



CSH
Surrey



Better healthcare together

Prevention and management of Pressure ulcers

A guide for patients,
carers and relatives

What is a pressure ulcer?

Pressure ulcers are an injury to the skin and/or underlying tissues. They are also known as pressure sores or bed sores.

They most commonly develop over areas where your bones are close to your skin or they stick out (bony prominences) such as the coccyx or on your heels and can also occur under medical devices, such as oxygen masks or catheters. It is important to tell someone in our healthcare team if you have a poorly fitting or painful medical device so they can see if it can be adjusted to be more comfortable for you.

What causes pressure ulcers?

Pressure ulcers can be caused by pressure, shearing, or a combination of these.

- **Pressure** – continuous pressure on a part of your body, or from your body weight pressing against a hard / firm surface, which restricts the blood supply to that area
- **Shearing** – friction may occur if you slide down, or are pulled up the bed (or chair). This may damage the deeper layers of the skin

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 might include;

- regular skin inspection
- regular repositioning
- use of specialist pressure redistributing equipment
- referral to relevant healthcare professions, e.g. Dietitian, Tissue Viability Nurse, Continence Nurse, Occupational Therapist or Physiotherapist

If your condition changes, your risk of developing pressure ulcers should be reassessed. If you notice any of the signs and symptoms listed on page 4, or experience other changes to your condition/health, tell your GP, practice nurse or visiting health professional.

Prevention is better than cure

Pressure ulcers can affect a person's wellbeing; physically, emotionally and socially. They can be painful and some people find the odour of the wound and the drainage of wound fluid can affect their confidence.

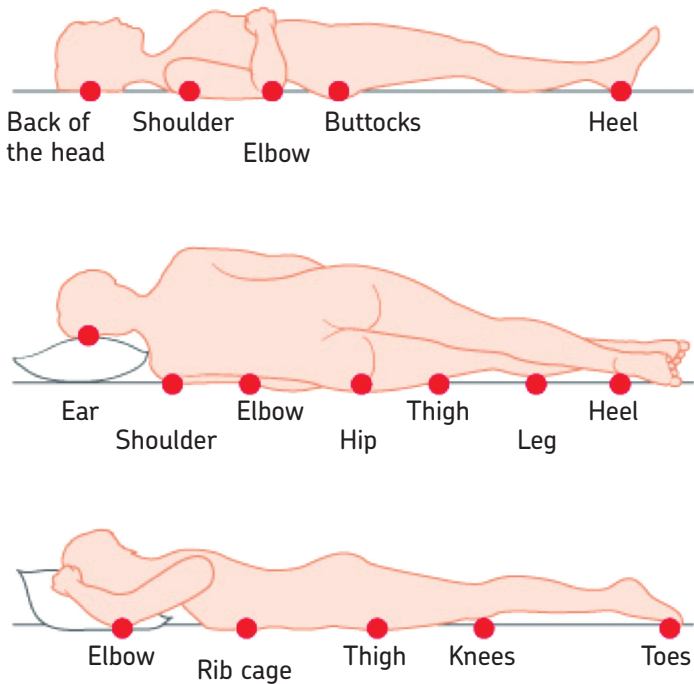
Pressure ulcers can take a long time to heal and can require long periods of bed rest and/or time off work. This can leave people feeling isolated. It can also have financial implications if they are unable to work. Severe pressure ulcers may require reconstructive surgery.

To reduce your chances of developing a pressure ulcer:

1. Inspect your skin daily – you may need a mirror to help on parts of your body that are difficult to see
2. Mobilise (move around) or change your position regularly.
For wheelchair users this should be at least every 15–30 minutes
3. Eat a healthy and balanced diet that contains adequate amounts of protein and a good variety of vitamins and minerals. You may find the following leaflet useful to learn more about a balanced diet: 'The importance of nutrition in the healing of wounds / pressure ulcers.' Ask your health care professional for a copy.

Common body sites for pressure ulcers

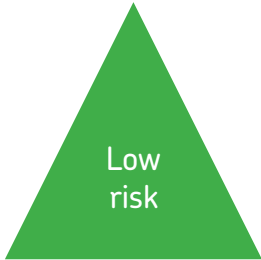
These are normally over bony prominences, for example:



Who is at risk of pressure ulcers?

Anyone can develop a pressure ulcer. However, you are more at risk if you are: seriously ill, not very mobile (especially if you are confined to a bed or chair and are unable to reposition independently), have reduced sensation to touch or pain, have a poor appetite, are incontinent (unable to control the bladder or bowels), or have diabetes or other long term health conditions.

Are you at risk of pressure ulcers?



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



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



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.

Signs and symptoms

- pain over a bony prominence, such as coccyx or heels
- skin discolouration (your skin may become red or purple)
- skin that does not blanch or lighten when touched
- skin that is softer, or firmer, or a noticeable difference in temperature than the surrounding skin
- broken skin
- blister(s) on the heels

All of the above risk factors increase your risk of developing a pressure ulcer.

Tell your healthcare professional if...

- you think you have any of the signs and symptoms listed above
- you are not eating as much as you used to
- you are not moving as much as you used to
- you have a sore bottom or heels/hips/elbows
- you think there's a problem with your cushion/mattress
- you are sleeping in your chair rather than a bed
- you are having continence problems (control of your bladder/bowel)
- you have reduced feeling in your feet
- you have had a pressure ulcer before

CSH Surrey is committed to reducing the number of pressure ulcers that develop whilst people are in our care.

However, pressure ulcers may still occur in a small number of people due to the nature and severity of their illness(es).

If this happens, appropriate care will be provided to prevent deterioration, and a wound dressing plan will be devised and implemented to manage and treat the pressure ulcer.

Contact details:

The CSH Surrey team involved in your care:

.....

Contact telephone number:

.....

To check the details of current appointments,
please contact the Referrals Management Centre:
Tel: 020 8394 3868