

# Bed sores, pressure sores and pressure ulcers

Information for patients





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## What is a pressure ulcer?

Pressure ulcers, also known as bed sores, are areas of damage to the skin and tissues below caused by sitting or lying in one position for too long.

They can also be caused by: ill-fitting footwear; sliding down the bed; inappropriate wheel/arm chairs and poor personal hygiene.

## Who is at risk?

Some people are always at risk of pressure ulcers. Everyone is at some risk in hospital because you move around less. This could be due to tiredness, medications or pain for example.

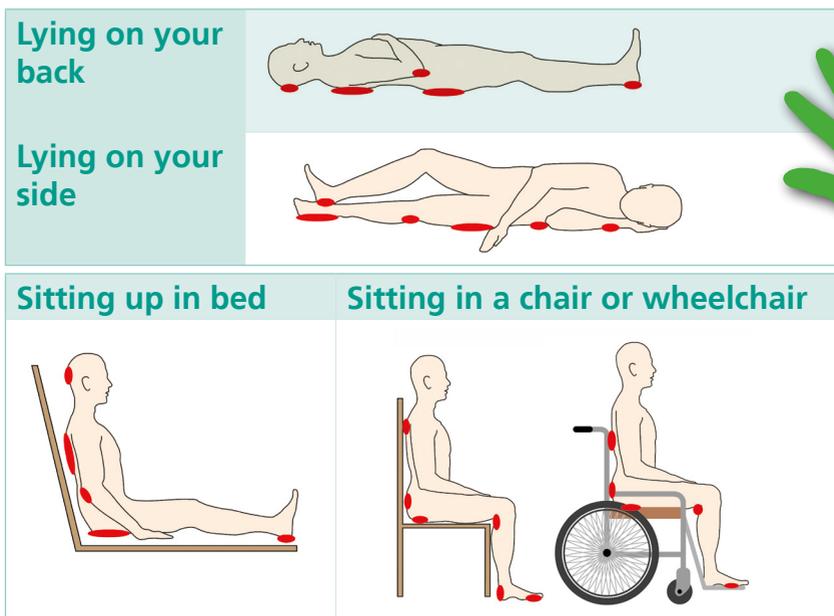
### *However you are more at risk if you:*

- Have poor or restricted mobility for example staying in one position in bed or a chair for a long period of time without moving.
- Currently have a pressure ulcer or previously had a pressure ulcer.

- Have a loss or lack of feeling or sensation in your skin which may be due to diseases such as multiple sclerosis, diabetes, stroke, poor circulation, heart disease, vascular or blood vessel diseases.
- Are on strong pain killers such as morphine or have an epidural in place.
- Have memory problems.
- Don't eat or drink enough.
- Are overweight or underweight.
- Have vulnerable skin, eg. dry, moist, paper thin, redness.
- Have a low mood or emotional status which can lead to inactivity.

## Skin inspection - get to know your pressure areas

*These are the areas of the body where pressure ulcers are most likely to occur:*



## Surface

*"I am pleased I told the nurses that my father had a special mattress at home because they got him one straight away"*



Some people are always at risk of developing a pressure ulcer but everyone is at some risk whilst in hospital because you move around less. Pressure relieving equipment may help reduce this risk.

Pressure relieving equipment, such as a mattress or chair cushion, may be provided for you to help reduce the amount of pressure on your body. Please inform the nursing staff if the equipment you have been provided with is not working or is uncomfortable. Also let staff know if you normally use a special cushion or mattress at home.



Pressure ulcers can also occur under medical devices used to treat your condition. For example an oxygen mask, tubing, catheter, cast or neck collar. It is important that you inform the nursing staff if you have a poorly fitting or painful medical device.



## Keep Moving

If you have been identified as being at risk of developing a pressure ulcer this may be because of reduced mobility.



Regular movement is key to prevention, whether you're in bed or sat out in a chair.



By moving side to side and lifting the bottom, pressure is relieved for a short time.



Good posture helps to spread the weight of the person and reduces pressure on bony areas. Lift the bottom regularly if you are safe to do so to relieve pressure.

Use your call bell if you need assistance with this.



Reference: [Pressure Ulcer Prevention](#)

Images used with kind permission of Catherine Cross - Physiotherapist,

## Incontinence

Too much moisture can be damaging to the skin, for example urine, faeces or sweat. These can all increase the effects of pressure, shear (sliding) and friction, and make skin more fragile.

Please tell the nursing staff if you are having incontinence problems as there may be aids we can provide which can help to manage this, for example pads.

Keep skin clean, dry and moisturised. Good personal hygiene is important, however soap is very drying. A foam cleanser can help to keep skin clean and a barrier product protects and hydrates the skin. Ensure your skin is patted dry not rubbed after cleaning.

*I would be so upset if one of my patients developed a pressure ulcer, I make sure everyone looking after them knows if someone is at risk, all staff have a role to play.*



# Nutrition and Hydration



Your risk of developing a pressure ulcer is increased if you are not eating and drinking as much as you would do normally.

You should be drinking at least 6 to 8 drinks a day to help keep your skin healthy. This can include a mix of the following: water, juice, squash, tea, coffee or milky drinks.

Weight loss can increase your risk of skin breakdown. Being underweight or overweight can also increase your risk.

Staff will monitor your weight when you first come into hospital and weekly. If staff have any concerns or if you already have a pressure ulcer, you may be referred to the Dietitian. See the leaflet *Eating well for wound healing and preventing skin breakdown*.

Smoking damages blood vessels and affects overall skin health and circulation. If your skin is at risk it may be advisable to stop smoking.

*Remember, it's important to look after your skin by:*

- Moving regularly.
- Eating and drinking well.
- Telling staff if you have any pain or discomfort.

There is a leaflet available *Staying Active In Hospital*.

If you would like any more information or have any concerns, please speak to a staff member on the ward.

Staff are able to refer you to the Tissue Viability Service, Physiotherapists, Dietitians, Occupational Therapists and Back Care Advisors if your needs are complex or if your condition is deteriorating.

If you would like to get involved in research to improve the understanding and treatment of pressure ulcers you can visit the Pressure Ulcer Research Service User Network (PURSUN) website: [www.pursun.org.uk](http://www.pursun.org.uk)



*I am glad I told the nurses that my bottom was sore, because we caught the ulcer early.*

