

PRESSURE ULCER

What is it?

A pressure ulcer can also be called a “decubitus ulcer” or a “bed sore”. It happens when muscles and other soft tissues in the body are squeezed between one of the bones and the body and an outside hard surface like a chair or a bed or even oxygen tubing or eyeglasses. The pressure slows or stops the blood from flowing to the skin and muscles and causes damage. **Pressure can cause serious damage to the skin and muscle when a person stays in one position in a chair for as little as 1 hour and in a bed for as little as 2 hours.** Another risk to the skin is through “shearing.” When delicate skin is dragged across a surface like sheets, it can cause the skin to tear or “shear”. Sliding up and down in bed or transferring from a bed to a chair can cause this. Once the skin is opened, it can continue to break down and worsen.

What does it look like?

The skin may be intact but it is red, or the person complains of pain in the affected area, or the skin may be open with a shallow sore. If left untreated, the ulcer can become larger and deeper, become infected and even lead to sepsis.

Where can they form?

On any body part in the body like:

- Tail bone
- Heels
- Hip bones
- Spine/Back
- Ears

Who is most at risk?

People who:

- Remain in a chair or bed most of the time
- Are incontinent of bowel and/or bladder
- Do not eat a balanced diet or drink enough fluids
- Are overweight or underweight
- Have thin, fragile skin
- Have mobility issues
- Are confused or restless
- Take steroids
- Take medications that make them sleepy

What can I do to prevent it?

Complete a risk assessment for each person you support. For those at risk, create an individualized plan to prevent pressure ulcers. This plan should include:

- Examining their skin thoroughly every day
- Keeping their skin clean and dry
- Ensuring incontinence pads/underwear are changed immediately when soiled.
- Keeping their skin moisturized
- Repositioning every 1-2 hours
- Providing them with nutritious foods, especially protein
- Keeping them hydrated
- Keeping them as active as possible
- Avoiding dragging them across the sheets or surfaces
- Using pillows to protect bony parts
- Floating heels off the bed or chair by placing a pillow under the calves
- Applying barrier cream to intact skin if incontinence.
- Consider using the PUSH tool to track wounds

WHAT SHOULD YOU DO?



PRESSURE ULCER (CONT)

What do I do when I see red or broken skin, or the person complains of pain in an area subject pressure?

- Report it immediately to the agency nurse or supervisor and follow their instructions.
- The person must be seen by their Health Care Provider within 24 hours for evaluation.
- Ask Health Care Provider about utility of home health agency for wound nurse or a referral to a wound center.
- Check to see if your agency has a pressure ulcer management policy or guideline.
- Document in detail what you see and what the person tells you, using the Pressure Ulcer Documentation Form used by your agency, as well as any actions you have taken.
- Do not place the person in a position that puts further pressure on the area.
- Have a plan for repositioning frequency.

