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Prevention and management of pressure ulcers

Nursing

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What is a pressure ulcer?

A pressure ulcer is damage that occurs on the skin and underlying tissue. Pressure ulcers are caused by three main things:

- **Pressure** - the weight of the body pressing down on the skin
- **Shear** - the layers of the skin are forced to slide over one another or over deeper tissues, for example when you slide down, or are pulled up, from a bed or chair, or when you are transferring to and from your wheelchair

The first sign that a pressure ulcer may be forming is usually discoloured skin, which may get progressively worse and eventually lead to an open wound. The most common places for pressure ulcers to occur are over bony prominences (bones close to the skin) like the bottom, heel, hip, elbow, ankle, shoulder, back and the back of the head.

Who gets pressure ulcers?

Anyone can get a pressure ulcer, but some people are more likely to develop one than others. People with a pressure ulcer are also at risk of developing another pressure ulcer. The National Institute for Health and Clinical Excellence (NICE) has made recommendations that help healthcare staff work with you to prevent pressure ulcers. People may be at risk of getting a pressure ulcer if, for example, they:

- Have problems moving and cannot change position by themselves without help
- Cannot feel pain over part, or all, of their body
- Are incontinent
- Are seriously ill or undergoing surgery
- Have a poor diet and don't drink enough water
- Are very old or very young
- Have damaged their spinal cord and can neither move or feel their bottom and legs, or any injury that affects how you move
- Have problems with memory and understanding (such as with dementia)
- Have a bad heart, poor circulation or smoke
- Have lost weight recently or are overweight
- Have scar tissue from a pressure ulcer in the past

Healthcare staff will assess whether you are at risk of developing a pressure ulcer. This will involve examining you and asking you some questions. This assessment is carried out when you first come into hospital and on a continuing basis after that. If you are considered not to be at risk, you should be reassessed if there is a change in your condition.



Assessing pressure ulcers

If you have a pressure ulcer, your healthcare professional should regularly measure it, estimate how deep it is and categorise it by how severe it is, to help decide what care you need. They will talk to you to try and understand what caused it and write this in your notes, they will also record where it is, its size and what it looks like. Sometimes, it is necessary, with your consent, to use photographs or tracings to do this. Healthcare staff will also check for signs of infection, such as discolouration, swelling, heat and odour, and find out how much pain the ulcer is causing.

All of this information will enable the healthcare staff to work with you to choose the best treatment for your pressure ulcer.

Preventing pressure ulcers

Pressure ulcers can develop very quickly in some people if the person is unable to move for even a very short time - sometimes within an hour. Without care, pressure ulcers can be very serious. They can damage not just the skin, but also deeper layers of tissue under the skin. Pressure ulcers may cause pain, or mean a longer stay in hospital.

Keeping moving

One of the best ways of preventing a pressure ulcer is to reduce or relieve pressure on areas that are vulnerable to pressure ulcers (for

example, bony parts of the body). This is done by moving around and changing position as much as possible.

If you already have a pressure ulcer, lying or sitting on the ulcer should be avoided, as it will make the ulcer worse. You can get advice from healthcare staff regarding how you can help to relieve pressure on areas of skin that are vulnerable to pressure ulcers.

This advice might include:

- Correct sitting and lying positions
- How to adjust your sitting and lying position
- How often you need to move or be moved
- Supporting your feet
- Keeping good posture
- Which equipment you should use and how to use it

If you have a pressure ulcer, you should change your position or be repositioned regularly to allow the ulcer to heal and avoid further damage. This applies whether you are in bed, in a chair or a wheelchair. If you have, or are at risk of developing, a pressure ulcer, nursing staff will work with you to find ways to help you move around and change position. The method chosen should be based on your needs and be acceptable to you.

If you are at risk of developing a pressure ulcer, healthcare staff will need to monitor your movement. This will involve them drawing up a repositioning timetable in agreement with you and



recording your changes in position. Healthcare staff will also need to consider whether your sitting time should be restricted to less than two hours.

Mattresses and cushions

There are many different types of mattress and cushion that can help reduce the pressure on bony parts of the body and help prevent pressure ulcers. Healthcare staff will work with you to decide which types of pressure-relieving supports are best for you.

If you have a pressure ulcer, you will be provided with a foam mattress designed to relieve pressure, instead of an ordinary mattress (all beds at The Clatterbridge Cancer Centre have this type of mattress). If a foam mattress is not enough to relieve the pressure, you may be offered a more specialised mattress.

Skin assessment

Your skin will be assessed regularly to check for signs of pressure ulcer development. How often your skin is checked depends on your level of risk and your general health.

Healthcare staff will be looking for:

- Red patches of skin on light skinned people that don't go away
- Bluish / purplish patches on dark skinned people that don't go away
- Blisters, or damage to the skin

- Patches of hot skin
- Swelling
- Patches of hard skin
- Patches of cool skin

If you notice possible signs of damage, you should tell a member of the healthcare team immediately - one of the nurses, if you are in hospital, or your community nurse or GP, if you are at home.

Once home, if you are still at risk, you should be encouraged to inspect your own skin, if you are able, to check for signs of pressure ulcers - you may need to use a mirror to see awkward areas such as your bottom or heels.

People with limited movement may need to have their limbs moved by someone else.

It is important to move and change position yourself as often as you can.

Self-care

A good diet

Eating well and drinking enough water is particularly important to promote healing of a pressure ulcer. Well-nourished and hydrated skin is also less prone to developing pressure ulcers.

Healthcare staff will discuss your diet with you and any possible improvements that could be made. If you are found to be lacking



in particular nutrients, you may need to take supplements; this will mean that you might be referred to a dietitian for specialist advice. The type of dietary help offered by your healthcare team will depend on what's missing from your diet, your general health, your preferences and expert opinion.

Treating pressure ulcers

Healthcare staff will ask to look at your pressure ulcer regularly and check for any changes. To relieve the pressure on the ulcer, staff will work with you to find the best ways of moving around, changing position and using supports, such as a special mattress or cushion.

The decision about which type of support to use should be based on a number of factors including:

- How severe your pressure ulcer is
- Where the pressure ulcer is on your body
- Your general health
- How comfortable the support is for you
- Whether you can change position on your own or whether there is someone who can help you change position

Your pressure ulcer may need other treatments to help it heal. Treatments include dressings, removing damaged skin and other methods of promoting healing. If you have signs of an infection, you may need to be treated with antibiotics or special dressings that can kill bacteria and help the wound heal quicker.

References

The text in this leaflet has been adapted from the NICE guidance 2014 (clinical guideline 179) **www.nice.org.uk**.



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The Clatterbridge Cancer Centre NHS Foundation Trust
Clatterbridge Road, Bebington,
Wirral, CH63 4JY.

Tel: 0151 556 5000

Web: www.clatterbridgecc.nhs.uk

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