of each time you move and in what position i.e the date, time, left, right, back. These can be provided by your health care professional and will support them to review your repositioning needs effectively.

K

Keep moving

Therapy.

Exercises can be recommended to improve the blood flow to joints and relieve pressure to high risk areas. Your clinician will tick the most appropriate for you to complete. These can be performed when sitting or lying on your back.



Briskly bend and straighten your ankles.
Repeat 10 – 20 times
(left and right ankle)



Bend and then straighten your elbow.
Repeat 10 -20 times
(left and right elbow).



Rest hand and wrist off the edge of the bed or arm of the chair. Move your hand down as far as possible bending at your wrist yet allowing your fingers to straighten. Then lift the wrist up.
Repeat 10 – 20 times
(left and right wrist).



Keep knee straight and lift heel off the supporting surface, approx 15-30seconds.
Repeat 10-20 times
(right and left leg).

Further guidance for advised exercise(s):

Positioning for comfort and support



Use a pillow to support the head and neck and an extra pillow to support the elbow.



Position of first pillow needed to do a 30° tilt. See close up here.



Added pillows 'tilt' the patient onto one buttock and lift the sacrum clear of the mattress.

Use an additional pillow to support the full leg. Ensure that the heel overhangs the edge of the pillow and is not in contact with the mattress.

Additional pillows may provide comfort for the legs.

The full recumbent 30° 'tilt' position. Demonstrating the necessity to use an additional pillow to prevent 'foot drop'.



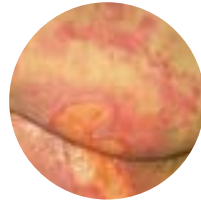
The position of the second pillow for creating the tilt and offloading the sacrum (circled in red) when the patient rolls back onto the pillows. This will make sure the sacrum is not in contact with the mattress.





Incontinence

Prolonged exposure to moisture from perspiration or incontinence makes skin fragile and moisture lesions can develop which increases your risk of developing pressure ulcers.



It is important to keep your skin as clean and dry as possible by washing with a mild, non-perfumed soap, to minimise the risk of skin dryness and irritation. Ensure your skin is dried thoroughly but gently.

*If your skin is broken then plain water would be advised.

Your healthcare professional will be able to advise if any further creams are necessary, for example barrier creams/films which protect the skin or emollients if your skin is dry.

Ask - What is my advised skin care regime?

The use of baby wipes to cleanse your skin, zinc oxide pastes and talc powder are not advised.



Nutrition/hydration

Have a balanced diet and drink plenty of fluids.

You should aim to drink 8 - 10 cups of fluid per day.

Try foods high in fluid content such as fruit, vegetables, adding milk to mashed potatoes, custard.

A healthy diet that contains an adequate amount of protein and a good variety of vitamins and minerals can help prevent skin damage occurring and speed up the healing process.

An increase of protein in your diet will support healing.

You may be referred to a dietician so that a diet plan can be drawn up for you.

If you are currently experiencing a reduced appetite due to a pre-existing health condition:

- Try eating smaller meals throughout the day rather than two or three larger meals.
- Set a timetable highlighting when you should eat, rather than waiting until you feel hungry.
- Limit drinks during your meals because this can make you feel fuller than you actually are.
- Drink most of your fluids 30-60 minutes before you have a meal.
- Try soft foods and soups if you find swallowing difficult.

Ask – What is your personalised dietary advice?

Complications

Even with the best possible medical care, complications (which can occasionally be life-threatening) can arise from pressure ulcers. These complications are:

- Cellulitis - a bacterial infection of the deep layer of skin. The infection can make your skin red, swollen and painful.
- Blood poisoning (sepsis).
- Bone and joint infection.
- Necrotising fasciitis (commonly known as 'flesh-eating' bacteria).
- Gangrene - a rare but serious form of infection that occurs when a pressure ulcer becomes infected with the clostridium bacteria.
- Any open wound is susceptible to infection including MRSA.

Treatment options

It is important to comply with taking prescribed medications and adhering to medical advice, including attending appointments to manage your health conditions to prevent deterioration in your condition.

- Think **aSSKINg**
Adopting the seven key elements of pressure ulcer prevention will reduce your risk of developing a pressure ulcer or your existing skin damage deteriorating.
- Keep moving: changing position as advised by your health care professional.
- Using provided pressure ulcer prevention equipment – mattresses, cushions, boots.
- Dressings – specially designed dressings can be used to treat pressure ulcers, the type of product used will depend on your wound symptoms.
*It is important to remember that dressings alone will not heal your pressure ulcer.
- Barrier creams and films to protect the skin deteriorating.
- Antibiotics to treat infection.
- Nutrition and hydration to prevent pressure ulcers and improve healing.

- Removing damaged tissue – surgically, with dressings or larvae therapy.
- Topical negative pressure (TNP) – a system that uses a vacuum to promote wound healing.

Consider what have you learnt from this leaflet?

What will you commit to changing before your next health care professional visit, in order to reduce your risk of developing a pressure ulcer or your current pressure ulcer deteriorating?



giving information

Pressure ulcer prevention resources

www.reactto.co.uk/resources/react-to-red

www.nhs.uk/live-well/eat-well/eight-tips-for-healthy-eating

nhs.stopthepressure.co.uk

www.Inds.nhs.uk Leicestershire Nutrition and Dietetic Service

Patient stories:

<https://www.youtube.com/watch?v=1tzwzwQ5J1I>

<https://www.youtube.com/watch?v=naFqXcjvVQ>

<https://www.youtube.com/watch?v=OJzxOLauiv0>

<https://www.youtube.com/watch?v=YuG18uKth9w>

Blanch testing:

<https://www.youtube.com/watch?v=THjmjtDDDoc>

If you need help to understand this leaflet or would like it in a different language or format such as large print, Braille or audio, please ask a member of staff.

**React to red -
early detection
is key!**

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