

# Your guide to Pressure Ulcer Prevention



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# Your Guide to Pressure Ulcer Prevention

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# Did you know that:



- Everyone is at risk of developing a pressure ulcer, even fit healthy people
- A pressure ulcer is a sign that the body has shut down the blood supply feeding the skin

- Pressure ulcers are also known as bedsores or pressure sores
- Pressure ulcers can occur when someone sits or lies for too long in one position

## Q Who is at risk of developing a pressure ulcer?

A. Everybody is at risk of developing a pressure ulcer, it depends on circumstances. Some people are more at risk and it is especially important that they really need to understand how pressure ulcers develop:

- People with limited mobility or those who cannot reposition without help
- People who do not have a healthy circulation
- People who cannot feel pain or pressure over all or part of their body

## Q What can I do to prevent a pressure ulcer occurring?

A. There are some very simple things that you can do to prevent a pressure ulcer occurring.

Avoid prolonged pressure on one area of the body, particularly if this is over a bony area prominence (heels, bottom, lower back, hips etc), regularly changing position either whilst seated or in bed. Ideally this

should mean moving every hour or even more regularly.

Regular checking of the skin to look for red marks will help to identify problem areas early.

Make sure that you are moving regularly to reduce the amount of pressure this area is under.

If the skin does not turn white then circulation has been affected and you need to reposition regularly, keep well hydrated and keep checking for signs of improvement.

Be careful about how you move a person whose skin is at risk - if you drag someone over a surface such as a bed, you can cause damage to the skin.

Ideally use slide sheets to reposition the person.

If you are concerned about your skin or the skin of a loved one please speak to your local healthcare professional.

## Q Can pressure ulcers be treated?

A. Pressure ulcers can be treated but it is much better to prevent them occurring in the first place.

Treatment can involve specialist pressure relieving equipment, special diets and regular movement.

You can help to reduce the risk of a pressure ulcer occurring in the first place by following the SKIN guideline:

**S** – Skin: regularly check areas at risk - is the skin red or sore

**K** – Keep moving regularly, little and often is best

**I** – Incontinence: have you become incontinent

or has your incontinence deteriorated

**N** – Nutrition and Hydration: make sure

In people with darker skin, changes in colour may be harder to spot so it's especially important to check for these symptoms.

If left untreated this patch of skin may become painful and purple in colour and eventually breakdown if pressure on the area is not reduced.

**Changes to the skin caused by pressure can range from simple skin discolouration to deep wounds exposing bone.** These are examples of skin changes you might see:



## Q What are the first signs that a pressure ulcer is developing?

A. The first sign that the skin is being damaged is a patch of red skin, usually over a bony part of the body, which does not go white under light pressure. The area may also feel tender to touch, be swollen, be numb or be hot.

For more information visit:  
[www.stopthepressure.com](http://www.stopthepressure.com)

Did you know that pressure ulcers affect around 20% of people in nursing and residential homes?



# Pressure ulcers



Prevention is better than cure

## Who is at risk?

RISK	GREEN	AMBER	RED
SKIN	INTACT/PINK	SWOLLEN	REDDENED/ BROKEN
MOISTURE	CLEAN DRY SKIN/WELL-HYDRATED	MOIST/ SWEATY SKIN	WET/ INCONTINENT
WEIGHT	NORMAL	OBESE	UNDERWEIGHT
SENSATION	NO IMPAIRMENT	LIMITED	UNRESPONSIVE
MOBILITY	ACTIVE	NEEDS ASSISTANCE	BED-RIDDEN
CO-MORBIDITIES	LOW	MEDIUM	HIGH
NUTRITION	HEALTHY	COMPROMISED	POOR



Anybody who sits or lies down for long periods of time is increasing their risk of getting pressure ulcers. This booklet is designed to help people understand the causes of pressure ulcers and, therefore, prevent them in the first place.

There is a website to help answer some of the questions you might have about pressure ulcers, whether you or somebody you know might be at risk.

Visit [www.reactoredskin.co.uk](http://www.reactoredskin.co.uk)

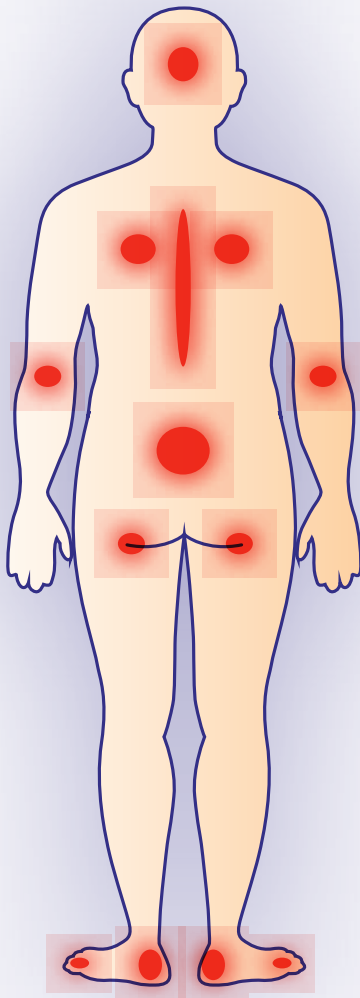
**For specific questions about your personal circumstances please seek advice from your healthcare professional.**

# Skin inspection guide

Check most vulnerable area and document pressure areas at least once a day

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please circle the affected areas of the patient's body



## Are there any signs of pressure damage?

Redness/erythema  Yes  No

### Non-blanching persistent redness

Yes  No

Apply light finger pressure to the area of discolouration for 10 seconds

Pain/soreness  Yes  No

### Warmer/cooler over bony prominence

Yes  No

Boggy feeling  Yes  No

Hardened  Yes  No

### Discolouration\*

Yes  No

In those with darkly pigmented skin, discolouration may not be visible and other indicators will be warmer/cooler, hardening/oedema (boggy skin).

Broken skin  Yes  No

Name

Action



## GREEN

**No signs of pressure damage:** Continue to inspect skin daily and encourage regular repositioning.



## AMBER

**Early signs of pressure damage:** Ensure that you are following the pressure ulcer prevention advice in this booklet and contact your GP or district nurse for advice and support



## RED

**Pressure damage:** Call your GP or district nurse for an urgent assessment

# Support me



Great  
SKIN

# Support me



Great  
SKIN

## Five things you should know about support surfaces

- 1** Pressure is a major factor in the development of pressure ulcers. Tissue damage may also occur when a person slips down a bed during repositioning or slumps in a chair.
- 2** Pressure ulcer equipment has two main functions – to redistribute pressure and to provide comfort.
- 3** If necessary your health care professional will assess whether you or the person you care for needs a specialist foam or powered support surface.
- 4** People are at greater risk of pressure damage when seated than they are when lying in a bed.
- 5** When selecting a support surface your district nurse will consider pressure ulcer risk, weight and size of the patient and ease of use. They will also be aware of manual handling and patient safety issues.



### GREEN

**No pressure damage/ low risk:** People should be regularly assessed and a suitable support surface provided if they develop early signs of pressure damage.



### AMBER

**High risk of pressure ulceration:** People will be placed on a suitable support surface and reassessed regularly.



### RED

**Signs of pressure damage/deterioration:** People should be reassessed and changed to a higher specification support surface. Continue to change the person's position.

## How to support people at risk effectively

### 1 Use suitable support surface

- a. Pressure is a major factor in the development of pressure ulcers.
- b. Ask your health care professional to explain to you how your equipment works. They should explain how to check that powered equipment is set correctly and that foam surfaces remain supportive.
- c. Check regularly to make sure the equipment is functioning correctly.

### 2 Protect areas at risk of pressure damage (eg bottom and heels)

- a. Heels must always be floated.
- b. Your health care professional can demonstrate some simple ways to keep heels free from pressure.

### 3 Tell others what you are doing

- a. Make a note of turns/ changes of position. These may be performed more frequently if skin remains red or becomes broken.

**Continue to move the person you care for whatever the type of support surface used and make sure bedclothes and clothing are smooth under them. Ensure that the person you are looking after knows why they are being repositioned and encourage them to do it for themselves if they can.**



### GREEN

**No pressure damage/ low risk:** People at risk will be regularly assessed and a suitable support surface provided if they develop early signs of pressure damage.



### AMBER

**High risk of pressure ulceration:** People at risk should be placed on a suitable support surface and re-assessed regularly.



### RED

**Signs of pressure damage/deterioration:** People at risk should be reassessed and changed to a higher specification support surface. Continue to change the person's position.

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# Keep me moving



Great  
SKIN

# Keeping me moving



Great  
SKIN

## Five things you should know about keeping people moving

- 1** People who are immobile are at highest risk of developing pressure ulcers.
- 2** Regular movement or turning the people regularly will redistribute pressure and help prevent pressure damage.
- 3** People who are being cared for on a support surface still need to be repositioned.
- 4** Manual handling aids should be used when moving people to avoid dragging the person along the mattress, which can cause skin damage. Ask your health care professional for advice if you would like more information on this.
- 5** Repositioning someone you care for is not always easy. Your safety and that of the person you're looking after are important.



### GREEN

**Person is fully mobile:**  
Encourage daily exercise with regular activities.



### AMBER

**Person needs assistance:**  
Encourage frequent repositioning to improve circulation and reduce time spent on damaged area.



### RED

**Person is immobile:**  
Reposition the person at regular intervals. Use a repositioning chart and select an appropriate support surface.

## How to help people keep moving

### 1 Reposition or turn the person frequently

- Use wedge/pillow to maintain 30 degree side lying position.
- Use a thin pillow to relieve pressure over the sacrum (the middle of the bottom near the coccyx).
- Raise head of bed less than 30 degrees.
- Ensure that you are not putting the person into a position that will put pressure on another body part.

### 2 How often should people move?

- People who are able to get out of bed or their chair should be encouraged to do so whenever possible.
- Change position (offload) every 15 minutes – small movements can make a big difference to pressure.
- For people who need help, reposition at least **every 2 hours** – eg on their **left side**, then on their **back**, then on their **right side**.
- Reposition immobile people in chairs at least hourly.
- Time spent on damaged areas should be kept to a minimum.

### 3 Tell others what you are doing

- If you are caring for a family member keeping a simple note of when you help your loved one to move position can be very helpful.
- Your health care professional will assess what support surfaces are required and explain to you the reasons why.



### GREEN

**Person is fully mobile:**  
Encourage daily exercise with regular activities.



### AMBER

**Person needs assistance:**  
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### RED

**Person is immobile:**  
Reposition the person at regular intervals. Use a repositioning chart and select an appropriate support surface.

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# Improve my skin



Great  
SKIN

# Improve my skin



Great  
SKIN

## Five things you should know about keeping skin healthy

- 1 Keeping skin healthy is important for pressure ulcer prevention.
- 2 Once the skin breaks down, it is at even higher risk for further damage.
- 3 As people age, the skin changes, making it more vulnerable to damage. It may become dry, paper-thin and itchy.
- 4 Fluid from incontinence, perspiration and wound fluid can irritate skin and make it more prone to breakdown.
- 5 Reddened areas, or on darker skin, areas that are darker than usual, may indicate a breakdown is imminent.



### GREEN

**Where skin is intact and well hydrated:** Inspect skin regularly, prevent prolonged exposure to moisture and manage skin temperature.



### AMBER

**Skin at risk of breakdown:** Ask your GP or district nurse about a suitable support surface if the person you care for is at risk of skin damage.



### RED

**Skin has broken down:** If you are paid to care for the person you're looking after, make sure you make a record of any skin damage you see. Ensure that you contact the GP or district nurse so that a detailed assessment can be urgently arranged.

## How to keep skin healthy

1

### Too dry

- a. Creams with lots of additives should be avoided. GPs and district nurses can recommend and prescribe suitable moisturisers.
- b. Do not use excessive amounts of skin cream.
- c. Skin should be patted dry, not rubbed.
- d. Do not use traditional soaps and avoid creams that can irritate the skin.
- e. Ensure the patient is receiving an adequate fluid intake.

2

### Too moist

- a. Your GP or district nurse can prescribe a suitable barrier cream. Ask them to teach you how to use it properly.
- b. If incontinence products are required ask your District Nurse or GP to arrange an assessment. Suitable products can then be prescribed.
- c. Make sure any pads are fitted correctly and changed regularly. Do not place additional pads between the mattress and the person you care for as this may prevent adequate pressure relief being delivered by the equipment.



### GREEN

**Where skin is intact and well hydrated:** Inspect skin regularly, prevent prolonged exposure to moisture and manage skin temperature.



### AMBER

**Skin at risk of breakdown:** Use appropriate products to maintain skin integrity.



### RED

**Skin has broken down:** Call your health professional for help, this may be your GP or your district nurse

For more information visit:  
[www.stopthepressure.com](http://www.stopthepressure.com)



# Feed me well



**Great  
SKIN**

# Feed me well



**Great  
SKIN**


## Five things you should know about nutrition

- 1** Adequate nutrition is important for preventing as well as healing pressure ulcers. Hydration is also important.
- 2** A nutritional assessment will identify people who are not receiving enough nutrition in the form of calories, protein, hydration and vitamins and minerals.
- 3** For people who are unable to take in enough nutrients through regular meals, other methods may be considered.
- 4** Your team may consider nutritional supplements, particularly those with high protein content.
- 5** Malnutrition is a common feature in people with dementia. They may refuse to eat, forget to chew or swallow, or are easily distracted.



**GREEN**

**Person is well nourished and eating well:** Maintain current healthy eating plan.



**AMBER**

**Person is not eating well:** Review eating plan and supplement with protein drinks and watch fluid levels.



**RED**

**Person is malnourished:** Your team may refer to dietitian for full assessment and implement diet plan.


## How to ensure adequate nutrition

- 1** **If needed your team will carry out a nutritional assessment:**
  - a.** Your team will use simple screening tool (eg MUST) to document nutritional status.
  - b.** Very high-risk people may be referred for a comprehensive nutritional assessment and an individualised dietetic treatment plan.
- 2** **Encourage people to eat a healthy balanced diet**
  - a.** Assist people who find eating meals difficult.
  - b.** Ensure people have a choice with variations day to day.
  - c.** Encourage participation in the activities surrounding preparing and serving meals.
  - d.** Supplement meals using nutritional supplements.
  - e.** Ensure people have regular drinks.
- 3** **Review regularly to maintain high standards of nutritional care**



**GREEN**

**Person is well nourished and eating well:** Maintain current healthy eating plan.



**AMBER**

**Person is not eating well:** Review eating plan and supplement with protein drinks and watch fluid levels.



**RED**

**Person is malnourished:** Your team may refer to dietitian for full assessment and implement diet plan.

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# Pressure Ulcer Triggers



Tick AND initial box where you observe negative change, initial ONLY where no change is observed. Check all areas at least once a day.

Name: \_\_\_\_\_ Date Commenced: \_\_\_\_\_ Page No: \_\_\_\_\_

DATE:	Mon	Tues	Wed	Thur	Fri	Sat	Sun
<p><b>S</b> Is the <b>Surface</b> (mattress and cushion) fit for purpose? Is the cover intact? If foam: flat and smooth? If air: inflated?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>S</b> Does the <b>Skin look red, sore or blistered?</b> Check and record skin observations, tick for non-blanching red skin only. Initial after every skin check.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>K</b> Is the person that you are caring for unable to <b>Keep moving?</b> Are they spending more time in the chair or not going to bed?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>I</b> Has the person that you are caring for become <b>Incontinent (skin is wet with urine or faeces)</b> and there is no care plan in place? Has <b>Incontinence deteriorated?</b> Tick for negative changes.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>N</b> Do they have adequate <b>Nutrition (are they eating and drinking properly)?</b> Tick only if no food or drink is taken at meal times. Initial when you observe adequate consumption.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If 4 or more areas are ticked on more than 3 days, or if skin is ticked on 2 consecutive days contact your district nurse.



If you would like this information in Braille, large type, in another format or in another language, please ask a member of staff. (English)

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Se desejar obter esta informação em Braille, num tipo de letra maior, noutro formato ou noutro idioma, por favor peça a um membro do pessoal. (Portuguese)

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