



# Preventing pressure ulcers

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Version 3

## > About this leaflet

The purpose of this leaflet is to provide you with information about pressure ulcers, how these can develop and how to care for them. It will also provide you with practical information on how best to avoid developing a pressure ulcer and ensure you remain comfortable and healthy.

**Carers:**

**If you are looking after someone who has to spend time in an armchair, wheelchair or bed, you should find this guide useful. There are extra notes in boxes like this to help you.**

## > What is a pressure ulcer?

A pressure ulcer is an area of damaged skin and flesh. It is usually caused by sitting or lying in one position for too long without moving, or by rubbing or dragging your skin across a surface. A pressure ulcer can also develop under equipment such as splints, casts and other medical devices.

A pressure ulcer may develop in only a few hours. It usually starts with the skin changing colour – it may appear slightly redder, warmer or darker than usual.

If this isn't treated quickly, it can develop into a blister or open wound.

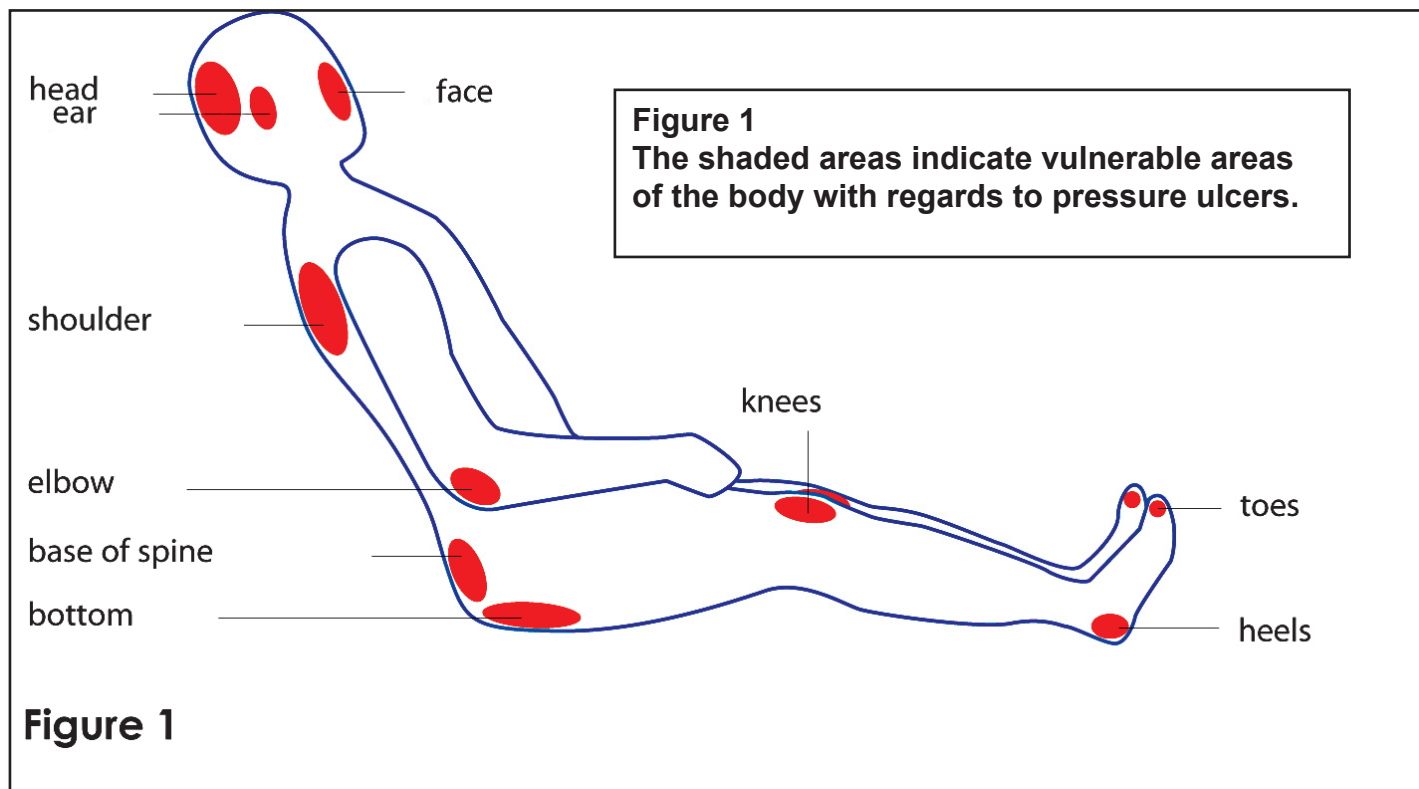
Preventing these wounds is an important part of patient care, as they can take a long time to heal and, if left untreated, can lead to serious complications.

Pressure ulcers are most likely to develop on the parts of the body which take your weight and where the bone is close to the surface.

The areas most at risk are indicated in diagram below.

**Carers:**

**If you are looking after someone who cannot change position themselves, seek advice from a health professional to find out how to lift and move them correctly.**



**If you are in an armchair or wheelchair:**

- If possible, try to take the weight off any vulnerable areas every 15 minutes or so by leaning forward and pushing up on the arms of the chair. Or you could roll from cheek to cheek for a short while.
- You can get a special cushion to relieve pressure. Ask a health professional if you need one. Everyone who has a wheelchair should contact their wheelchair centre for advice on cushions.

**What should I do if I think I may be at risk of developing a pressure ulcer?**

- Contact a health professional and ask for advice.
- Try not to drag your legs and arms when you are moving or getting up, as this can damage your skin. Lifting your legs and arms means that you will not rub them.
- Avoid tight clothing and ensure that seams do not cause friction. do not cause friction.

**> What can you or your carer do to help avoid pressure ulcers?**

The most important thing to do to avoid a pressure ulcer is to follow the practical advice in the SSKIN checklist below:

- S** – surface
- S** – skin
- K** – keep moving
- I** – incontinence
- N** - nutrition

## Surface

- Use pillows to stop your knees and ankles touching each other, especially when you are lying on your side.
- Various types of pressure redistribution equipment are available; such as mattresses cushions, please ask a health professional for advice.
- Use lightweight duvet or blanket on your bed to help relieve pressure on vulnerable areas and will make moving easier.
- Avoid sheets made of synthetic material like nylon because they are more likely to make your skin hot and sticky.

## Skin

- Check your skin for signs of damage at least once a day.
- For areas that are hard to see, use a mirror or ask someone to look for you.
- Pay attention to skin under equipment (such as splints, casts, oxygen tubing).
- Look for skin that does not return to its normal colour after you have taken the weight off it.
- Signs of damage to look out for include: redness, darkness of the skin, blistering or broken skin.
- Never lie on skin that is redder, warmer or darker than usual.
- Keep your skin clean and dry.
- Avoid rubbing or massaging your skin too hard.
- Pat your skin dry after washing.
- Do not use talcum powder or perfumed soaps.
- Ask advice from a healthcare professional on the use of skin creams.

## Keep Moving

- The more mobile you are the better. Change your position regularly when in bed and sitting.
- Position change can be simple. For example, moving from one buttock to another when sitting or moving from your back to lie on your side when in bed.
- If the person you are caring for cannot change their own position, you can use aids to help with this. Ask healthcare professional for advice.
- It is important to keep active: small changes to your lifestyle can make a big difference, such as getting up to make a cup of tea when the adverts are on when watching television.

### Carers:

**The person you are looking after may need help with inspecting their skin because the areas where pressure ulcers tend to develop are difficult to see and may require more frequent checks.**

## Incontinence

- If you experience incontinence, ask your health professional for advice. They may be able to help you manage it. If not, they will be able to give you the most suitable products to make you comfortable.
- Change incontinence pads and clean the skin as soon as possible when wet or soiled.

### Carers:

**If you are looking after someone who is incontinent and cannot look after themselves, always try to clean them as soon as they are wet or soiled.**



## Nutrition

- Try to eat regularly and maintain a healthy balanced diet that includes plenty of fluids.
- The recommended intake of fluid is two litres per day.
- Eating small meals often can be better if you are unable to eat large meals.
- Drinks and foods with added calories or protein are available. If you need these then speak to your GP.

### Carers:

If you are looking after someone who cannot eat a normal diet, ask a health professional for advice.

## ➤ Further information

### What should I do if I think I may have a pressure ulcer?

Get professional advice quickly and talk to a health professional. Pressure ulcers are more likely to get better with treatment. Always ask for help if you think you need it.

For further information please contact your local health professional through your GP surgery, for example nurse, dietitian, physiotherapist or occupational therapist.

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