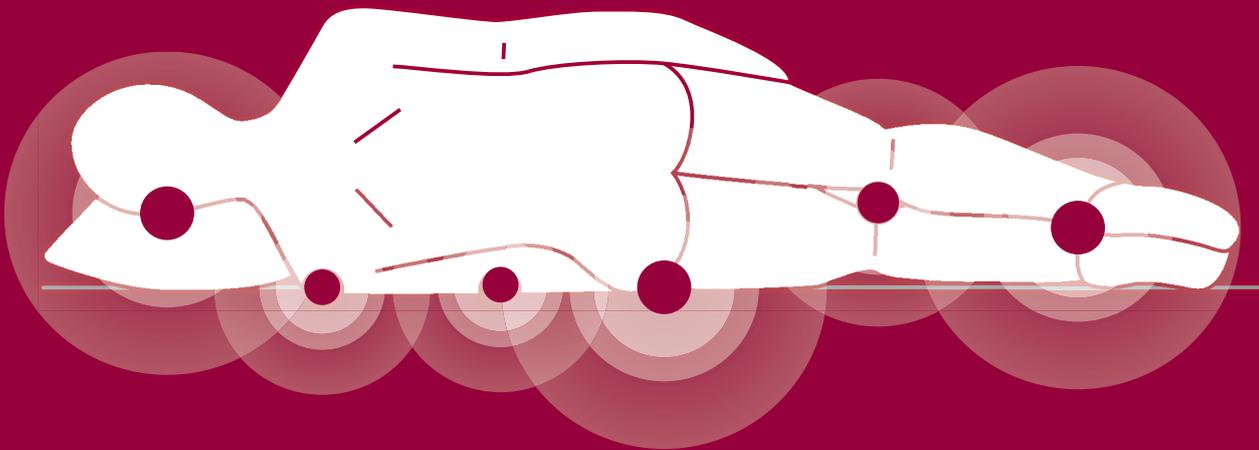


A patient's guide to

pressure ulcer prevention



This leaflet has been written to give you information, which may help you to understand the care delivered, to prevent pressure ulcer development during your stay in hospital.

Pressure ulcer prevention is planned on an individual basis and may differ according to the surgery/intervention you have undergone.

Staff are here to help so please do not hesitate to voice your queries, concerns or questions.

What is a pressure ulcer?

A pressure ulcer is damage to the skin and underlying tissue. Pressure ulcers are also known as pressure sores and bed sores.

Pressure ulcers can be serious as they do not only damage the skin but also the fatty tissue, muscle and potentially bone. They may cause pain, or lead to a longer stay in hospital. Pressure ulcers can become infected and in some cases lead to blood poisoning or bone infection. In extreme cases, pressure ulcers can be life threatening.

What can cause a pressure ulcer?

Pressure – unrelieved pressure on the skin constricts tiny blood vessels, which supply the skin with nutrients and oxygen. If this happens for prolonged periods, the tissue is damaged and a pressure ulcer forms. This is more prominent over bony areas known as pressure points.

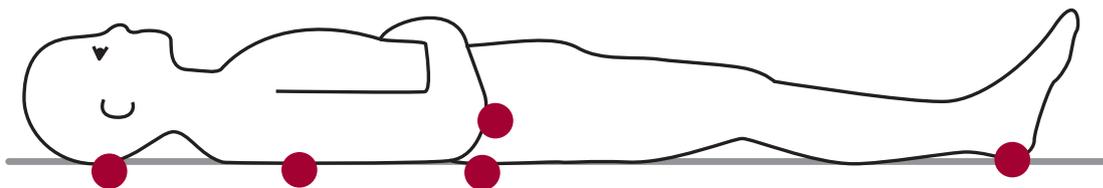
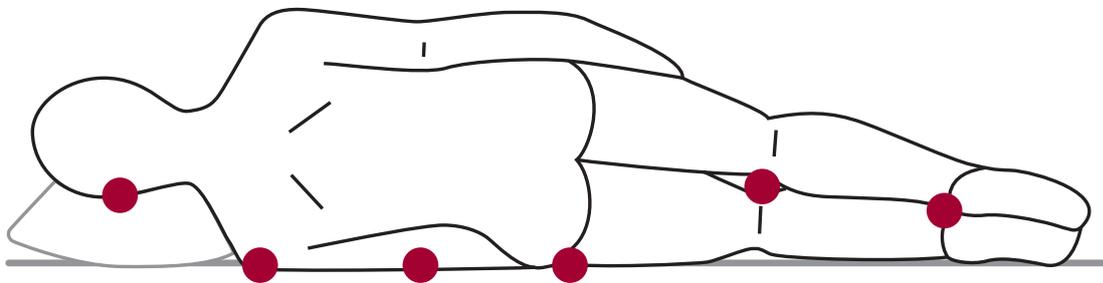
Shear – the layers of skin are forced to slide over one another or over deeper tissues. This can happen when you slide down in the bed.

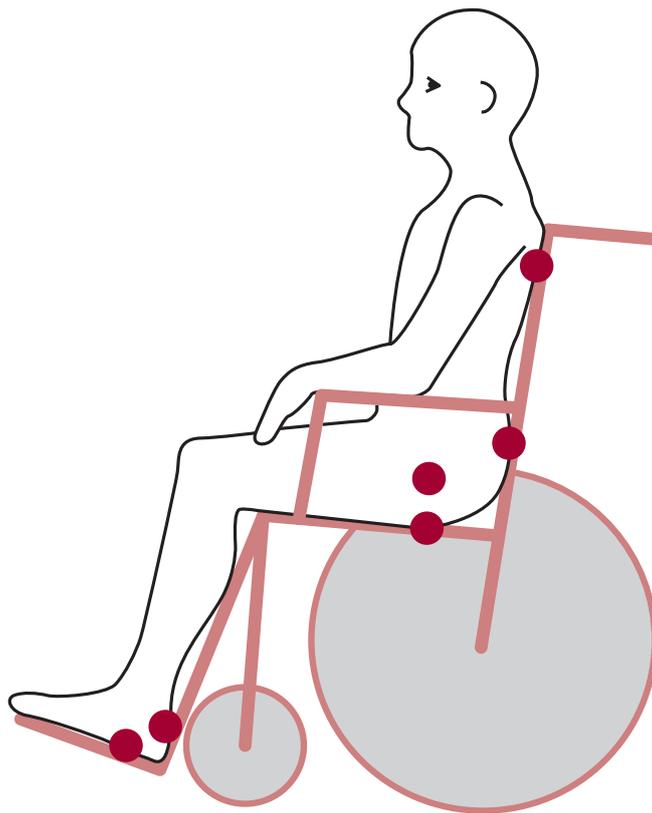
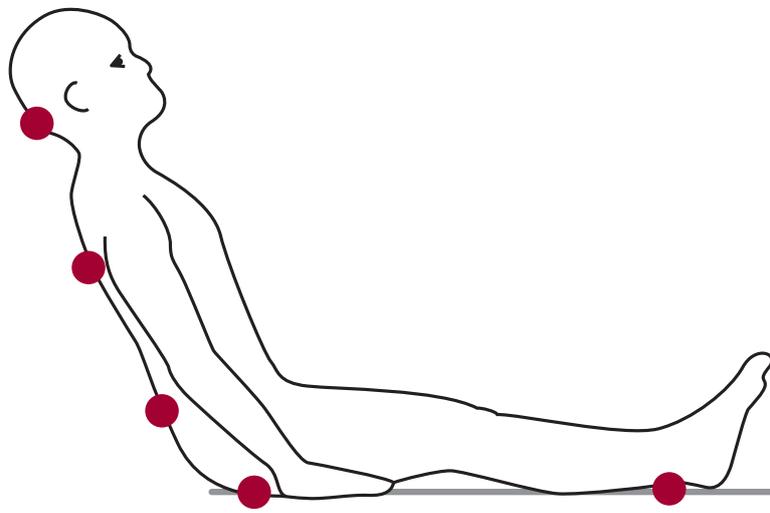
Friction – rubbing of the skin which can remove the top layers of the skin. Repeated friction can increase the risk of pressure ulcers.

Where do pressure ulcers form?

Pressure ulcers tend to form where bone causes the greatest force on the skin. This can be caused when the body is in contact with the mattress, chair or another part of the body. Areas such as the bottom, heel, hip, elbow, ankle, shoulder, back and the back of the head are vulnerable.

Other causes of pressure such as casts, splints, plaster jackets, halo jackets, collars, hip braces and external fixators can also lead to pressure ulcer development if they are not fitted correctly.





Who can get a pressure ulcer?

You are more likely to develop a pressure ulcer if you have:

- Problems moving independently
- Reduced sensation or discomfort, for example, during epidural use
- Poor circulation – caused by vascular disease or if you are a heavy smoker
- Moist skin caused by incontinence, sweating or a weeping wound
- Had a previous pressure ulcer
- A poor diet and do not drink enough fluids
- A severe infection
- Damaged your spinal cord and can neither move or feel your bottom and legs
- Had an operation that lasted over two hours

Elderly or frail patients are also more at risk of developing a pressure ulcer.

Assessing your risk

On admission, a member of the nursing team will examine you and ask you a series of questions. This is called a risk assessment.

This risk assessment will be carried out by a healthcare professional who has been trained to identify people at risk of developing pressure ulcers and within six hours of your admission to hospital. If you (or a carer) are aware of a risk, you should inform the nursing staff immediately.

The risk assessment we perform will indicate a plan of action to help prevent the development of a pressure ulcer. This plan should be discussed with you and/or your carer and documented in your nursing notes. You will be re-assessed if your condition or circumstances change and your plan of action altered appropriately.

Care from the nursing staff

You (and your carer if appropriate) should be informed about your care and be involved in the decisions. The staff looking after you will discuss the planned care and advise on appropriate actions to prevent the development of pressure ulcers.

The care and advice you should receive from healthcare professionals include:

Skin inspection – your skin will be inspected regularly and documented, taking particular attention to bony prominences. Your skin will also be inspected before and after the application of appliances such as braces, collars, skin traction and anti-embolism stockings.

Position – you will be encouraged by the nursing staff to change your position at frequent intervals and advised about correct seating positions, supporting your feet and posture. The frequency of your positional changes will be determined by your individual risk assessment. Nursing staff will assist you in positional changes, to ensure you are comfortable.

Risk assessments and individual comfort may result in specialised equipment being used to further prevent pressure ulcer development. This would include different mattresses or heel elevation devices. Equipment that should not be used as pressure relieving aids are water

filled gloves, doughnut type devices, synthetic or genuine sheepskins.

What does a pressure ulcer look like?

The signs to look for are:

- Purplish/bluish patches on dark-skinned people
- Red patches on light-skinned people (that do not disappear when lightly pressed)
- Swelling
- Blisters
- Shiny areas
- Dry patches
- Cracks, calluses and wrinkles

The signs to feel for are:

- Hard areas
- Warm areas
- Swollen skin over bony areas

If you detect any of the above, please inform the nursing or medical

staff.

What can you do to try and prevent them?

Keep moving

It is important for you to move and change your position as often as you can. Staff (or carers) will be able to teach you how to assess and inspect your skin with the use of mirrors. If you are mobile, walk around as often as possible or at least every two hours.

If you are immobile but sitting in a chair, readjust your position by tilting from side to side regularly to relieve the pressure from your bottom. When sitting in a chair, make sure that both feet are flat on the floor, ensuring you are unable to slide forward, preventing heel pressure ulcers.

A good diet

Eating and drinking are important for those at risk of developing a pressure ulcer or have a pressure ulcer. A good balanced diet and hydrating fluids will increase the skin integrity. You should eat foods from each of the following groups:

- Meat, fish, poultry or alternatives
- Fruit and vegetables
- Bread, potatoes and cereals
- Milk and dairy foods

The nursing staff will be able to discuss and advise on your diet and refer you to a dietician if needed.

Good hygiene

Ensuring that your skin is clean and dry will reduce the risk of pressure ulcer development. You should:

- Wash daily with warm water
- Use a small amount of soap/shower gel as this can dry the skin
- Ensure you are completely dry, avoid using talcum powder
- Use a suitable moisturiser to prevent dryness

Please consult the nursing/medical staff if you currently use any creams, emollients or medicated shampoos.

Ask a member of the nursing team if you have any concerns.

If you have any comments about this leaflet or would like it translated into another language/large print, please contact the Clinical Governance Department on 020 8909 5439/5717.

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12-91 © RNOH

Publication date: January 2013

Date of last review: April 2012

Date of next review: April 2014

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