

**INFORMATION FOR**

**PATIENTS, RELATIVES and CARER**  
**SERVICES**

**ABOUT**

**HELPING TO PREVENT OR TREAT**  
**PRESSURE ULCERS**  
**(Pressure Sores or Bed Sores)**

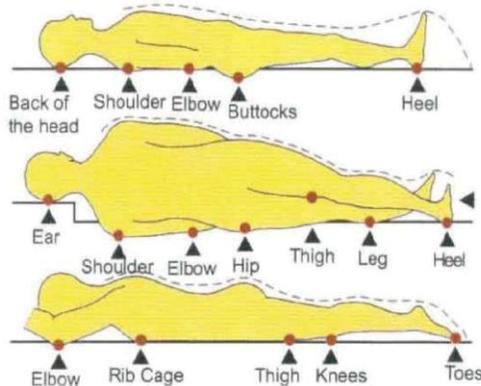
If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.

## What are Pressure Ulcers?

Pressure ulcers occur when the skin and underlying tissue becomes damaged by pressure, shearing or friction. They are also known as pressure sores, or bed sores.

Pressure ulcers are likely to develop on parts of the body which take the most weight, particularly bony parts, for example buttocks, heels, elbows, shoulders and the back.

Common locations for pressure ulcers



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A pressure sore can develop in only a few hours, usually with the skin starting to change colour – appearing slightly redder or darker than usual or the area might feel warm to touch. Pain or discomfort may be experienced in the area before any changes to the skin are visible.

## **You can help to minimise the risk of, or treat pressure ulcers, if you:**

- Change position frequently, or prompt/assist the person you are caring for to change position at frequent intervals (the nurses may advise how often this should take place).
- Limit seating time and avoid prolonged periods in the same position.
- Inspect the skin thoroughly each day, paying particular attention to bony parts.
- Ensure that pressure relieving aids provided, such as a special mattress or cushion, are in use & in good working order.

## **Please let a healthcare professional know if any of the following occur:**

### ***Independent Movement***

- Mobility reduces, or you/the person you are caring for becomes bedfast/chairfast or unable to walk or change position since last assessed.
- You/the person you are caring for becomes bed bound from illness.
- General health deteriorates, requiring more intense input from relatives or carers.

### ***Moisture***

- You/the person you are caring for becomes incontinent of urine or faeces.
- Continence status becomes acutely worse.
- You/the person you are caring for develops a urinary tract infection.
- Irritation/excoriation/wounds in skin folds, natal cleft, under breasts, groins and thighs, the anus, bottom or catheter

site develops (please note that this can also be caused by sweating).

### ***Nutrition***

- Weight decreases or significantly increases over a period of a few months – unplanned.
- Appetite and /or fluid intake deteriorates.

### ***General Health***

- Any red areas develop on the skin over bony prominences, which do not fade under pressure (non-blanching erythema).
- Pain is felt or reported over a bony prominence.
- You/the person you are caring for become acutely ill and require more intensive support but do not require admitting to hospital.
- You/the person you are caring for no longer use equipment provided or the equipment is not in good working order.
- You/the person you are caring for decline repositioning regimes.

### **Thank You**

Contact details:

Version: v1.4  
Tissue Viability Service 2016  
HDFT approval date: December 2017