

## DDD PREVENTION BULLETIN | PRESSURE ULCERS



**Pressure Ulcers** (decubitus ulcers) are also called bed or pressure sores, which are damage to the skin caused by pressure. They often look like a minor redness in the skin although they can initially hide more damage under the skin's surface. Pressure ulcers can be painful and they can become infected sometimes causing blood poisoning or bone infections.

- In severe cases, they can spread deeply under the skin and some of the underlying muscle or bone may be destroyed



- Individuals most at risk of developing pressure ulcers include those who are confined to a bed or chair and unable to move independently, have poor circulation, have frequent moist skin, are elderly or with poor food, and fluid intake, and have a prior history
- 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
- Untreated pressure sores can become infected and potentially result in sepsis

### Pressure Ulcer 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 guidelines are followed.** Use the guidelines to create a repositioning schedule. Make sure all caregivers are trained on the schedule. It is advisable to maintain a repositioning logbook for staff awareness and pressure ulcer healing progress. This will help determine if the repositioning guidelines need to be adjusted by the physician

## The Four Stages of Pressure Ulcers

Pressure ulcers are grouped into four stages from stage one to four according to depth and severity, with stage four being the most severe. Bedsores in early stages 1& 2 may heal with relief of pressure 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

