

DDD PREVENTION BULLETIN | PRESSURE INJURIES

Pressure injuries, also known as decubitus ulcers, bedsores, or pressure sores, are areas of skin damage caused by prolonged pressure. Initially, they may appear as slight redness on the skin, but there can be more significant damage beneath the surface. Pressure injuries can be painful and may sometimes lead to infections, potentially resulting in serious complications such as blood poisoning (sepsis) or bone infections (osteomyelitis).

- In severe cases, they can spread deeply under the skin and some of the underlying muscle or bone may be destroyed.
- Individuals who are most at risk of developing pressure injuries include those who are confined to a bed or chair and cannot move independently. Other risk factors include poor circulation, frequent moisture on the skin, advanced age, insufficient food and fluid intake, and a previous history of pressure injuries.
- The signs to look for especially in the areas where bones are close to the skin are red/purple/blue skin, blister, swelling, dryness or patches, shiny areas, cracks, calluses, and wrinkles.
- The signs to feel for are hard or warm areas.
- If left untreated, pressure injuries can become infected and may lead to sepsis.



Pressure Injury Prevention

- Encourage individuals to move at least every hour, and if they depend on you, change their position at least every 15 minutes in a chair and every two hours in bed. Avoid friction (from rubbing, dragging) and shear (sliding down the bed).
- Provide adequate hydration and a balanced diet.
- Assess the skin daily. Pay special attention to the feet. Those with decreased circulation may not feel pain.
- Keep skin clean and dry at all times. Prevent moisture from sitting on the skin over a period of time as it allows bacteria to grow. Dry skin gently to prevent damage. Avoid massaging skin over bony parts of the body.
- Bathe or shower in warm (not hot) water using a mild cleanser or soap.
- Use a moisturizing lotion to prevent skin from drying out and cracking.
- Make use of pillows and other products like cushions, pads, and mattresses to relieve pressure.
- **Ensure physician orders for repositioning are followed.** Create a schedule based on these guidelines and train all caregivers on it. Maintain a repositioning logbook to track staff awareness and pressure injury healing progress, which will help identify any necessary adjustments to the guidelines.

The Four Stages of Pressure Injuries

Pressure injuries are classified into four stages based on their depth and severity, with stage four being the most severe. Bedsores in the early stages (1 and 2) can often heal with proper pressure relief and good skin care.

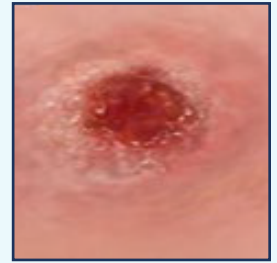
Stage One

- The skin is not broken.
- Skin appears red on people with lighter skin color and does not briefly lighten (blanch) when touched.
- On people with darker skin, the skin may show discoloration, and it does not blanch when touched.
- The site may be tender, painful, firm, soft, warm, or cool compared with the surrounding skin.



Stage Two

- The outer layer of skin (epidermis) and part of the underlying layer of skin (dermis) is damaged or lost.
- The wound may be shallow and pinkish or red. It may look like a fluid-filled or a ruptured blister.



Stage Three

- At this stage, the ulcer is a deep wound. The loss of skin usually exposes some fat.
- The bottom of the wound may have some yellowish dead tissue.
- The damage may extend beyond the primary wound below layers of healthy skin.



Stage Four

- A stage IV ulcer shows large-scale loss of tissue. It may expose muscle, bone, or tendons.
- The damage often extends beyond the primary wound below layers of healthy skin.
- The bottom of the wound likely contains dead tissue that is yellowish or dark and crusty.

