

# PRESSURE ULCERS

## 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.

## 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
- Heels
- Elbows
- Back of head
- Hip bones
- Ankles
- 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.

## 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 can I do to prevent it?

Complete a risk assessment for each person in your care. For those at risk, create an individualized plan to prevent pressure ulcers. This plan should include:

- Examining their skin thoroughly every day
- Keeping their skin clean and dry
- Keeping their dry skin moisturized
- Repositioning every 1-2 hours and more often if in a debilitated state
- Providing them with nutritious foods, especially protein
- Keeping them hydrated
- Keeping them as active as possible
- Avoiding dragging them across sheets or surfaces
- Using pillows to protect bony parts
- Floating heels off the bed or chair by placing a pillow under the calves
- Applying barrier cream to intact skin if incontinent

