

# Prevent Pressure Ulcers

(also known as bed sore, pressure sore or pressure injury)

Anyone at any age can get a pressure ulcer but you are more at risk if you:

- have trouble moving and cannot change your position without help.
- cannot feel pain over part or all of your body.
- have issues with your bladder or bowels (continence).
- are seriously ill, or have had recent surgery and are reluctant to move, or have difficulty moving.
- have a poor appetite or diet and don't drink enough water.
- have damage to your spinal cord and cannot move or feel the areas shown in the figure below.
- have diabetes or problems with circulation to your legs and feet.

This leaflet lets you know what you and your carer can do to help you avoid getting a pressure ulcer. If your carer is not involved in helping you care for your skin, you may need to ask them to help with this.

If you are in hospital your nursing team will help with this. You can still have your carers involved in your care, if appropriate. Please discuss this with the nursing team when they discuss and plan your care with you.

It is important to follow the practical advice in this leaflet and discuss with your healthcare professional anything else that you can do to make sure your skin remains healthy. **Please note, a healthcare professional** can be a nurse, doctor (GP), occupational therapist, dietitian, physiotherapist, podiatrist or midwife.

## What is a pressure ulcer?

A pressure ulcer (also known as a bed sore, pressure sore or pressure injury) is an area of skin damaged by pressure. It is usually caused by sitting or lying in one position for too long without moving, or by rubbing or dragging your skin across a surface. A pressure ulcer can also develop under equipment such as splints and casts.

A pressure ulcer can develop in only a few hours and usually starts with the skin to the affected area changing colour. It may appear slightly redder, warmer or darker than usual. If you do not take measures to address the cause(s) it can develop into a blister or an open wound.

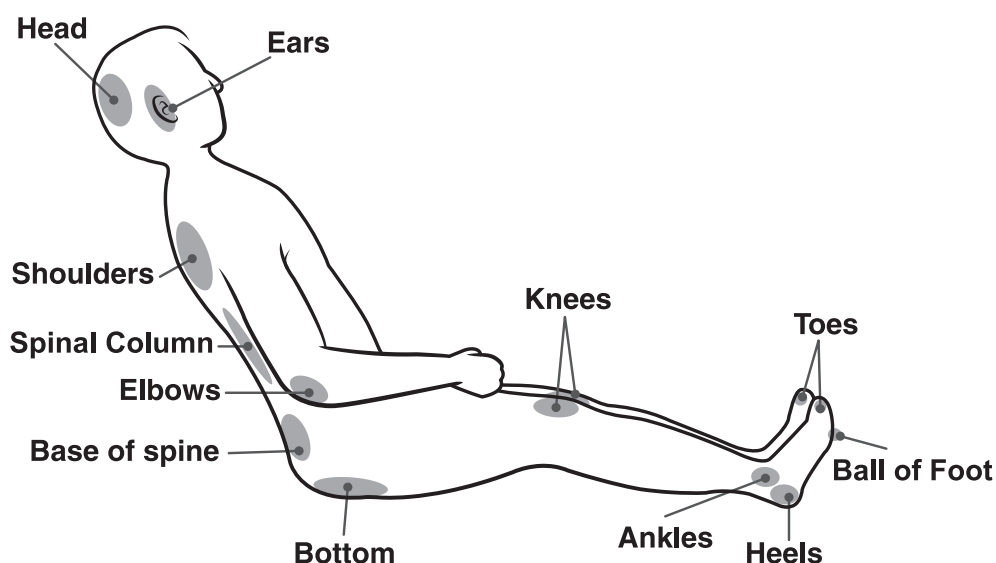
It is better to prevent pressure ulcers as they can take a long time to heal. If left untreated, complications may occur which can be very harmful to you. In extreme cases some of these may even be life threatening.

## What parts of the body are most at risk?

The shaded areas on the diagram below show the areas most at risk where a pressure ulcer could develop. These areas are at risk when you are sitting up and when lying in bed.

## What can you or your carer do to help avoid a pressure ulcer?

The most important thing to do to avoid a pressure ulcer is to follow the practical advice in the SSKINS checklist. SSKINS stands for:



## Medical Devices

Medical devices are placed for a number of reasons ranging from prevention to treatment (e.g. Breathing tubes, surgical drains, feeding tubes). The site below the device can be at risk of irritation, pressure, moisture and skin breakdown. Nurses will review your skin including under any devices (as able) whilst you are in hospital.

S	Skin
S	Surface
K	Keep moving
I	Incontinence
N	Nutrition
S	Self-care or shared care

## SSKINS Checklist

### Skin

- Check your skin for signs of damage at least twice a day. Once before getting up and once later in the day but could be before you go to bed at night.
- You may find using a mirror is helpful to see areas of your skin, or ask the help of your carer.
- Pay particular attention to skin under equipment (such as splints, casts, specialist footwear, body braces).
- Signs of damage to look out for include; redness or darkness of the skin, blistering or broken skin.
- If an area of your skin is discoloured or broken try not to sit or lie on this area for long periods.
- Keep the skin clean and dry. Pat dry after washing.
- Make sure you review any skin folds and keep them clean and dry.
- Do not rub or massage the skin.
- Do not use talcum powder or perfumed toiletries.

## Surface

- You can place pillows in between your ankles and knees when in bed.
- Various aids, cushions and mattresses are available to help redistribute the pressure. A healthcare professional can discuss these with you.
- Use lightweight duvet or blankets on your bed.
- Avoid clothes and sheets made of synthetic materials. Natural materials such as cotton help reduce sweating and friction.

## Keep moving (if able to do so)

- The more mobile you are the better. Change your position regularly when in bed and sitting.
- Position changes can be simple. For example, moving from one buttock to another when sitting or moving from your back to lie on your side when in bed.
- If the person you are caring for cannot change their own position, you can use aids to help with this. Ask a healthcare professional for advice.
- It is important to keep active; small changes to your lifestyle can make a big difference, such as getting up and making a cup of tea when the adverts are on when watching television.

## Incontinence

- Moist skin can increase your risk, especially if your skin is damp due to not being dry, incontinence, sweat, or a wound that is weeping.
- There can be a build up of moisture at the skin folds, which increases the risk of pressure ulcers developing. Make sure you keep the skin clean and dry to reduce the build up of moisture on skin surfaces. If you have any issues with your bladder or bowels please ask a healthcare professional for help and advice. (When you are at home this could be your District Nurse. If you are in hospital, then ask the ward staff.)
- Change incontinence pads and clean the skin as soon as possible when wet or soiled.
- Apply a barrier cream if a healthcare professional advises you.

## Nutrition and Hydration

- Eat a healthy diet. Eating small meals often can be better if you are unable to eat large meals.
- Drinks and foods with added calories or protein are available. If you need these then please speak to your GP.
- Drinking up to 8 glasses or cups of fluid per day will keep your skin hydrated. Drinks can include tea and coffee but not alcohol.

## Self Care or Shared Care

- If you are at risk of getting a pressure ulcer, it is important that everyone involved in your care is aware of what makes you at risk. You all need to recognise the risks and make any of the necessary changes.
- If you have diabetes or problems with circulation to your legs and feet, then it is important that you and your carers recognise you are at a greater risk because of these medical problems.
- If you have had or do have a pressure ulcer, it is important that everyone involved in your care is aware of this. Tell them about any equipment you use to make sure they can recognise the risks and make any necessary changes to your care.

## What to do if you think you have a pressure ulcer?

If your skin changes colour or becomes blistered or broken contact a healthcare professional as soon as possible and follow the advice in this leaflet.

## Carers:

The person you are looking after may need help to check their skin because the areas where pressure ulcers tend to develop are difficult to see.

If you are looking after someone who cannot eat a normal diet, ask your GP for advice.

If you are looking after someone who has bladder or bowel issues and cannot look after themselves, it is important that their skin is kept clean and dry.

If you would like this document translated or in large print, Braille or audio format, please contact:  
tissueviability.education@ggc.scot.nhs.uk

You can also access via Tissue Viability StaffNet pages.

如果您需要该信息的其它语言版本，请联系：

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Eğer bu bilgiyi bir başka dilde istiyorsanız lütfen bağlantı kurunuz:

Jeśli chcesz uzyskać te informacje w innym języku skontaktuj się z:



This information has been designed and revised by NHS Greater Glasgow and Clyde Tissue Viability Services and adapted from NATVNS Preventing Pressure Ulcers: a guide for adults at risk of developing pressure ulcers.