



University Hospital
Southampton
NHS Foundation Trust

Preventing pressure ulcers

Information for patients, families and carers

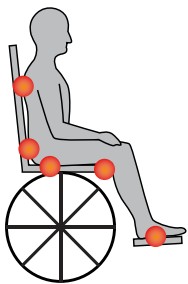


This booklet will explain what pressure ulcers (sometimes known as bedsores or pressure sores) are and describe the common causes and steps that can be taken to reduce them. A pressure ulcer can seriously impact the quality of your life and it's important to understand whether you may be at risk, so you can help prevent a pressure ulcer from developing.

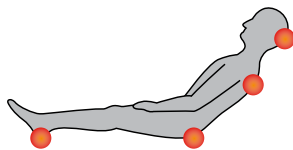
What is a pressure ulcer?

A pressure ulcer is an area of damage to the skin and underlying tissue. The first sign that a pressure ulcer may be forming is usually discoloured skin or localised pain, which may get progressively worse and eventually lead to an open wound. The most common places for pressure ulcers to occur are over bony prominences (where bones are close to the surface of the skin).

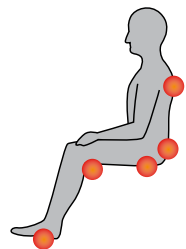
The images below show areas where pressure ulcers can often form:



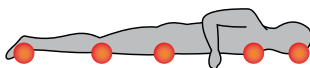
Sitting in a wheelchair



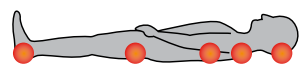
Sitting up in bed



Sitting in a chair



Lying on your side



Lying on your back

Causes

Pressure ulcers develop when the blood supply to an area of skin is disrupted. A lack of blood supply means that oxygen and nutrients don't reach the area as they should, and this causes the skin to break down and an ulcer to form. They occur when an area of the body is placed under pressure for any length of time, and are more likely if a person has to stay in bed, in a chair or in a wheelchair for long periods of time, or is unable to move around or change position easily.

Apart from continued pressure on an area, the following may cause pressure ulcers:

- sliding or slumping down the bed or chair – this can damage the skin and the deep layers of tissue underneath (known as 'shearing')
- poor moving and handling methods can remove the top layers of skin and create friction, which if applied repeatedly can increase the risk of pressure damage
- excessive or prolonged exposure to moisture can also increase the risk of pressure damage developing

The early signs of pressure damage

You may notice one or more of the following:

- changes in skin colour (turning red or dark)
- a feeling of heat or cold in the area
- swelling
- discomfort or pain
- blistering
- other skin damage

Who is at risk of developing a pressure ulcer?

Anyone, whatever their age or mobility, can develop a pressure ulcer but some people are at greater risk than others.

You may be at greater risk if you:

- currently have a pressure ulcer or have had one in the past
- are unable to move certain parts of your body, or change position by yourself
- are seriously ill or undergoing surgery
- have had an injury, for example a broken hip
- have conditions such as diabetes, stroke and nerve or muscle disorders that may reduce sensitivity to pain and discomfort
- have had an epidural or medications which may reduce your ability to move and your sensitivity to pain
- have a poor appetite/diet or do not drink enough fluids
- have a plaster of Paris cast applied to a limb
- are elderly or very young
- have existing broken skin
- have poor circulation
- are incontinent

What to expect when you are admitted to hospital

To assess your risk of developing pressure ulcers, a member of your healthcare team will examine your skin when you're admitted and ask you some questions. This will help us to identify whether you require specialised equipment or other forms of care, and will enable us to provide for your individual needs.

Skin inspection during your time in hospital

During your time in hospital your skin will be examined frequently by a nurse for early signs of damage in all of the areas that are at risk of developing pressure ulcers.

This visual inspection is important because damage can often be seen before it is felt, and because there are some areas of the body which you are unable to see yourself (such as the bottom and back). By regularly examining your skin, it may be possible for us to pick up problems that you're not aware of yet, and act promptly to address them. If damage is identified early we can generally prevent it from getting worse. How often your skin will be examined depends on your level of risk and your general health.

Prevention

One of the best ways of preventing a pressure ulcer is to reduce or relieve pressure on the areas at risk by moving around and changing position as much as possible. If you already have a pressure ulcer, lying or sitting on the ulcer should be avoided as this will make it worse.

At this hospital if you are assessed as being at moderate or high risk of developing pressure damage due to your current condition and skin health, you'll be placed on the 'Turnaround' project. This involves your nurse coming to you every two hours to prompt or assist you in changing your position, helping you go to the toilet if required and ensuring you have a drink available.

Changing position every two hours ensures the blood flow to the area under pressure has enough time to return to normal. So even if you're sitting in the chair you'll be encouraged to stay there for a maximum of two hours at any one time (sitting in a chair for long periods of time can increase the risk of pressure ulcers developing in the same way that staying in bed can).

Ways to relieve pressure while you are in bed

Some of the steps that can be taken to reduce pressure while you're in bed are explained below. Your nurses will be able to help you with these.

Pillows can be used to relieve any pressure from areas likely to be at risk of developing damage:

Your heels will be raised using a pillow lengthways under each leg to ensure no pressure is applied to your heels or ankles.



Pillows will also be placed in the small of your back to tilt you over approximately 30 degrees (rather than you lying completely on your side).



Air mattresses and cushions

If your condition puts you at increased risk of developing pressure damage, you may have a pump added to the mattress on your bed. These devices feature an automatically regulated airflow able to reduce or redistribute pressure over areas of the body as required. You may also be asked to sit on a pressure-relieving cushion when sitting out of bed in the chair. However, we'll still need to reposition you every two hours.

What you can do to help avoid pressure damage

Keep moving

It's important to keep moving as much as possible. You should:

- Try to reposition yourself (if you're able to) every two hours. If you need help to do this, let your nursing team know, and ensure that they are aware if you have been in the same position for longer than two hours.
- Sit out in your chair for a maximum of two hours at any one time before getting onto the bed, tilted to one side to relieve the pressure.
- If you are able to move independently, we recommend that you get up and have a walk every 15-30 minutes.

Eat well and stay hydrated

Eating and drinking well is important for everyone, but especially for those at risk of developing pressure damage. Make sure you eat a healthy, balanced diet and drink plenty of fluids, and extra protein may help. Meat, fish, eggs and beans are all good sources of protein.

If you're concerned about your nutrition please talk to a member of your nursing team. You may be referred to a dietitian for assessment and advice. If you have an existing pressure ulcer then you may be prescribed supplements to help with wound healing.

Your nurse will talk you through the information contained in this leaflet and if you have any questions don't hesitate to ask.

If you're concerned that you may have or are developing any pressure damage, you should inform a member of your healthcare team immediately.

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Useful links

NHS UK

www.nhs.uk/conditions/pressure-sores

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

With grateful thanks to Mrs Audrey Ennion

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