Facts About Pressure Ulcers

What are pressure ulcers?

Pressure ulcers are a breakdown of the tissue under the skin and ultimately the skin itself due to unrelieved pressure. The pressure squeezes the blood vessels and cuts off oxygen and nutrients.

It is important to recognize that not all skin breakdowns are pressure ulcers. Skin, like other body organs, can fail.

Underlying circulatory problems, such as diabetic complications, are often the cause of lower-extremity pressure ulcers. In these situations, the development of pressure ulcers cannot be prevented.

In fact, not all skin breakdowns are preventable.

More about pressure ulcers

Pressure ulcers are also referred to as decubitus, dermal ulcers, bedsores or pressure sores.

Most pressure ulcers form over bony areas such as the buttocks, tailbone, shoulder blades, behind the knee or ankle, and the heel of the foot.

One of the earliest signs of a pressure ulcer is a reddened area of skin that remains red after the pressure is relieved. Pressure ulcers can develop quickly, particularly in a person whose health is already compromised.

Pressure ulcers may take a long time to heal, depending upon a person's age and physical condition. Only 13 percent of pressure ulcers heal within two weeks in an acute hospital, and only one-third of the most severe pressure ulcers heal after six months of therapy.

Pressure ulcers may accompany the terminal stages of many disease processes that cause multiple, body-system failures. In these cases, the comfort of your loved one should be the primary goal as opposed to aggressive preventative measures.

Risk factors and the effects of aging

Many seniors are at risk for pressure ulcers because of serious medical problems, decreased appetite and decreased mobility. Factors in the development of pressure ulcers include:

- Decrease in body fat causing less padding over the bones
- Slower wound healing
- Decreased blood flow to the tissues



- Diminished sensation and ability to recognize pain
- Bowel and/or urinary incontinence
- Reduced mobility due to osteoarthritis or stroke
- Inability to get out of or move in bed due to illness
- Acute illness, such as pneumonia
- Poor nutrition
- Age (over 70 years)
- Indirect pressure (e.g., friction)
- Decreased mental awareness due to anesthesia or dementia
- Diminished sensation due to diabetes, strokes or other causes
- Recent surgical procedure

Prevention

Prevention, when and where possible, is the best care for pressure ulcers. Some preventative steps include:

- Identifying persons at risk and assessing the skin for early signs of problems
- Changing the sheets and the person's position
- Attempting to maintain nutrition
- Providing bedding and seating surfaces which support and reduce pressure
- Attempting to keep the skin clean and dry and protected from friction
- Refraining from massages over bony prominences
- Consulting with the nurse or your doctor before using hot water, soap, creams, ointments or powder
- Attempting to protect elbows and heels by using special garments



Treatment

The treatment of pressure ulcers may include:

- Relieving the pressure to the affected area and treating any pain
- Keeping the area as clean as possible
- Using dressings with a moist healing rather than dry bandages
- Treating infection when present
- Offering food and fluids

What you can do to help

- Advise the nurses if there is any pain or redness over a site common to pressure ulcers.
- Bring appropriate clothing and footwear from home.
- Offer fluids to your loved one when you visit upon approval from the care team.
- Encourage your loved one to consume meals, snacks and fluids.
- Encourage your loved one to be active and out of the room.
- Encourage your loved one to lie in different positions in bed.
- Remind your loved one to shift weight as often as possible while in chair or bed.
- Encourage your loved one to participate in bathing and showering.
- Be sure the call button is within reach when you leave.
- Provide us with accurate telephone numbers for family members or other caregivers.

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