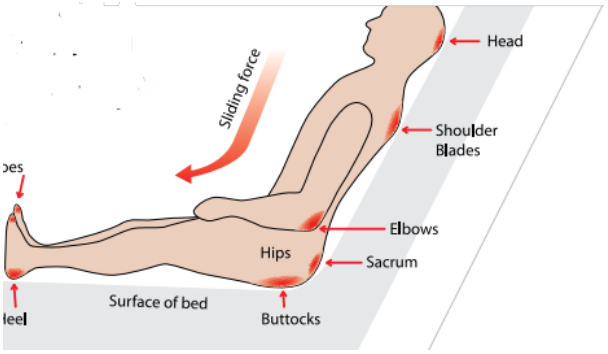
PRESSURE ULCER PREVENTION

What is a pressure ulcer?



A pressure ulcer is damage that occurs on the skin and underlying tissues due to the lack of blood and oxygen supply. This may happen due to:

Pressure – the weight of the body pressing down on the skin. Any object or device for example catheter tubing or oxygen tubing pressing on the skin.

Shearing – this can occur if the patient slides down in the bed or chair. The skin becomes stretched and tears.

Friction – rubbing the skin.

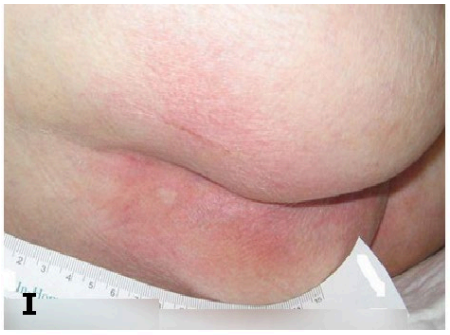
The first sign that a pressure ulcer may be forming is usually discoloured skin. This may get progressively worse and eventually lead to an open wound. The most common places for pressure ulcers to occur are over bony parts of the body like the bottom, heel, hip, elbow, ankle, shoulder, back and the back of the head.

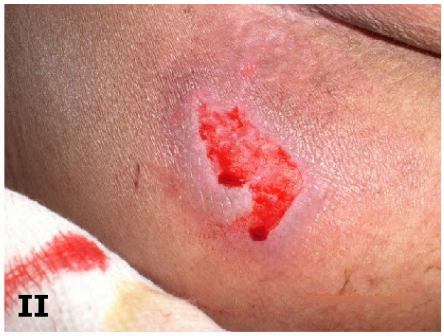
Pressure Ulcer Grades

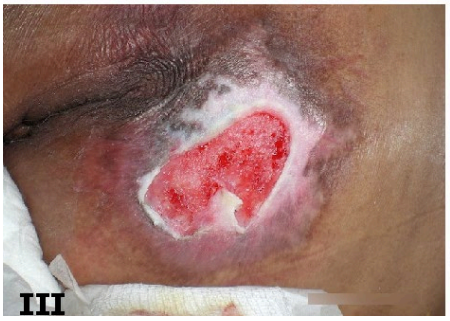
A grade 1 pressure ulcer is **the most superficial type of ulcer**. The affected area of skin appears discoloured – Grade 1 pressure ulcers do not turn white when pressure is placed on them. The skin remains intact, but it may hurt or itch.

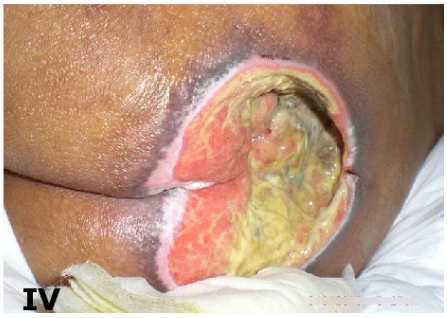
In grade 2 pressure ulcers, **some of the outer surface of the skin (the epidermis) or the deeper layer of skin (the dermis) is damaged, leading to skin loss**. The ulcer looks like an open wound or a blister.

Grade 3 pressure ulcer is a deep tissue injury. It is a tunneling wound that penetrates the top layers of skin and underlying tissue but not the bone or muscle. Grade 4 pressure ulcer is the most severe type of pressure ulcer. The skin is severely damaged, and the surrounding tissue begins to die (tissue necrosis). The underlying muscles or bone may also be damaged. People with grade 4 pressure ulcers have a high risk of developing a life-threatening infection









Important points to prevent or heal pressure ulcers:

Skin – A Service users' skin should be assessed regularly to check for Individual warning signs of pressure ulcer development. Service Users skin should be checked when assistance is being given to personal hygiene needs. Skin should also be checked on hospital or respite discharge for signs of skin damage.

Surfaces – Service Users may need specialist equipment such as a special mattress.

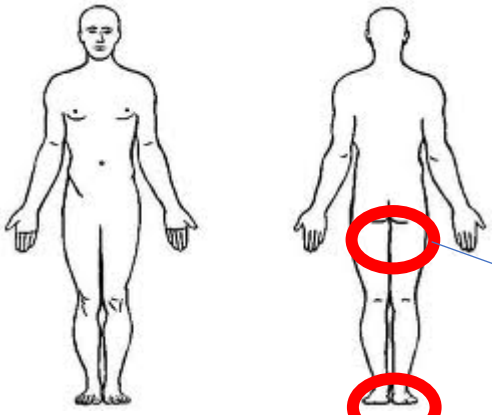
Keep moving – this results in reducing and relieving pressure on bony parts of the body. It is important to change position and move around as much as possible, if a service user needs help with repositioning ensure that at every call pressure reliving care is given.

Incontinence – damp skin may be damaged more easily by pressure for example urine, faeces, sweat or a weeping wound. Keep the skin clean and dry. **Apply a barrier cream if required.**

If a pressure ulcer is noted

If you are concerned about a service users skin condition report it to the MCARE operational team, the management team will highlight concern to a district nurse who can then assess the skin damage and arrange for care to be given and or equipment/wound care products to be ordered.

If you are concerned about a service users skin DOCUMENT your concern in the service users notes, highlight the area of skin damage on the BODY MAP located In the service users documentation notes.



RED AREA – NON BLANCHING

VMARTIN 01/01/2022

GRADE 2 PRESSURE ULCER

VMARTIN 01/01/2022

Trainee Signature _____

Date _____

Trainer Signature _____