

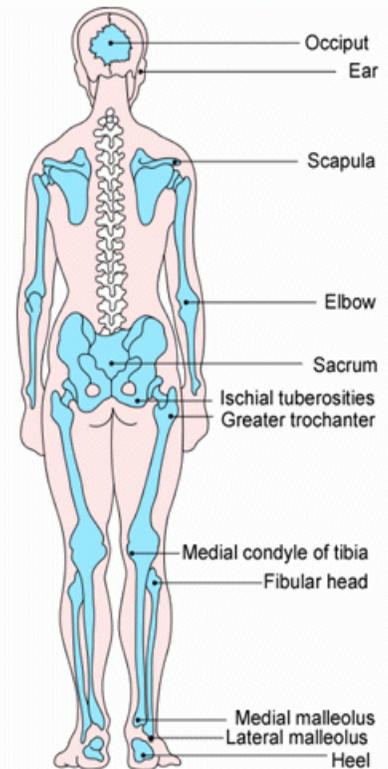
What is a Pressure Ulcer?

A pressure ulcer is a sore or wound that is caused by staying in one position for too long. The pressure placed on the skin can lead to skin breakdown and can create wounds that extend below the surface of the skin (tunneling).

Pressure ulcers commonly form in areas where bones are more likely to rub against the skin during movement (tailbone, hips, heels, etc.)

There are many factors that can increase your risk for pressure ulcers.

A team approach to prevention and healing is imperative. You and/or your family are key members of this team.



Could I Have a Pressure Ulcer?

Pressure ulcers are also commonly referred to as bed sores or pressure sores and there are many factors that increase a patient's risk for pressure ulcers. Some conditions that can create a higher risk for pressure ulcers are:

- Skin that is overly moist (macerated) from sweating, incontinence, or even wound drainage
- Improper or infrequent positioning, especially if patient is not mobile
- Support surfaces that are unfit
- Inadequate nutrition

What to Look For

Pressure ulcers form over time. The severity of a pressure ulcer may not be known for days or even weeks. Some signs and symptoms that could indicate impending pressure ulcer formation are:

- Reddened skin that does not return to normal 30 minutes after the pressure is relieved
- Reddened skin that does not turn white when a finger is depressed in it for 2-3 seconds and then released (non-blanchable erythema)
- Increased warmth
- Bruise-like appearance

PATIENT GUIDE TO PRESSURE ULCERS

What Can I Do?

Get Moving

Pressure reduction or relief is best achieved when the weight is shifted to another location of the body. If you are immobile (bed or chair bound) it is imperative that you shift your weight around frequently. Below are some general guidelines for you and your family:

- Chair bound patients should shift their weight frequently as tissue damage can occur in as little as 15 minutes when sitting on a firm surface
- Change positions every two hours and keep a schedule during the day
- If you are cleared to do so, get up and move as much as possible

Dos and Don'ts

- Inspect the skin daily (especially if bed bound) and look for any changes
- Keep the skin dry, excess moisture can contribute to skin breakdown
- Do not allow skin to become overly dry and apply moisturizers as directed
- If incontinent, wash the waste off as soon as possible
- Change underpads and clothing frequently. Apply moisture barrier or skin sealants as recommended
- Use a mattress overlay or chair cushion to reduce the amount of direct pressure on the bony areas
- Avoid donut-shaped cushions as these typically increase pressure to surrounding tissues and avoid using sheepskin for cushioning
- Elevate heels off of the surface of the bed by placing a pillow under the calves - not under the knees
- Do not raise the head of the bed more than 30-40 degrees
- Place a pillow between knees when sleeping on your side
- Use a lifting device or draw sheet when repositioning to avoid dragging

When Should I Have Someone Look at My Wounds?

If you are suffering from a pressure ulcer, you may benefit from the advice of a professional trained in the care of these types of ulcers.

Can you answer "yes" to any of the following questions:

- Do you have a new wound that you do not know what caused it?
- Do you notice a sore area that has more redness and warmth than the skin nearby?
- Do you notice a new blister formation or purplish discoloration?
- Have you removed pressure from an area and the wound still does not show signs of healing?

If you are experiencing any of these symptoms, you should contact your healthcare provider or you can contact one of ProCare's wound care clinics.