

How can you tell if you or someone you care for has a pressure ulcer?

FIRST SIGNS:

You may notice a blister, persistent redness, discolouration or darkened skin, this is usually over a bony area, although can be on any part of the body.

The area may be tender, painful, numb or could be hard and warm to the touch.

If the red area or pain does not go away 2 hours after changing position you may be developing a pressure ulcer.

What to do:

- Seek advice from your GP, Community Nurse, Podiatrist or healthcare professional as this damage can deteriorate rapidly.
- Try not to put any pressure on that area.
- If possible use a pillow, to try and remove all pressure.
- Ensure there are no wrinkles in sheets or clothing.
- Wear soft loose clothes and well fitted shoes or slippers.
- Do not rub or massage the area.

Useful websites:

[http://www.your-turn.org.uk /index.-pressure-sores/](http://www.your-turn.org.uk/index.-pressure-sores/)

<http://www.judy-waterlow.co.uk>

European Pressure Ulcer Advisory Panel.

If skin is pink:
think !
If skin is red:
report !

Remember most
pressure ulcers
are preventable.



**Help us take
the pressure
off**

**A guide to help
prevent
Pressure Ulceration**

Pressure ulcers are also known as bedsores or pressure sores. They are caused when part of the body, usually a bony area, is placed under pressure. These ulcers can range in severity from discoloured skin to open wounds.

PREVENT

Pressure ulcers can be very serious so we need to work hard together to prevent them.

People are at increased risk of developing pressure ulcers if you/they:

- **Cannot move easily.**
- **Spend a lot of time lying or sitting in one place.**
- **Have lost your/their appetite or are unable to eat and drink well.**
- **Are above or below normal weight.**
- **Have underlying health conditions such as heart failure, diabetes, problems with circulation, a lack of sensation in your/their limbs, arthritis or have had a stroke.**
- **Have memory problems or dementia.**
- **Suffer from continence issues.**

FOR ANYONE A CHANGE IN HABIT, HEALTH AND/OR MOBILITY, MAY BE THE FIRST INDICATOR THAT THEY/YOU MAY BE AT RISK OF PRESSURE DAMAGE

SEEK ADVICE PROMPTLY IF YOU THINK YOU, OR SOMEONE YOU KNOW, IS AT RISK

To prevent pressure damage you think
SSKIN

PRESSURE

SSKIN

SSKIN is an acronym for a tool which helps prevent pressure damage.

What does “SSKIN” stand for?

S = Surface

Ensure that appropriate cushions and mattress are in good working order, if required discuss this with your/their healthcare professional.

S = Skin inspection

Check skin at least three to four times a day, contact your health professional promptly if any red marks appear which last longer than two hours.

K = Keep moving

Try to change position regularly, for example when the adverts come on the television. If you or someone you care for is unable to do this, pressure relieving equipment may be needed. To discuss please contact your/their health professional.

I = Incontinence

Keep skin clean and dry. Avoid harsh soaps and if possible use a simple moisturizer to keep skin supple.

N = Nutrition

It is important to eat a balanced diet and drink plenty of fluids. 1.2 litres of fluid per day (8 cups) is a recommended amount.

ULCERS

Where do pressure ulcers usually appear?

The most common places for pressure ulcers to develop are the sacrum, heels, elbows, ankles, shoulders, ears and spine. It is important to consider that objects, e.g. catheter tubing and poorly fitting footwear, may lead to pressure damage developing.

