

BITESIZED
TEACHING



Pressure ulcer

Pressure ulcer

Pressure ulcers are injuries to the skin and underlying tissue, caused by prolonged pressure on the skin. They tend to affect people who spend long periods of time lying or sitting down.



Signs and Symptoms

Early symptoms

- Part of the skin becomes discoloured
- Discoloured patches not turning white when pressed
- A patch of skin feels warm, spongy or hard
- Pain or itchiness in the affected area

This is often known as a 'stage one' pressure ulcer

Later symptoms

- An open wound or blister (stage two pressure ulcer)
- A deep wound that reaches deeper layers of the skin (stage three pressure ulcer)
- A very deep wound that may reach the muscle and bone (stage four pressure ulcer)



Causes

- Being over the age of 70 – older people are more likely to have mobility problems and skin that is damaged through dehydration, as well as other factors
- Being confined to bed through illness or after surgery
- Inability to move some or all of the body (paralysis)
- Being obese
- Urinary/bowel incontinence
- Poor diet
- Medications that can affect the blood supply such as diabetes, heart failure, multiple sclerosis, kidney failure and Parkinson's disease



Ward Based Management

- Regularly change position of the patients who are prone or vulnerable to pressure sores
- Monitor the skin of the patient frequently, at least every hour for any early signs or symptoms of pressure ulcers. Ensure that there is a thorough risk assessment and care plan, specialised for said patient
- Refer the patient to a tissue viability specialist for assessment and advice on management, including any wound dressings if required
- Encourage a healthy, balanced diet for the patient
- Inform a doctor if the pressure ulcer deteriorates:
 - ▶ There's red swollen skin on the ulcer
 - ▶ Pus coming from the pressure ulcer
 - ▶ Cold skin and a fast heartbeat
 - ▶ Severe or worsening pain
 - ▶ A high temperature of 38 degrees or greater