



# Pressure Ulcer Prevention

A guide for patients and carers

**Building healthier lives**

**UHB is a no smoking Trust**

## What are pressure ulcers?

Pressure ulcers are areas of damage to the skin and the tissues below as a result of being placed under pressure. They usually occur over a bony prominence although they can also occur under or around medical devices. They are also known as pressure sores or bed sores. Pressure ulcers may cause pain or lead to an extended hospital stay. They can become infected, leading to blood poisoning or bone infection and in extreme cases can become life-threatening.

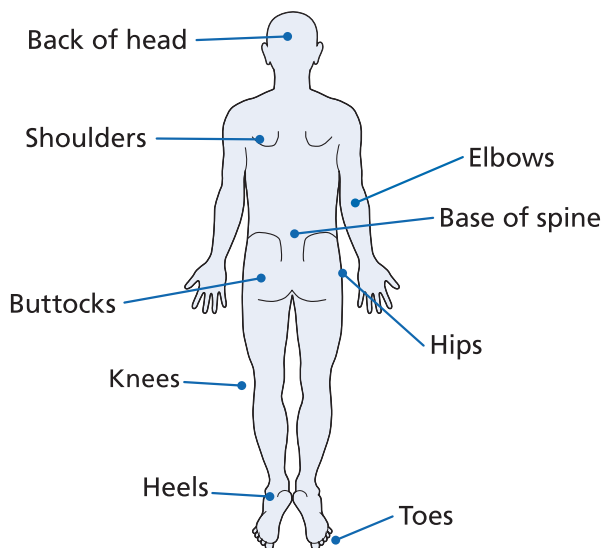
## What causes pressure ulcers?

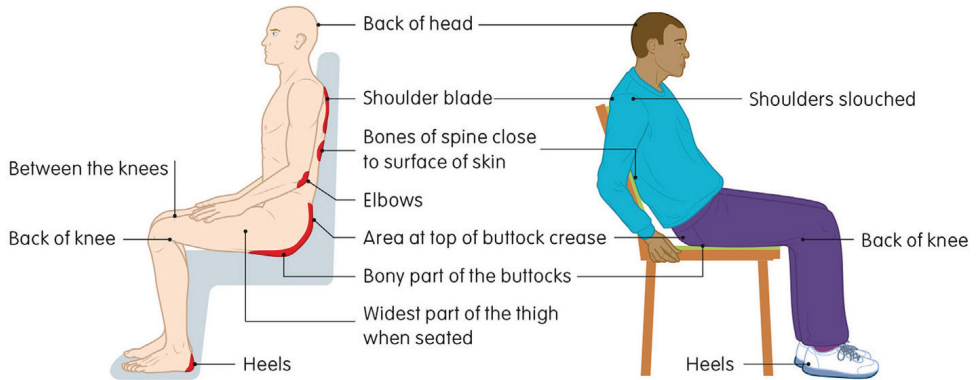
Pressure ulcers are caused by a combination of:

- **Pressure** – from body weight pressing against a hard surface, damaging the blood supply to that area
- **Shearing** – this may occur if you slide down, or are dragged, up the bed or chair. This may damage the deeper layers of the skin

## Common body sites for pressure ulcers

These are normally over bony prominences, for example:





Pressure ulcers can also occur under medical devices used to treat your condition, for example an oxygen mask, tubing or anti-embolic stockings. Therefore it is important that you inform the nursing staff if you have a poorly-fitting or painful medical device.

## Are you at risk of pressure ulcers?

**At risk**

**You can change your position without help or prompting. You have a good appetite and no serious health problems.**

**High risk**

**You may have reduced mobility and require prompting to move regularly. You may have occasional continence problems and a poor appetite.**

**Very high risk**

**You cannot change your position, without help or prompting. You may have reduced feeling to areas of your body. You may have persistent continence problems, poor appetite and poor general health.**

There are things we need to know to help to prevent a pressure ulcer developing...

**Tell us** if you're not eating as much as you used to

**Tell us** if you're not moving as much as you used to

**Tell us** if you have a sore bottom or heels/hips/elbows

**Tell us** if your medical device is rubbing or making you sore

**Tell us** if you are sleeping in your chair rather than a bed at home

**Tell us** if you are having continence problems

**Tell us** if you have reduced feeling in you feet

**Tell us** if you have had a pressure ulcer before

**All** of the above increase your risk of developing a pressure ulcer and may move you from at risk green through to very high risk red.

**Tell us** if any of the above applies to you.

Adapted from Birmingham Community Healthcare NHS Trust

## What will the healthcare team do to help prevent a pressure ulcer?

The healthcare team will examine you and carry out a risk assessment. They will then, following discussion and agreement with you, devise and implement a prevention plan if you are 'at risk' of pressure ulcers. This plan should include:

- Regular skin inspection
- Regular repositioning

It may also include:

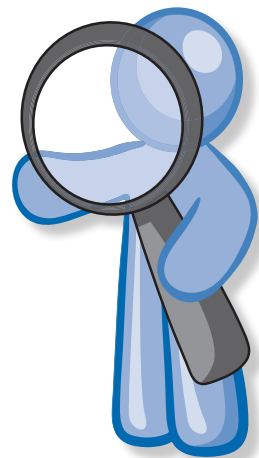
- Use of specialist equipment eg. mattress, cushion or heel protector
  - Referral to relevant healthcare professionals e.g. Dietician, Tissue Viability Nurse, Occupational Therapist, Orthotist, or Physiotherapist
- If your condition changes, your risk of developing pressure ulcers should be reassessed.

# What can you and your carer do to help prevent a pressure ulcer?

## Regular skin inspection and skin care

Where able, you and your carer must inspect your skin at least daily and observe for:

- Purplish/bluish patches
- Red patches that do not turn white when lightly pressed
- Swelling
- Blisters
- Shiny areas
- Dry patches, cracks or calluses
- Any changes to your skin compared to adjacent areas or anything that is not normal for you.



Report any of these signs or any other changes to your skin to the healthcare team looking after you.

- Try to use a gentle pH balanced cleanser instead of soap. Always dry your skin gently and thoroughly
- Moisturise dry skin
- Avoid using talcum powder

## Surface

A mattress or cushion may be provided that will help reduce the amount of pressure on your body. Please notify nursing staff if the equipment provided is not working or is uncomfortable. Whilst this equipment will help reduce your risk, you still need to keep moving or be re-positioned. Water-filled gloves, synthetic and genuine sheepskins, and doughnut type devices should not be used. Equipment used for moving or lifting should not be left underneath you.

**Inform nursing staff if you use any pressure reducing/relieving equipment in your usual care setting.**

## Keep moving

- If you are able to, change your position frequently, otherwise, please ask staff to assist you to do so if you have difficulty changing position yourself
- Do not dig your heels into the mattress when pushing yourself up the bed. Bend your knees and place your feet flat on the surface of the mattress. This will avoid extra pressure over the heels
- If you are able to sit out of bed, continue changing your position while sitting. This can be done by doing “sit and stand”, “marching on the spot” or going for a short walk in and around your room. Prolonged sitting can increase the risk and deterioration of pressure ulcers. Ask for a “Sitting in Hospital” leaflet for more information
- Make sure that bedding is crease free and not pulled too tightly across you and that clothing does not have thick seams, zips and buttons
- Make sure shoes/slippers and socks/stockings are not too tight as this will restrict your circulation

**If you experience discomfort or pain to any area of your body which is a common site for pressure ulcer development (see list previously) please inform nursing staff**



*Image courtesy of J. Fletcher  
Independent Nurse Consultant*

**Examples of pressure ulcers**

## Incontinence

Incontinence can increase the risk of pressure ulcers developing. A continence assessment forms part of your pressure ulcer risk assessment. Barrier creams/products that help to protect the skin when wet may be used, however these will not prevent pressure ulcers. If you feel you have a continence problem speak to a nurse/doctor/carer for advice on how to manage or treat this condition.

## Nutrition and hydration

Adequate nutrition and fluids are essential to prevent pressure ulcers. Please ask for advice if you are concerned.

## Giving/sharing information

Staff will let you know if you are at risk of pressure ulcers and will offer advice on how to prevent them.

It is important that you let us know if you are experiencing any of the problems referred to in the 'Tell us' section of this leaflet. This will help us to ensure an individualised plan of care is put in place for you. In addition let us know if you are experiencing any pain on movement or if there are positions you find more comfortable to sleep in. If you have any queries or concerns please speak to your nurse or doctor.

## What happens if you do develop/already have a pressure ulcer?

The Trust is committed to reducing the number of pressure ulcers that develop whilst people are in our care. Unfortunately due to the nature and severity of illness pressure ulcers may still occur in a small number of people. If this happens appropriate care will be provided and a wound dressing plan will be devised and implemented. You may require specialist equipment and input from community nurses on discharge.

## Further information

If you need more information on pressure ulcer prevention and treatment please ask the nursing staff on the ward or visit:

**[www.nationalwoundcarestrategy.net/pressure-ulcer/](http://www.nationalwoundcarestrategy.net/pressure-ulcer/)**

Select the Information for patients and carers tab.



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### **Tissue Viability Service**

#### **Heartlands Hospital**

Bordesley Green East  
Birmingham, B9 5SS

#### **Solihull Hospital**

Lode Lane  
Solihull, B91 2JL

#### **Good Hope Hospital**

Sutton Coldfield  
B75 7RR

#### **Queen Elizabeth Hospital Birmingham**

Edgbaston  
Birmingham, B15 2GW

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