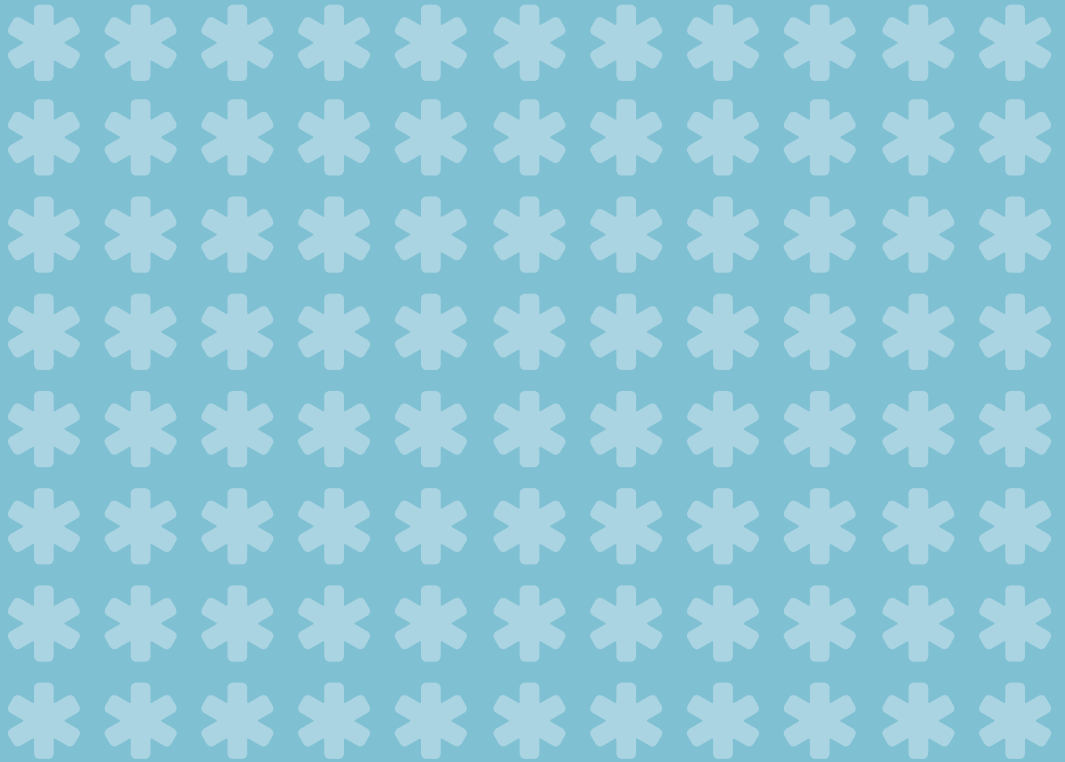


Information guide for patients and carers

Pressure ulcer prevention



Virgin Care is committed to preventing pressure ulcers alongside helping patients, families or carers to manage pressure ulcers more effectively.

This leaflet contains information for carers and patients about how to prevent pressure ulcers. Carers play a vital role in preventing pressure ulcers - as people who have frequent contact with the individual at risk - and so it is important they are aware of how they can help prevent pressure ulcers from occurring and reduce the risk of them getting worse should they occur.

Virgin Care are working with patients, families and carers to reduce harm and help patients to:

- Consider their skin with particular regard to continence and moisture
- Encourage regular movement and at the same time consider their risk of falling.
- Eat well and drink the right amounts of fluid
- Think about their medication, taking it at the right time.

What is a pressure ulcer?

Pressure ulcers, also known as bed sores, are wounds caused by sitting or lying in one position for too long. They can also be caused by things like ill-fitting footwear, sliding down the bed, inappropriate wheel/arm chairs and poor personal hygiene. Incontinence and pressure are also contributing factors

Examples of pressures ulcer grades are shown on the following page.

Pressure Ulcer classification



Stage I



Stage II



Stage III



Stage IV



Unstageable



Suspected Deep
Tissue Injury

*Pictures sourced from **European Pressure Ulcer Advisory Panel: EPUAP, 2009***

Surface

There are many different types of mattress, cushions and other aids that help reduce pressure on the skin. There are many products on the market which claim to reduce pressure but it can be difficult to find out how good they are or whether they are appropriate for your needs, therefore, your needs will be regularly assessed by a health care professional to ensure that the right equipment is recommended.

Cushions or aids used for comfort may increase your risk of pressure ulcers. Also products that you sit or lie on for other reasons (such as moving or continence aids) may sometimes increase your risk of developing a pressure ulcer.

The following table gives some examples of products that are good and not so good at preventing pressure ulcers.



Memory foam
Modular foam
Dermal pads
Heel lift suspension
Static air (products such as
repose/Roho/Vicair)
Alternating air mattresses
Alternating cushions



Rubber rings
Fibre filled heel muffs
Fibre filled overlays
Sheepskins
Fleeces
Domestic cushions
Foam dressings/plasters

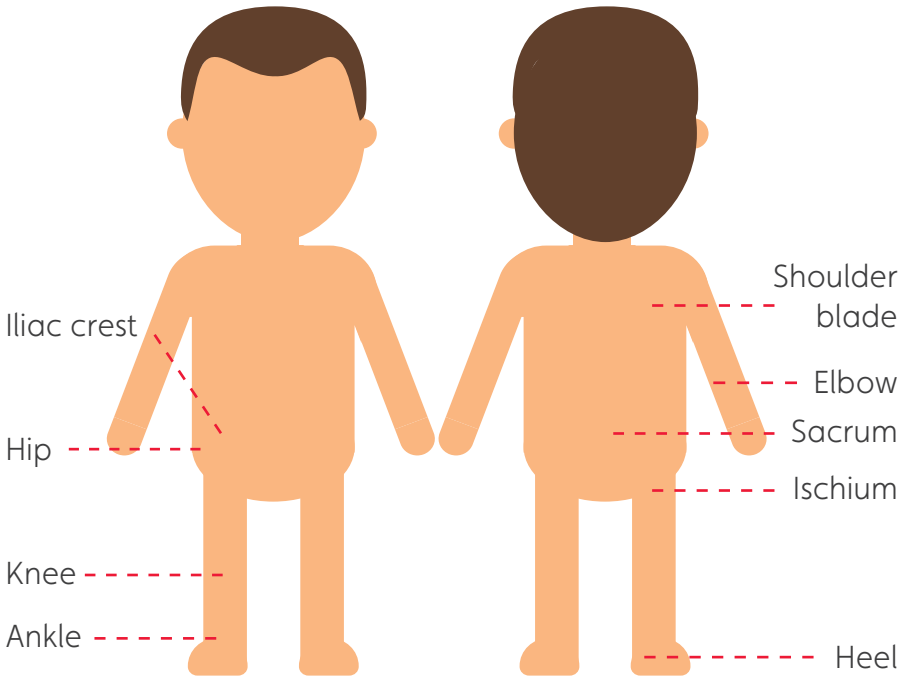
Surface: Hints and tips

- Mattress protectors and fitted sheets can reduce how well pressure reducing mattresses work; we recommend that only flat sheets are put on top of pressure relieving mattresses
- If you have been given repose equipment, ensure the blue plastic tube is always to hand. It is required to re inflate the products weekly or more frequently if required.
- Repose foot protectors and Dermal Pads often need to be cleaned. Do this with warm, soapy water and pat dry with a towel
- A concerned relative or friend may buy you an aid that they think will help with pressure reduction. Whilst this can be helpful, it may inadvertently make the problem worse. Always check with your health care professional before using such a product
- Remember, the equipment will only do so much and cannot compensate for regular movement – see 'Keep Moving' section
- If your heels are sore or have an ulcer, don't rely on your mattress to treat it. Place a pillow under them so that they are lifted clear of any surface. Ask your healthcare professional if you may benefit from having a foot protector or heel lift suspension boot

Skin inspection

Your health care professional has identified that you are at risk of developing a pressure ulcer. Your plan of care should include an examination of your skin, this can range from daily to once a month depending on your risk level.

Your healthcare professional will check any vulnerable areas of skin for signs of pressure ulcers developing. These areas are usually bony areas, like elbows and heels but can also include more padded areas such as buttocks and hips. Pressure ulcers can occur anywhere on the body, but some areas are at more risk than others:



Remember, there are many things that can put additional or unexpected pressure on the skin, such as oxygen masks, tight shoes, clothing, wheelchair foot plates/arm rests or eyeglasses.

Skin Inspection: Hints and tips

- When you sit or lie in one position, eventually a feeling of numbness or discomfort will prompt you to move. It is a normal response to feel these sensations. If you feel these sensations regularly over a pressure area, it should be inspected. This can be done by yourself with a hand mirror or by a nurse or carer. If you have any nerve problems and do not feel pressure, numbness or discomfort, it is even more important that all pressure areas are inspected regularly as pressure ulcers can develop without feeling pain/discomfort
- If you have diabetes, pay particular attention to your feet or ask someone else to do it
- When looking at skin, you should look for redness that doesn't go white when light finger pressure is applied. This redness is called 'non blanching erythema' and it is an important sign of pressure damage
- In people with dark skin, this redness is not so easy to spot. Instead you should look for a change in skin tone over the pressure area
- The area may also feel warmer or harder to the touch
- As well as redness look for any blisters, abrasions (i.e. grazes) and new black/purple discolouration to the skin. If these occur, contact your health care professional immediately as you will require a change in treatment.
- Skin inspection will help your health care professional decide how best to prevent you from developing a pressure ulcer

If any of the above signs of tissue damage occur, the plan of care will change to ensure your healthy, intact skin is restored. This may include a new mattress and/or cushion, a new cream to apply to the skin, or advice on moving regularly throughout the day.

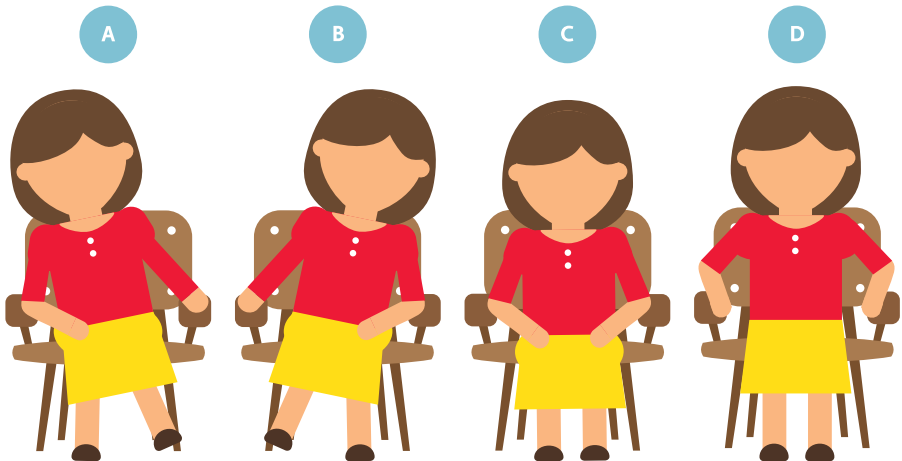
Keep moving

You have been identified as being at risk of developing a pressure ulcer. One of the risk factors is reduced mobility and regular movement is a cornerstone of prevention.

Key points to remember:

- Move as much as you are safely able
- If carers move you in bed, they **must** use a slide sheet
- If they move you in a chair, they **must** assist you to stand or use a hoist - you should not be pulled up the chair

Repositioning yourself (*you should change your position hourly*):



- A/B** By moving side to side and lifting the bottom, pressure is relieved temporarily
- C** Good posture helps to spread the weight of the person and reduces pressure on bony areas.
- D** Lift the bottom regularly to relieve pressure.

Incontinence

You are at greater risk if you are incontinent of urine and faeces, but this can be reduced if you are assessed for a suitable continence aid or appliance. Many people manage their incontinence by wearing pads. Any products that are used should be reassessed periodically, either by your healthcare professional or a member of the continence team.

Pads come in many shapes and sizes and it is vital you wear the correct type for your needs. Ideally, some pads should be worn in your own underwear but you may need to wear net pants with others. In either case it is important that they fit well and are not too tight as wearing them too small can cause pressure ulcers to develop.

Urine and faeces are harmful to the PH balance of the skin; however regular washing can dry the skin out. A foam skin cleanser can help this, especially if used alongside a barrier cream to protect and hydrate. These products are often available on prescription from your health care professional.

Prevention is better than cure

Use a barrier cream at every third episode of personal hygiene. Urine and faeces can cause wounds known as moisture lesions to develop. If you have reduced mobility, these can rapidly develop into pressure ulcers.

Avoid creams with oil in them - they can reduce the absorbency of your pad. Also, avoid antiseptics as they can cause a reaction.

Good personal hygiene is vital but soap is very drying to the skin. Avoid the use of baby wipes. Talk to your healthcare professional about soap-free products. Ensure your skin is dried gently and thoroughly following any cleansing.

Nutrition and pressure ulcers

There are several factors which can increase your risk of pressure ulcers. Not eating and drinking well is one of these. Not eating and drinking well can also prevent pressure ulcers from healing.

Weight has been shown to be a significant risk factor for pressure ulcer development.

- If you are underweight, the bony areas of your body become more prone to skin damage.

Maintaining a healthy weight provides 'padding' of these areas in the form of fat. However:

- Being obese is an ever-increasing condition amongst pressure ulcer patients too.

If you are concerned that you may be underweight or overweight, your GP or health care professional can provide you with advice and refer you to a dietician if necessary. Following the advice in this booklet should help you achieve a healthy weight and ensure you get all the nutrients your body needs.

Are you drinking enough fluid?

An adequate fluid intake is needed to maintain healthy skin and decrease the pressure on the bony areas.

In addition to the fluid from your food you need to be working towards at least six to eight drinks a day (or approximately one and a half litres), unless told otherwise by a health care professional. This could be from any combination of water, juice, squash, tea, coffee or milky drinks.

Are you eating a healthy diet?

The plate below shows the different types of food we need to eat - and in what proportions - to have a well-balanced and healthy diet.



Eatwell guide

From: Public Health England Part of: Obesity and healthy eating
Published: 17 March 2016 Last updated: 28 February 2017,

It's a good idea to try to get this balance right every day, but you don't need to do it at every meal. And you might find it easier to get the balance right over a longer period, say a week.

Based on the Eatwell Guide, you should try to eat:

- **Plenty of fruit and vegetables.** These foods provide a range of vitamins and minerals including vitamin C, and iron which are important for wound healing. You should aim to eat five portions of fruit and vegetables each day.
- **Potatoes, bread, pasta, rice and other starchy carbohydrates.** These foods provide a range of nutrients, including energy, fibre and B vitamins. If you need to gain weight, adding extra butter, full-fat milk or oil to these foods can be an easy and delicious way to add extra calories.
- **Dairy and alternatives.** This group includes milk, cheese and yogurt. These foods are a good source of protein (which is important for wound healing) and full-fat varieties are a great way to add extra calories if you are trying to gain weight. Adding four tbsp. dried milk powder to one pint of full-fat milk will increase the protein and calorie content even more
- **Beans, pulses, fish, eggs, meat and other proteins.** These foods are rich in protein, iron and zinc which are important for wound healing and help to preserve muscle and fat stores
- **High fat, salt and sugar foods.** These foods include chocolate, cakes, biscuits, sugary soft drinks, butter, ghee and ice cream. They're not needed in the diet and so should be eaten less often and in smaller amounts.

What if you have a poor appetite?

- Eat smaller portions of food more often - aim for a 'little and often' approach
- You may find you are put off by cooking smells, if this is the case, try to avoid cooking smells where possible
- A walk or sitting in the fresh air can help to give you an appetite
- Choose full fat options for milk, yogurt, margarine etc. and avoid low fat foods where possible.
- Drink regular, nourishing drinks such as milky coffee, tea or malted drinks
- Ask your health professional for more advice

What if you have diabetes?

Diabetes, if poorly controlled, can affect the condition of your skin and slow down healing.

It is important that you follow all the instructions you have been given about your diet and medication and if you have not had a diabetes check-up recently or if you have concerns contact your GP or diabetes nurse.

Frequently asked questions

I'm bed bound, how often should I be turned?

This will be individual to you and should be decided upon by the healthcare professional in response to how quickly your skin marks. This can be anything between two and four hourly. If your skin is becoming damaged, your frequency of movement should increase. If you have carers who are able to, they should alter your position in bed each time they attend to you.

I have an electric bed, how can I use it to its full potential?

One of the functions of these types of beds is to maintain the optimum positions for pressure ulcer prevention. If you have breathing problems, you may be more comfortable in an upright position, day and night. This hugely increases your risk of developing a pressure ulcer, and significantly decreases the effectiveness of your pressure reducing mattress. Try altering the head of the bed by as much as is comfortable once every hour. Also, ensure the foot-end is slightly raised. This will help delay you sliding down in bed, which causes pressure on your bottom and feet. Whatever you do, try to keep moving.

I have a special cushion and/or mattress, does this mean I don't need to move?

A pressure reducing cushion or mattress is not a substitute for movement. They are designed to reduce pressure while you remain in one position. Your cushion or mattress will do this effectively for up to two hours, after that you need to move so that your circulation can function and the cushion and mattress regain their shape. A pressure reducing cushion will not allow you to sit all day without the risk of developing a pressure ulcer. It is very important that you move every couple of hours.

Get in touch

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