



If you already have a pressure injury it will be examined by a nurse as soon as possible and then again at regular intervals. They will record where it is and what it looks like in your Record and on a specialised Wound Care Chart. They may use photographs or tracings to assist them.

### Self Care

It is important to move and change position yourself as often as you can. People with limited movement may need to have their limbs moved by a nurse or physiotherapist

### Diet

It is particularly important to eat a balanced diet and drink plenty of fluids if you have or are at risk of developing a pressure injury. This will help to improve your condition. If you are found to be lacking in particular nutrients you may need to take supplements. You may be referred to a diet aid for specialist advice.

### Treating Pressure Injuries

Your pressure injury may need treatments to help it heal. Treatments include dressings, removing damaged skin and other methods of promoting healing such as negative pressure therapy, where suction is applied to the wound. Your doctor/nurse or Wound Care Nurse will decide and discuss with you the best treatment for your pressure injury. If you have signs of infection, you may require antibiotics or special dressings that kill bacteria and help the wound get better quicker.

In some cases it may be necessary to remove dead tissue from the injury to encourage it to heal. This type of treatment is called debridement. It can be done with dressings or it may involve removing areas of dead tissue. If the injury is very deep or has a lot of dead tissue in it, an operation to clean out the wound may be needed.

## Pressure Injuries Prevention and Treatment



Possible Pressure Sites

*The information contained within this publication is a guide only. Readers should seek and follow the medical advice provided by their own doctor.*

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## What is a Pressure Injury?

A pressure injury can be described as a lesion caused by unrelieved pressure, friction or shear. Other terms for pressure injury are pressure ulcer, pressure sore, bedsore or decubitus ulcer.

Pressure is the body weight pressing down on the area of skin over a bony prominence resulting in damage to blood supply which in turn leads to tissue damage.

Shear is created when a force causes the skeleton to slide against the resistance created by the skin and its contact surfaces e.g. sliding down a bed or being pulled up a bed.

Friction is the force of two surfaces moving across one another e.g. rubbing the skin

The first sign that a pressure injury may be forming is usually discoloured skin. The most common places for pressure injuries to occur are over bony prominences (bones close to the skin) like the bottom, heel, hip, elbow, ankle, shoulder, back and the back of the head.

## Who gets a Pressure Injury?

Anyone can get a pressure injury, however some people are more likely to develop them than others.

People may be at risk of getting a pressure injury if, for example, they:

1. Have problems moving and cannot change position by themselves without help
2. Cannot feel pain over part or all of their body

3. Don't have control over their bowels or bladder
4. Have had pressure injury in the past
5. Have a poor diet and don't drink enough water
6. Are elderly or very young
7. Are seriously ill or undergoing surgery

Your nurse will assess whether you are at risk of developing a pressure injury. This will involve your nurse examining you and asking you some questions.

## Preventing Pressure Injury

Pressure injury can develop very quickly, sometimes within an hour. Without care, pressure injury can be very serious. They can damage the skin, as well as the deeper layers of tissue under the skin. Pressure injury may cause pain and mean a longer stay in hospital. Severe pressure injury can destroy the muscle or bone, so they can take a very long time to heal. In extreme cases, pressure injury can become life threatening; they can become infected, causing blood poisoning or bone infections.

## Keep Moving

The best way to prevent a pressure injury is to move around and change position as often as possible to reduce or relieve the pressure on areas that are vulnerable to pressure injury (for example, bony parts of the body). If you already have a pressure injury, lying or sitting on the injury should be avoided as it will make the ulcer worse.

If you have a pressure injury you should change your position or be repositioned regularly to allow the injury to heal and avoid further damage regardless of

whether you are in bed, a chair or a wheelchair.

## Pressure Relieving Devices

There are many different types of mattress' and cushions that can help reduce the pressure and help prevent pressure injury. Your nurse should work with you to decide which types of pressure-relieving supports are best for you.

At St Andrew's Hospital the devices that can be used include

- Sheepskin
- Heel protectors
- Alternating pressure relieving mattress

## Skin Assessment

At St Andrew's Hospital your skin will be assessed regularly to check for signs of pressure ulcer development. Documentation of these checks will occur on admission, when your condition changes and weekly.

Your nurse will be looking for:

- Red patches of skin on light skinned people that don't go away
- Bluish/purplish patches on dark skinned people that don't go away
- Blisters, or damage to the skin
- Patches of hot skin
- Swelling
- Patches of hard skin
- Patches of cool skin

If you notice possible signs of damage you should tell your nurse immediately.