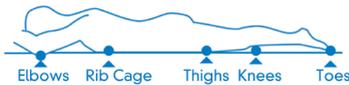
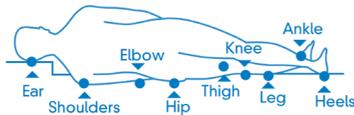
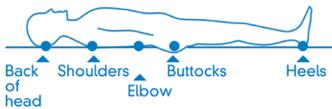
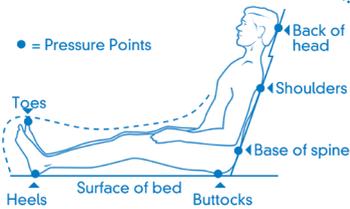


# Pressure ulcers

Information for patients and carers



Prevention  
and  
treatment

## What is a pressure ulcer?

A pressure ulcer is damage that occurs to the skin and underlying tissue that may become an open wound.

**They are caused by three main things:**

1. **Pressure** – the weight of the body pressing down on the skin.
2. **Shear** – the layers of skin are forced to slide over one another. This happens when you slide down, or are moved up the bed or when you are being transferred.
3. **Friction** – frequent rubbing of the skin against a surface.

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. **You must tell a doctor or nurse immediately if you find any signs of skin damage** such as a discoloured patch, swelling, blisters, or patches of skin that are shiny, too warm, or too cold.

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, spine and back of the head.

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.

Severe pressure ulcers can destroy the muscle or bone underneath the skin, so they can take a very long time to heal. In extreme cases, pressure ulcers can become life-threatening, as they can become infected, and sometimes cause blood poisoning or bone infections.

## 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.

**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 or have moist skin caused by sweat
- are seriously ill or undergoing surgery
- have had pressure ulcers in the past
- have a poor diet and don't drink enough water
- have poor circulation caused, for example, by heavy smoking, or disease such as diabetes
- are very old or very young
- have damaged their spinal cord and can neither move nor feel their bottom and legs
- are older people who are ill or have suffered an injury, for example a broken hip.

Your healthcare professional should assess whether you are at risk of developing a pressure ulcer. This will involve your healthcare professional examining you and asking you some questions. This assessment should be carried out when you first come into contact with your healthcare professional, and on a continuing basis after that.

If you are in hospital your assessment should be carried out within six hours of your stay. If you are considered not to be at risk, you should be reassessed if there is a change in your condition.

## Preventing pressure ulcers

### 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.

Your healthcare professional should advise you and your carer on how pressure is best reduced or relieved on areas of skin that are vulnerable to pressure ulcers. This advice should 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 and advice on footwear

- keeping good posture
- which equipment you should use and how to use it
- how to inspect your own skin, if you are able.

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, chair or wheelchair.

If you have, or are at risk of developing, a pressure ulcer, your healthcare professional should 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 being cared for at home, your carer's needs should also be taken into account.

Your healthcare professional or carer should monitor your movement. This will involve him or her drawing up a repositioning timetable in agreement with you and recording your changes in position. Your healthcare professional should consider whether your sitting time should be restricted to less than two hours.

### Mattresses and cushions

There are many different types of mattresses and cushions that can reduce pressure on bony parts of the body and help to prevent pressure ulcers. Your healthcare professional will work with you to make an informed decision about which types of pressure-relieving supports are best for you.

**It is important that you understand if you turn down the pressure-relieving equipment, your pressure areas or existing ulcers may heal much slower or could get worse.**

Mattresses provide greater pressure relief as your pressure is more evenly distributed throughout the mattress surface. It is therefore advisable that you sleep in your bed rather than on a chair. If you need to rest or sleep in a chair then a specialised chair cushion should be used.

### Skin assessment

Your skin should 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.

**Your healthcare professional 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
- signs of infection

They may use photographs or draw the wound as part of the assessment.

### Self care

It is important to move and change position yourself as often as you can. Your healthcare professional should offer to teach you and your carer how to redistribute your weight. People with limited movement may need to have their limbs moved by someone else.

You, or your carer, should be encouraged to inspect your own skin to check for signs of pressure ulcers – you may need to use a mirror to see awkward areas such as your bottom or heels.

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

### A good diet

Eating well and drinking enough water is very important. It is particularly important for people at risk of developing a pressure ulcer or those with a pressure ulcer as their condition can get worse or fail to get better without it. Your healthcare professional should 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. Your healthcare professional may refer you 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.

## Assessing pressure ulcers

If you have a pressure ulcer it should be examined by a registered healthcare professional as soon as possible after it appears and then again at regular intervals. He or she should talk to you to try and understand what caused it and write this in your notes. They should also record where it is, its size and what it looks like. They may use photographs or tracings to do this.

Your healthcare professional will also grade your pressure ulcer according to how deep it is. The grading that the National Institute for Health and Clinical Excellence (NICE) recommends ranges from grade 1 – for an area of discolouration, swelling or heat that won't go away – to grade 4 – a deep wound that may go down to bone.

Your healthcare professional 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 professional to work with you to choose the best treatment for your pressure ulcer.

## Treating pressure ulcers

Your pressure ulcer may need treatment to help it heal. Depending on the severity of your pressure ulcer or any other illnesses you may have, your pressure ulcer can take a long time to heal.

Treatment may include dressings, removing damaged skin and other methods of promoting healing. Sometimes, even with the best treatment, pressure ulcers may not heal. If your pressure ulcer does not heal properly you may be advised to have surgery to help close the wound. Your comfort and preferences will be taken into account.

A trained healthcare professional will work with you to decide the best treatment for your pressure ulcer including the provision of pressure relieving equipment.

You may be referred to a tissue viability or wound care specialist nurse who has advanced knowledge and skills around pressure ulcer prevention and treatment.

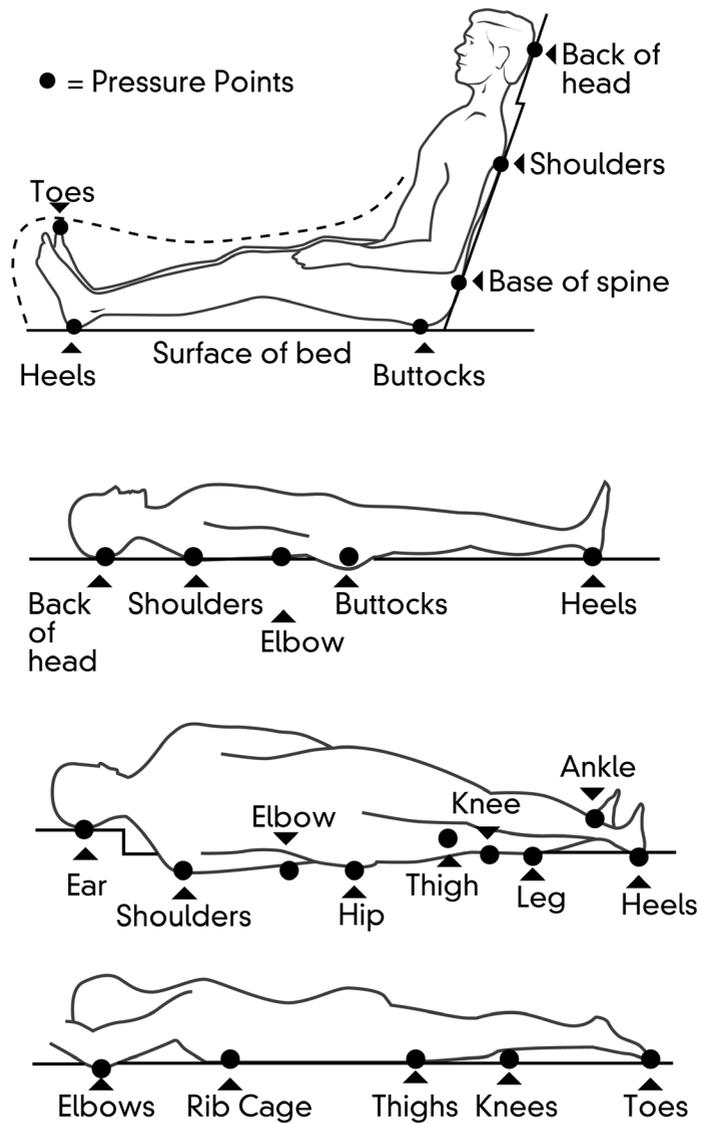
## Where you can find more information

This information booklet has been adapted from the NICE clinical guideline on pressure ulcers ([www.nice.org.uk](http://www.nice.org.uk)).

If you need further information about any aspects of pressure ulcer prevention and treatment or the care that you are receiving, ask your doctor, nurse or other member of your healthcare team.

You can also go to NHS Choices ([www.nhs.uk](http://www.nhs.uk)) and search for 'Pressure ulcers' for more information.

## Common sites for pressure ulcers



## Comments, compliments, concerns or complaints

South Tees Hospitals NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care.

However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

## Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf.

This service is available, and based, at The James Cook University Hospital but also covers the Friarage Hospital in Northallerton, our community hospitals and community health services. Please ask a member of staff for further information.

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