**What is it?**
A pressure ulcer can also be called a “decubitus ulcer” or a “bed sore”. It happens when muscles and other soft tissues in the body are squeezed between one of the bones of the body and an outside hard surface like a chair or a bed or even oxygen tubing or eyeglasses. The pressure slows or stops the blood from flowing to the skin and muscles and causes damage. **Pressure can cause serious damage to the skin and muscle when a person stays in one position in a chair for as little as 1 hour and in a bed for as little as 2 hours.** Another way to get a pressure ulcer is through “shearing”. When delicate skin is dragged across a surface like sheets, it can cause the skin to tear or “shear”. Sliding up and down in bed or transferring from a bed to a chair can cause this. Once the skin is opened it can continue to break down and worsen.

**Who is most at risk?**
People who:
- Don't move
- Remain in a chair or bed most of the time
- Are incontinent of bowel and/or bladder
- Do not eat a balanced diet or drink enough fluids
- Are overweight or underweight
- Have thin, dry or fragile skin
- Have mobility issues
- Are confused or restless
- Take steroids
- Take medications that make them sleepy

**What does it look like?**
The skin may be intact but it is red, or spongy, or the person complains of pain or itch in the affected area. Or the skin may be open with a shallow sore. If left untreated, the ulcer can become larger and deeper, become infected and even lead to sepsis.

**Where can they form?**
On any bony part of the body like:
- Tail bone
- Hip bones
- Heels
- Hip bones
- Elbows
- Ankles
- Back of head
- Spine/ Back
- Ears

**What do I do when I see red or broken skin, or the person complains of pain in an area subject to pressure?**
- Report it immediately to the agency nurse or supervisor and follow their instructions.
- Person must be seen by their Health Care Provider within 24 hours for evaluation and referral to a Wound and Ostomy Nurse.
- Check to see if your agency has a pressure ulcer management policy or guidelines. Follow it.
- Document in detail what you see and what the person tells you using the Pressure Ulcer Documentation Form used by your agency as well as any actions you have taken.
- Do not place the person in a position that puts further pressure on the area. Have a plan for repositioning frequency.