

Reducing your risk of pressure ulcers

Information for patients

Any individual can be at risk of pressure damage if their ability to move about as normal is impaired. This risk is increased with illness. This leaflet has been produced to explain how we can work together to reduce your risk of developing a pressure ulcer.

What is a pressure ulcer?

A pressure ulcer is an area of the skin which has been damaged by excessive or prolonged pressure. Pressure ulcers can also develop under devices such as oxygen tubing/masks, catheter tubing, and stockings used to prevent blood clots. In full health, we automatically regulate our body weight so that pressure is not left too long on any one part of the body. Not being able to do this, due to difficulty in moving or loss of feeling, puts us at risk of developing a pressure ulcer.

A pressure ulcer may also be caused by the skin sliding over the underlying body tissues, known as shear. Good supportive postures which prevent slipping and sliding can help to reduce shear forces. Friction (two surfaces rubbing together) can also cause tissue damage.

The main ways that pressure ulcers arise

- Pressure
- Shearing
- Friction

1. Heel
2. Buttocks
3. Base of spine
4. Shoulder
5. Back of head

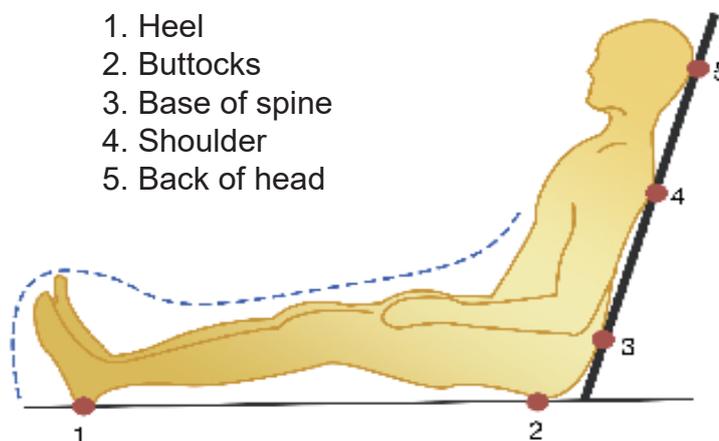
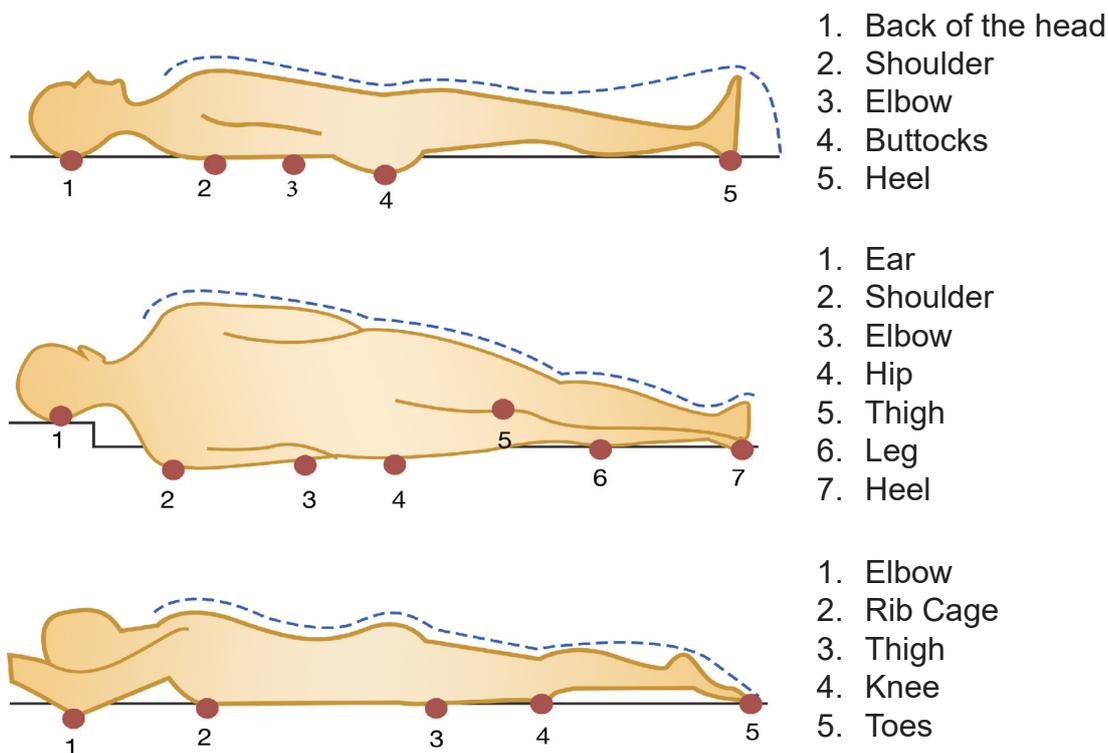


Diagram showing areas of the body at risk of pressure sores when sitting



Diagram showing areas of the body at risk of pressure sores when laying down



Am I at risk of pressure damage?

There are many risk factors associated with developing pressure damage. You may be at risk if you answer yes to any of the following questions.

- Are you over 65 years of age? As we get older our skin thins and we produce less collagen making us more likely to get pressure damage.
- Do you suffer from heart disease, lung disease, or vascular disease?
- Do you have diabetes?
- Do you need help to move about?
- Have you been immobile in a bed or a chair?
- Are you eating and drinking less than usual?
- Are you in too much pain to move?
- Do you have excess fluid in your lower legs?
- Are you attached to a device such as a catheter or oxygen mask? Or are you wearing stockings to prevent blood clots?

**We will assess your individual risk on admission to hospital.
Ask your nurse if you are at risk.**

How can my risk be reduced?

A range of measures may be used to address your individual risk factors. This mainly involves making sure you are drinking and eating enough, together with reducing pressure, shear, and friction. In a small number of cases, pressure ulcers may still develop despite full prevention taking place.

The **SKINS** bundle is a nationally recognised tool. It is used to represent key components of pressure ulcer prevention. These are:

1. **S = Support Surface such as mattress or chair**

Special pressure redistributing mattresses may be mechanical or high specification foam.

- All hospital mattresses are high specification foam which helps to redistribute pressure.
- If you are considered at very high risk of pressure damage you will be offered an active (air) mattress. These mattresses have air pumped through them to redistribute the pressure underneath you.

Electric profiling beds

Most hospital bed frames are mechanically operated and help to prevent shear forces and redistribute weight. There is a patient's handset which allows you to help change position as needed.

Heel protector boots

Heels are particularly vulnerable to pressure and you may be offered a pair of heel boots if you are unable to move your own legs. These boots are designed to take all the pressure off your heel and should only be worn in bed. If you are unable to tolerate wearing them, a pillow may be used under your legs to take the pressure off your heels.

Seating

It is important that your chair is the correct height and width to support a good posture. You may be offered a pressure cushion, although many hospital chairs have this 'built in'. It is recommended that you shift your weight in the chair at least every 20 minutes. Ask your nurse or therapist about chair exercises.

2. **K = Keep moving**

An individual positioning and repositioning regime should make sure you are nursed in the most comfortable and effective positions. Frequency of positioning is recommended on an individual basis depending on the condition of your skin. Our general advice is:

- Flatter positions are better as they spread the pressure more evenly over your body.
- Avoid lying on 'bony areas' of your body.
- It is better to use a slight tilt to the side than lay fully on your hip bone.
- Elevating (raising) your knees when sitting up in bed reduces pressure on your bottom and heels, the two most vulnerable areas on your body.
- Sit out in a chair for short periods at a time, for example under two hours.
- Check your skin regularly for early signs of pressure damage (often a red mark). If you do notice pressure damage, further precautions should be started to avoid pressure on the affected area. These measures may include more frequent repositioning and/or a higher risk mattress.

3. I = Incontinence

Keeping skin clean and dry can reduce your risk of developing pressure ulcers. Avoiding soap (which dries the skin) and using a pH balanced cleanser is recommended for frequent cleansing of vulnerable skin. If skin is still becoming sore, a skin barrier product may also be used (these can be supplied by ward staff). The use of incontinence sheets is not recommended as they do not absorb the moisture away from the skin and contribute to moisture related skin damage.

4. N = Nutrition

While you are in hospital you may not have as much of an appetite as usual but think of food as medicine and try to eat something at each mealtime. The hospital menu codes lunchtime dishes that are high calorie (HC) so try to pick those to get the most goodness out of what you eat. Top tips include:

- Try to have two to three portions of protein rich food daily. This includes meat, fish, poultry, cheese, pulses, and dairy products.
- Ask your ward housekeeper for smaller portions if you find the meals are too large. You may find you prefer a lighter meal such as an omelette or filled jacket potato.
- Tell ward staff and the housekeeper if you have any specific dietary needs.
- Please ask for help if you have any difficulty with eating and drinking.
- A small snack in between meals can provide additional nutrition without being too filling. Good choices include yoghurt, cheese, and biscuits, or a glass of milk. Snacks are offered mid-morning, mid-afternoon, and in the evening.
- Although you may not feel thirsty it is important to drink regularly throughout the day. There will always be water by your bed and the housekeeper will offer you a drink from the trolley seven times during the day. There is a wide range of drinks available, not just standard tea and coffee. Try to have a glass of fruit juice each day to provide vitamin C, which helps with wound healing.
- If you have concerns about your diet please ask to be referred to the dieticians. They can give advice for while you are in hospital and, if needed, arrange for you to be offered an outpatient dietetic appointment when you leave hospital.

5. S = Skin assessment

What are the signs of pressure damage?

Early signs of pressure damage may be redness or discoloured areas at the pressure points. This may be difficult to see on darker skin tones. Touch may be used to feel for hot, cold, boggy, or spongy areas. Purple bruising can mean you have pressure damage in your deeper tissues.

What if I develop a pressure ulcer?

Pressure ulcers are given categories to show the depth of the tissues affected. The categories are one to four, with category one affecting only the very top skin layers and category four affecting the skin and deeper tissues. It is difficult to assess the depth of some pressure ulcers as they may be covered with slough or dead tissue. Once this is removed they may be assessed for depth.

The primary treatment for all pressure ulcers is to remove all pressure from the ulcer. This may be achieved by repositioning or elevating the affected part of your body. Your nurse will assess your ulcer and advise you of the most appropriate treatment.

What can I do to help?

You, or your carer, may wish to participate in your own care. You can help by:

- Telling your nurse when you feel you need to be repositioned.
- Checking your skin regularly; a mirror may be useful for checking heels or difficult to reach areas; if you see any abnormality report this to your nurse.
- Eating a nutritious diet.
- Drinking plenty of fluids.
- Asking your physiotherapist about bed and chair exercises.
- Reporting any feeling of discomfort at a pressure point.
- Working together with your nursing staff to develop the best positioning and repositioning plan for you.

Although we will advise you on the best prevention techniques for you, your choice and comfort is important. We will fully support your decisions and change your prevention plan to accommodate your needs. However, this may result in less than fully preventative care during your hospital stay.

If you need further advice you can contact the **tissue viability nurses on 01227 864004**.

AFTER YOU GO HOME

Your hospital nursing team will contact your community nursing team to make sure that any pressure relieving equipment or treatment you may need is provided at home following your discharge from hospital.

References

- National Institute for Health and Clinical Excellence. Pressure ulcers: prevention and management of pressure ulcers. NICE Guidelines CG179. London: NICE, 2014 (www.nice.org.uk/guidance/CG179)

Where can I get more information?

- **Your Turn**
Web: www.your-turn.org.uk/
- **European Pressure Ulcer Advisory Panel**
Web: www.epuap.org

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 783145, or email ekh-tr.pals@nhs.net

Further patient leaflets are available via the East Kent Hospitals web site www.ekhufft.nhs.uk/patientinformation