



# INFORMATION ON HOW TO RECOGNISE AND PREVENT SKIN DAMAGE

Information for patients, relatives and carers in  
the Hospice and the local community

**Always there to care**

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# Introduction

If you or someone you care for is unable to move around without help from someone else, or has to spend a long time in bed or in an armchair, you may find the following information useful.

## What are pressure ulcers?

A pressure ulcer is an area of skin or underlying tissue that is damaged because the blood supply to the area is reduced.

It is also known as a pressure sore or bedsores and ranges from mild (minor skin reddening) to severe (deep wounds).

It usually happens when you sit or lie in the same position for too long. People who have to lie in bed, might need advice on how to prevent a pressure ulcer occurring.

If care is not taken, pressure ulcers can be serious. They may be painful and can become infected, sometimes causing blood poisoning or bone infections.

In severe cases the underlying muscle or bone may be destroyed. In extreme cases, pressure ulcers can become life threatening.



## How do they occur?

The most common cause for pressure ulcers is prolonged unrelieved pressure. The pressure on the skin squeezes the tiny blood vessels which supply the skin with nutrients and oxygen. If this happens for too long the tissue is damaged and a pressure ulcer forms.

**Reddening of the skin that disappears after pressure is removed is normal and not a pressure ulcer.**

Other factors that can cause pressure ulcers include:

- If a person slides down in bed or a chair blood vessel can stretch and bend causing pressure ulcers
- Less frequently slight rubbing or friction on the skin may cause minor pressure ulcers.

Fortunately, most pressure ulcers can be prevented, but if they do develop they can be managed to avoid them getting any worse.

Information in this leaflet will guide you in preventing pressure ulcers and/or preventing them from getting worse.

## Am I at risk of getting a pressure ulcer?

Any of the following may increase your risk of developing pressure ulcers:

- Problems with movement which causes you to sit/ lie in the same position for long period of time
- Problems with sensitivity to pain or discomfort
- Poor circulation
- Having incontinence or moist skin – you may be at increased risk if skin is not kept clean and dry as this ‘weakens’ it
- Having suffered with pressure ulcers in the past – scar tissue from a previous pressure ulcer is weaker and more prone to further damage
- An inadequate diet or fluid intake
- Poor diet may cause you to be malnourished
- Lack of fluid intake may lead to dehydration
- Losing too much weight can lead to loss of ‘padding’ over bony points.
- If you have diabetes or Respiratory disorders

## What does a pressure ulcer look like?

The first sign is usually a change in skin colour that may appear slightly redder or darker than usual. (Red areas may not be visible on dark skin. However, touch can be used to feel for pressure damage). Damaged areas will feel warmer than the surrounding skin.

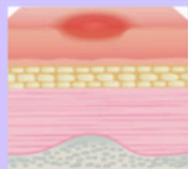

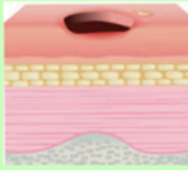

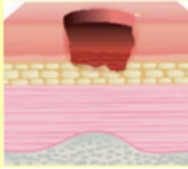

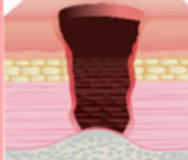
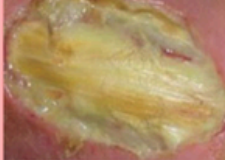
If not treated quickly a blister or graze may appear which over time may result in a break in the skin.

The break in the skin may contain dead tissue, often yellow or black in colour, which needs to be removed so healing can take place. Dressings are sometimes used to help remove this dead tissue and promote healing.

Pressure ulcers are more likely to appear on parts of the body which take your weight and where the bones are close to the surface.

### STAGES OF PRESSURE ULCER

[WWW.OPENMED.CO.IN](http://WWW.OPENMED.CO.IN)

<b>STAGE 1</b>	Non Blanching Erythema, With Intact Epidermis		
<b>STAGE 2</b>	Partial Thickness Ulcer involving Epidermis & Dermis		
<b>STAGE 3</b>	Full Thickness Ulcer extending through Dermis in to Subcutaneous Tissue.		
<b>STAGE 4</b>	Deep Tissue Destruction extending through Fascia & may involve muscle, bone & tendons.		



## Areas of the body which are at risk of skin damage

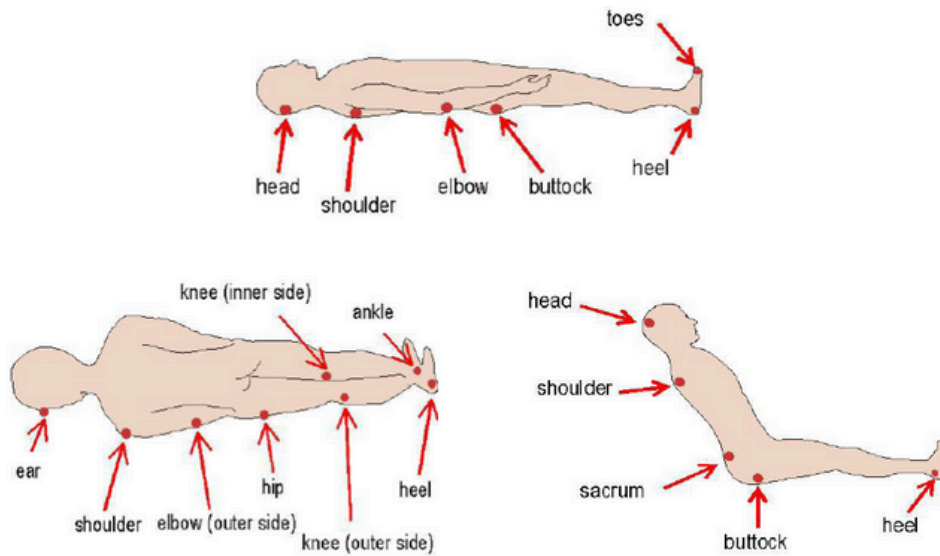


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## What are the warning signs?

- Pain/burning
- Red patches over bony areas of fair skin
- Purple/black patches over bony areas of dark skin
- Blisters
- Heat
- Sweating

# How to prevent a pressure ulcer

You should aim to prevent problems before pressure ulcers occur.

## **Look for signs of skin damage**

- Aim to check your skin at least once a day in the areas where there is constant pressure.
- This can be done by you or a carer, but a mirror may be helpful for hard to see areas.
- Look for skin that doesn't go back to its normal colour after you've taken your weight off it.
- Look for swelling, blistering, shiny areas, dry patches or cracks.
- Feel for hard, or warm areas. If you find any, avoid laying on the skin that shows any sign of a pressure ulcer forming.

## **Change your position as often as possible**

- Please ask a health care professional about correct seating positions supporting your feet and posture.

If you're unable to change position ask for some help from the nurse/healthcare professional

- If you're in a chair for long periods of time your position should be changed every hour
- If you're able to shift your weight you should do so every 15 minutes when sitting
- If you eat in bed make sure it is crumb-free
- Reduce friction (rubbing) by making sure you're not dragged when being repositioned. Ask your carers to use 'slide sheets' when they move you to reduce friction
- Avoid repeatedly pushing your heels in to the bed when you try to sit up as this increases friction.

## **Eat well**

Make sure you eat a healthy diet. If you are not eating properly for whatever reason your skin can become fragile and more prone to pressure ulcers. If you need advice please speak with your nurse/ healthcare professional.

## **Drink plenty of fluids**

Water is the best thing to drink, but any drink will keep your skin healthy.

## **Protect your skin**

- Wash your skin every day
- Soap can have a drying effect on the skin, so use sparingly
- Make sure you completely dry yourself but avoid using talcum powder, as this has a drying effect on the skin
- Use a suitable moisturiser to prevent dryness
- A special pressure relieving cushion or mattress may be suggested by your nurse/ healthcare professional
- If you suffer incontinence, ask your doctor or nurse for advice.

## **Do NOT use**

- Water-filled gloves
- Sheepskins (synthetic and genuine)
- Ring cushion

These can cause more problems.

If you have a problem with perspiration or incontinence, your skin should be cleaned as soon as it gets soiled using a soft cloth or sponge to reduce injury to the skin.

## **Protect your skin from injury**

Avoid massaging your skin over the bony part of your body as this can damage the tissue under the skin, making it more likely to get a pressure ulcer.

## **Limit the pressure**

Ask a nurse/healthcare professional to look if you think you're developing a pressure ulcer.

## **Be aware**

Sometimes pressure ulcers may occur even if you are doing everything you can to avoid them. Pressure ulcers can get better if you have the right treatment and you look after yourself.

## **Be vigilant**

Damage can occur very quickly.

## **Useful numbers:**

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Please remember

This leaflet gives you some advice on how to recognise and prevent skin damage from forming. Not all the advice applies to each person at risk.

The best programme for preventing skin damage is the one that considers what you need based on your condition and situation.

Ask questions to understand what and why things are being done. Know what is best for you, your health and wellbeing.

# Prevention is better than cure

**Please ask a member of staff if you require additional support**



# About Lindsey Lodge

## Concerns and queries

If you have any concerns/ queries about any of the services offered by the Hospice, in the first instance, please speak to the person providing your care.

## Confidentiality

Information on NHS patients is collected in a variety of ways and for a variety of reasons (eg providing care and treatment, managing and planning the NHS, training and education staff, research etc.).

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth.

Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.

## Risk Management Strategy

The Hospice welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in the hospice, whilst attending as a patient or visitor and you felt at risk.

Please tell a member of staff within the Hospice area you are attending/visiting.

## Moving and Handling

The Hospice operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Hospice please speak to a member of staff in the area you are visiting.



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