

What should I do if I see changes to my skin?

Consider these points:

- Are any parts of your body reddened, sore or painful? Yes No
- Do you think you are at risk of developing a pressure ulcer now that you have read this information? Yes No
- Are there any parts of the advice given in this leaflet that you do not understand? Yes No

If you answer Yes to any of these questions, please seek help from any of the following people:

Ward nurse
 Community/District nurse
 Nursing Home nurse
 Practice nurse
 General Practitioner (GP)
 Diabetic podiatrist / foot specialist

You can obtain further information from:

www.tissueviabilityonline.com

www.your-turn.org.uk

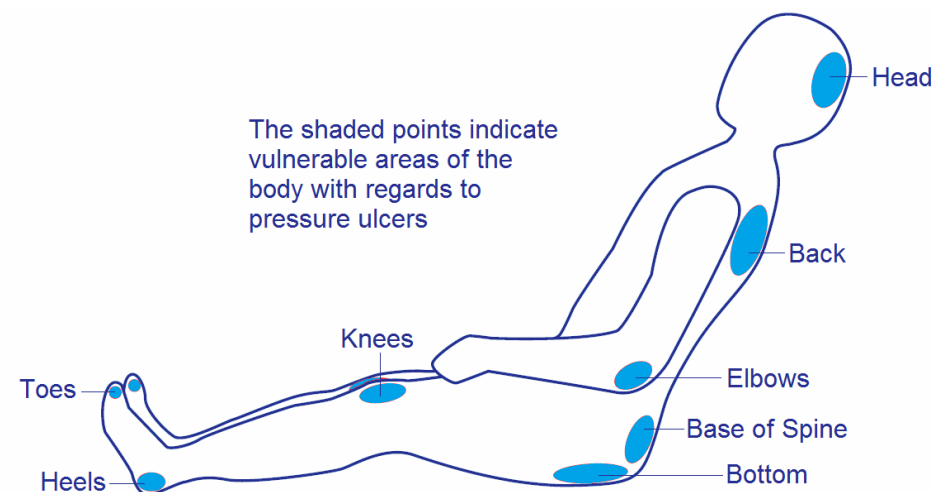
www.tissueviabilityscotland.org

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Preventing Pressure Ulcers

(also known as pressure sores or bedsores)

How to look after yourself and other people to reduce the risk of pressure damage



PREVENTION – Everyone's responsibility

What is a Pressure Ulcer?

A pressure ulcer (sometimes called a pressure sore or bedsore) is an area of skin and underlying tissue which is damaged due to direct pressure on the area, plus other factors such as friction and poor circulation.

A pressure ulcer can be anything from a red painful area to an open wound. The wound may be deep with a lot of leakage, needing dressings from a nurse.

If pressure ulcers get infected, they can make you unwell and in some cases can need hospital treatment or be life-threatening.

Who is at risk?

If you are unable to move or need help to move you are at risk if you have:

- Thin fragile skin
- Poor circulation, e.g. peripheral vascular disease
- Major surgery
- Reduced sensation, e.g. stroke, paralysis
- Underlying medical problems, e.g. diabetes
- Sudden illness leading to poor appetite
- Diabetes and are in medium/high risk category for foot ulcers.

What can I do to reduce my risk?

To remember 'what to do' to reduce your risk, use the following simple method:

SSKIN

Surface

Lying and sitting on the correct mattress or cushion can help spread the pressure and reduce the risk. There are foam, air, gel and alternating pressure systems available.

Skin assessment

Changes to skin need to be picked up early. Check skin for redness, pain, bruising, or any other changes at regular times during the day. Check over the bony parts of your body.

Keep moving

One of the easiest ways to prevent pressure damage is to keep moving:

- Stand up
- Walk about
- Change position in bed
- Elevate heels over the end of a cushion.

By doing this every couple of hours you relieve the pressure and let the blood flow back into the affected area.

Incontinence / moisture

Skin that is wet or has urine or faeces on it will be more at risk from damage. Skin should be cleaned as advised by your nurse. Use the correct fitting, shaped pads and only use non oil-based barrier products such as Cavilon cream/spray, for any redness.

Nutrition

It is important to drink enough to keep your skin from becoming dry. Try to eat a balanced diet with fruit, vegetables, protein and carbohydrate. If you have breaks in your skin you will need more protein and calories from complex carbohydrates (not sugars) each day to aid healing.

Protein = meat, fish, egg, cheese, pulses (beans and peas)
Carbohydrate = bread, potatoes, rice, noodles, pasta.