

## Useful Websites

NICE (National Institute for Clinical Excellence)  
[www.nice.org.uk](http://www.nice.org.uk)

NHS Direct  
[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

Social Services for the UK  
[www.direct.gov.uk](http://www.direct.gov.uk)

EPUAP (European Pressure Ulcer Advisory Panel)  
[www.epuap.org/guidelines](http://www.epuap.org/guidelines)

Royal College of Nursing  
[www.rcn.org.uk](http://www.rcn.org.uk)

NHS Choices  
[www.nhs.uk](http://www.nhs.uk)

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# A GUIDE TO PREVENTING **PRESSURE ULCERS**

## Introduction

This leaflet has been produced to help people become more aware of pressure ulcers and provide information to those who may be vulnerable. It also details what causes pressure ulcers and offers guidance on how to prevent them.

It is not only the elderly who are at risk, pressure ulcers can affect anyone at any age.

Please note, this booklet contains real life medical photo's which some people may find upsetting.

This booklet is not intended to replace advice or treatment given by your Healthcare Professional.

## Did you know...?

- Pressure ulcers cause patients long term pain and distress, resulting in longer hospital stays
- Treating pressure ulcers costs the NHS more than £3.8 million every day
- In severe cases, pressure ulcers can become life threatening
- Most pressure ulcers can be avoided

## What is a pressure ulcer?

A pressure ulcer (also known as a bed sore or pressure sore) is an area of damage to the skin and the underlying tissue, usually over a bony area of the body. Damage to the skin is most commonly caused by pressure, or pressure in combination with shear or friction.

Pressure ulcers range in severity from skin discoloration, to severe open wounds where the muscle and bone are visible.

## Who is at risk of developing a pressure ulcer?

Anyone can get a pressure ulcer but those most at risk are:

- People who have difficulty moving or repositioning themselves
- Those who cannot feel pain over part or all of their body
- Those who have limited bladder or bowel control
- People who are seriously ill or have had surgery
- Those with a poor diet and low fluid intake
- People who smoke
- Those with previous pressure ulcers/ skin damage
- People with poor circulation

## What causes pressure ulcers?

The damage to the skin and underlying tissues can be caused by a combination of the following:

### Pressure

Pressure is a direct (vertical) force which occurs when our skin makes contact with a surface e.g. when sitting on a chair or lying on a mattress. Pressure causes the skin to compress or squash restricting blood flow. Oxygen and nutrients are carried via the blood to our skin, thus when pressure squashes the tissues, which make up our skin, the blood cannot transport the oxygen and nutrients and the tissues become damaged.

### Shear

Shear is also a force but it works in a different direction to pressure. Shear is a (parallel) or horizontal force which causes the skin and underlying tissues to stretch. Shear can occur when someone partially slips down the bed or chair. The skin can stay stuck to the mattress or cushion distorting the underlying tissues.

### Friction

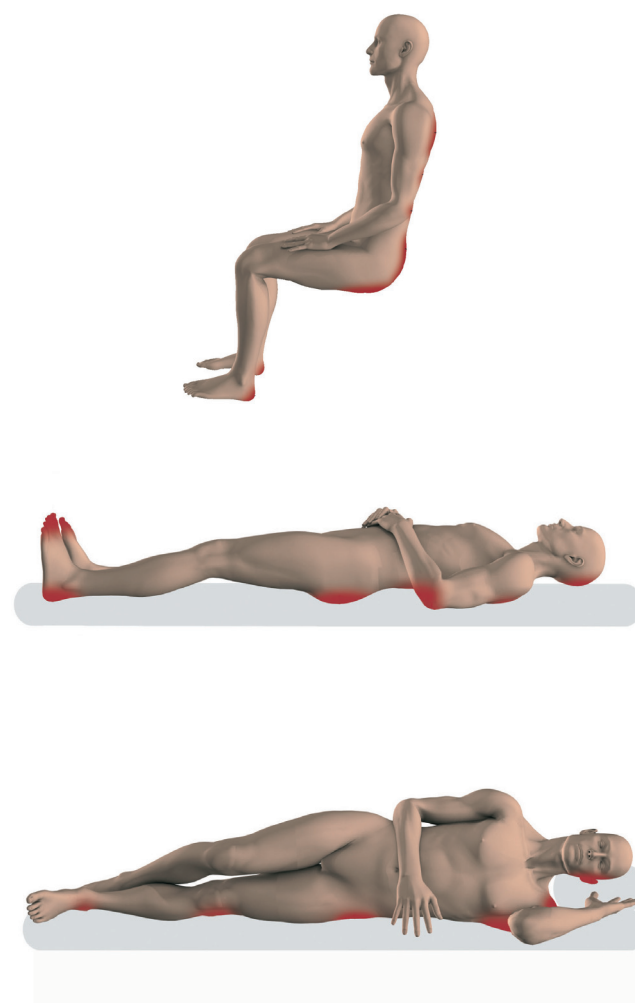
Friction is when the skin is rubbed against another surface and can occur when slipping down a chair or bed. This type of damage is usually quite superficial and should heal without problems. However, for some ill or elderly people, healing may be impaired and a shallow ulcer may progress to something more serious.

### Temperature

Increased body temperature is also thought to increase the risk of pressure ulcer development.

## Where do pressure sores usually appear?

Pressure ulcers are more common over the bony parts of the body like the bottom, heel, elbow and shoulder. It is not uncommon for pressure ulcers to develop on the back of the ear or on other areas of the head. The three images below show where pressure ulcers are likely to appear when sitting, lying on your back or lying on your side.



If the skin is red and you are unsure if it is a pressure ulcer, press the finger lightly over the reddened area for 15 seconds then lift off. If the area goes white, it is most likely not a pressure ulcer. If it stays red, it is likely to be a pressure ulcer and should be reported to a Healthcare Professional.

If you notice any changes in your skin, you should inform a Healthcare Professional.

**For further information, please contact your local Healthcare Professional.**

If you think you have a pressure ulcer, please contact your doctor or local Healthcare Professional immediately. Don't wait because pressure ulcers can develop very quickly, sometimes within hours, and without proper care, they can be very serious.

## How can you spot a pressure ulcer?

On lighter skin, look for persistent red patches forming which do not fade after the pressure is removed from that area (figure 1). Look for bluish/ purple patches on darker skin.

### You should also look for:

- Swellings
- Dry areas
- Blisters or areas of torn skin which may be broken blisters
- Hard or soft patches of skin that feel unusually tough or spongy to the touch
- Change in skin colour
- Hot or cool areas over bony areas of the body



Figure 1

## How can I reduce the risk of getting a pressure ulcer?

1. Check the skin for signs of damage at least once a day if lying or sitting for long periods. If possible, stand and move around for five minutes every hour to get the blood flowing.
2. Movement: make sure you turn and change position regularly to transfer your weight off bony areas of your body. For example, rolling from side to side if in a bed every half an hour. This removes pressure and helps the blood flow.
3. Repositioning in a wheelchair is recommended every 15-30 minutes, either rolling from side to side, leaning forward to relief pressure off your bottom or lift offs (pushing yourself up using the armrests to relieve pressure off your bottom).
4. If you have to sit or lie for long periods of time, make sure you have a suitable cushion and mattress to help reduce the risk of damage (i.e. pressure reducing surfaces).
5. Eat a well balanced diet and drink plenty of fluids.
6. Protect your skin: keep your skin clean and dry and use mild soaps that do not dry out the skin. Dry carefully without rubbing hard. If you suffer from incontinence, wash your skin with a gentle soap immediately and pat dry.