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# Prevention is better than cure

You have been given this information leaflet as you have been identified as being at risk of developing pressure ulcers.

This leaflet will give you information on pressure ulcers and what you can do to minimise the risk of their development.

### What is a pressure ulcer?

A pressure ulcer is an area of damage to the skin and underlying tissue. They may also be referred to as 'bed sores', 'pressure sores' or 'decubitus ulcers'.

### They are caused by:

- **Pressure** the weight of the body against a hard surface such as a bed or chair
- Shear if a person slips or slides down a bed or chair
- Friction frequent movement over a surface

### What to look for:

- Warm, hard, swelling or painful areas
- Pink or red patches on fair skin that do not go white following release of light finger pressure
- Purple or blue patches on dark skin that do not change colour on release of light finger pressure

# Are you at risk?

You are at risk of developing pressure ulcers if you:

- Have to stay in bed or a chair
- Have difficulty moving around
- Are in a wheelchair
- Spend long periods in an armchair
- Have a serious illness
- Have poor circulation
- Are incontinent in any way
- Have lost feeling in parts of your body (e.g. after a stroke)
- Are not eating a balanced diet or having enough to drink
- If you have had a pressure ulcer before
- If you are under or over weight

Some medical devices such as catheter tubing, oxygen tubing, anti embolism stockings can cause pressure damage. It is important that you are vigilant about checking these devices throughout the day to make sure they are not causing excessive pressure, shear or friction.

Also, it is advisable to avoid loose fitted bed sheets as they can ruck up under you and cause damage.



# How to help to avoid pressure damage

### If you are in bed:

- Change your position regularly, if you can, alternating between your back and sides.
- Inspect your skin regularly, if you are able to, for signs of possible or actual damage.
- If you are sitting out of bed but cannot move yourself around or stand up, try not to sit in the same position for any longer than two hours.

### If you are in a wheelchair:

- Try to take your weight off your buttocks every half hour by leaning forward and pushing up on the arms of your chair if you are able.
- As often as you can, roll from buttock to buttock.
- You should avoid sitting in your wheelchair for more than two hours at a time even if it has a specialised cushion.

# Common sites for pressure ulcer development





Cancer Research UK Original diagram by the Tissue Viability Society

# What can you do to avoid pressure ulcers

### Skin care

- Wash your skin using warm water or PH neutral soap. Apply moisturiser to dry skin if possible.
- Keep your skin free from moisture where possible. If you have incontinence inform your health care team as they can assess the best way to treat this.
- Do not rub or massage the skin as this can cause further problems.

### Nutrition

- Eat a healthy balanced diet including plenty of fruit and vegetables and drink plenty of fluid.
- If you have a limited appetite, choose full fat options for milk, yoghurts, margarine or try drinking milky tea, coffees and malted drinks to increase calorie intake.



### Keep moving

- Change your position frequently throughout the day.
- If you have reduced movement, your healthcare team will assist you with repositioning in addition to providing specialist mattresses and cushions.

# 5 key points

- 1 SKIN Inspect your skin daily to check for signs of damage.
- 2 KEEP MOVING This helps to reduce pressure.



- SURFACES You may require specialist equipment. Your healthcare provider will assess and organise this.
- 4 INCONTINENCE Damp skin can cause damage more easily. Keep skin clean and dry. Regularly moisturise dry skin. Apply barrier cream if required.
- 5 NUTRITION Eat a healthy balanced diet and drink plenty of fluids where possible.

### What should you do if you suspect a pressure ulcer?

If you have any concerns around pressure ulcers please contact your Community Nurse, GP or healthcare professional who is looking after your needs, whether you are at home, or in the In Patient Unit.