



Quick Information Sheet Prevention of Pressure Ulcers

Pressure ulcers, also called bed sores or decubitus ulcers, can be a big problem in hospitals, nursing homes, and patient homes. Pressure ulcers are areas where the skin has broken down. They can cause pain and very serious infections. Most pressure ulcers result from the lack of mobility. Persons who stay in the bed or a chair are at high risk for pressure ulcers. Other issues that can lead to pressure ulcers are poor nutrition and hydration, age, illness, moisture on the skin for prolonged periods of time, wrinkles in bed sheets or bed clothes, and friction and shearing (this may occur when a person is pulled up in the bed or in the chair and the friction can make the skin irritated, which may cause the skin to break or tear). Some pressure ulcers can be prevented and some cannot.

Pressure ulcer prevention

Prevention is the best treatment to avoid pressure ulcers and pain that may result from them. Monitor pressure points such as the coccyx (tailbone), elbows, knees, heels, head, and buttocks for areas of redness due to restricted blood flow. Monitor nutrition and encourage protein intake when feasible.

- Change patient's position at least every two hours if in bed; and at least every one hour if in a chair
- Have patients shift their own weight, if possible, every 15 minutes
- Use a "draw" or "pull" sheet to move the person, avoiding friction from sheets
- Cornstarch may reduce injury due to friction
- Keep patient clean and dry
- Evaluate need for a mattress overlay and other protective devices such as elbow and heel pads

What is Blanched? - skin on a bony area that is white in color. This white color happens because the circulation (blood supply) to the skin area has been cut off by pressure.

Symptoms

- Reddened or blanched areas on bony prominences, especially on coccyx (tailbone), hips, ankles, backbone, elbows
- Pain or discomfort of a reddened or blanched area

Teach family members to

- Reposition the immobile patient (and provide range of motion exercises) at least every two hours if in bed; and at least every one hour if in a chair
- Get the patient out of bed as tolerated
- Keep heels off bed with pillows under calves supporting legs
- Monitor pressure points (during a bath is a good opportunity) and report any changes
- Report pain, burning, numbness or tingling of the skin to the nurse
- Keep the skin clean and dry by cleansing immediately following soiling and by changing under pads or incontinent briefs as needed
- Use emollients sparingly and only alcohol-free lotions for dry skin
- Use warm water and mild soaps (hot or cold water may be irritating to the skin)
- Encourage the patient to wiggle toes and move arms/legs often
- Notify the nurse if splints, braces, or oxygen tubing are causing irritation
- Use loose fitting, cotton clothing for optimal comfort
- Keep bed linens clean, dry and without wrinkles
- Inform the nurse of odors associated with wounds

What to avoid

- Prolonged sitting in one position (especially sitting upright) such as, sitting on a bedpan
- Sitting or lying directly on a pressure ulcer
- Massaging or rubbing pressure points or reddened or blanched areas
- Friction
- Heat lamps
- Plastic sheets
- Donut shaped cushions

What to report to the hospice/palliative care team

- Reddened or blanched areas on bony prominences, especially on coccyx (tailbone), hips, ankles, backbone, elbows
- Pain or discomfort of a reddened or blanched area

Goals of skin care

Skin care at the end of life includes keeping the skin clean and intact while helping the patient remain as active as possible. The goals of providing good skin care are to prevent pressure ulcers and to reduce distressing symptoms of discomfort, odor, and drainage. Not only will you protect the immune system's first line of defense against infection but will also contribute to the patient's overall quality of life and general well-being

REMEMBER: always document observations of the wound and dressings and how the family is following the plan of care. Not everyone has all of the signs and symptoms of pressure ulcers. Any new problems will be evaluated by the hospice/palliative care team and new ways to manage them will be discussed. Due to a variety of reasons, sometimes pressure ulcers cannot be prevented or healed with the best of care. The goal is to keep the patient comfortable.

The nurse can provide additional information about pressure ulcers. Report symptoms so the nurse can plan interventions for the patient's care.

Other HPNA Quick Information Sheets are available at www.hpna.org

References

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