

# Preventing and treating pressure ulcers

Tissue Viability Service

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Information for Patients

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## Introduction

When you are in hospital and are unwell, you are at greater risk of getting skin damage. Skin is the largest organ in our body. It gives protection from many dangerous factors in the environment. It is an important barrier against infection. We need to look after it carefully.

This information is for people who have a pressure ulcer or are at risk of getting one. It may also be useful if you are caring for someone who is at risk of pressure ulcers or has existing pressure ulcers. Anyone can get a pressure ulcer, especially when they are ill.

## What is a pressure ulcer?

A pressure ulcer (also known as bed sores or pressure sores) is damage that happens to the skin and underlying tissue. 3 main things cause pressure ulcers:

- Pressure – the weight of the body pressing down on the skin
- Shear – the layers of the skin are forced to slide over one another or over deeper tissues, for example when you slide down, or are pulled up a bed or chair or when you are transferring to and from your wheelchair
- Friction – rubbing the skin

**Taking action at the first sign of pressure damage can stop you getting a painful wound.**

Pressure ulcers can occur very quickly in people seen as 'at risk'. If the person is not able to move, **this can be in as little as 1 hour**. Without the right care, pressure ulcers can be very serious. They can damage not just the skin, but also deeper layers of tissue under the skin.

The first sign is usually skin that is uncomfortable, changes colour or feels different. The skin may be intact or you may eventually have an open wound.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

Pressure ulcers may cause pain. They may mean a longer stay in hospital. Serious pressure ulcers can destroy the muscle or bone underneath the skin, so they can take a very long time to heal. In very bad cases, pressure ulcers can become life threatening, as they can become infected. Sometimes they cause general infection in your body (sepsis), bone infection or both.

The most common places for pressure ulcers are over the bony parts of your body, like your bottom, heel, hip, elbow, ankle, shoulder, back, ears, nose and the back of your head.

## Who can get a pressure ulcer?

Anyone, and at any age if they become ill and can not move, but some people are more likely to develop one than others. People with a pressure ulcer are also at risk of getting another one.

### You are more at risk if you:

- have problems moving and cannot change position by yourself without help
- cannot feel pain over part or all your body
- are seriously ill or undergoing surgery
- have had pressure ulcers in the past
- have a poor diet and do not drink enough water
- are under weight or over weight
- are very old or very young
- are an older person who is ill or have had an injury, for example, a broken hip, stroke and so on
- have damaged your spinal cord and cannot move or feel your bottom and legs
- are unable to use the toilet (incontinent)
- have a medical device in place such as support stockings / plasters or splints / oxygen masks and tubing

## Preventing pressure ulcers

When you stay at Leicester's Hospitals, we will complete a pressure ulcer prevention care plan (also known as aSSKINg). We will talk to you and your relatives or carers about this.



## What is the SSKIN care plan?

### **A = Assessment.**

Nursing staff checking your skin and your needs. This helps to give the best plan of care to stop any pressure damage or any further pressure damage developing. These are done within 6 hours of admission into the hospital and within 6 hours of admission or transfer to a ward.

### **S = Surface** (bed/ chair/ wheelchair/ trolley)

To ease the pressure on your skin or a pre-existing ulcer, we will work with you to find the best ways of moving around and changing position. We will decide which types of surface are best for you.

We will check you regularly and talk to you and your carer to find out if your needs have changed and if another type of support or product would work better.

### **S = Skin Inspection**

We will check if you are at risk of getting a pressure ulcer. This will involve a complete skin assessment within the first 6 hours of your stay in hospital. We will ask questions about your mobility and any previous skin related concerns.

This assessment will continue throughout your hospital stay. This will be **2 times a day**.

We will look for:

- red, purple or a blue discolouration to the skin
- does the skin feel different to the surrounding skin, for example, is it hot or cold, is it hard or soft?
- blisters or damage to the skin
- swelling or moisture related damage
- skin tears or scratches, areas of hard skin, areas of cool skin
- areas of dead tissue (yellow, black or brown in appearance)

### **K = Keeping moving**

The best way to stop pressure damage is to reduce or ease pressure on areas of your body that are at risk of having pressure ulcers (for example, bony parts of the body). This is done by moving and changing position as much as possible. If you already have a pressure ulcer, lying or sitting on the ulcer should be avoided for long periods or minimised as it will make the ulcer worse.

We will check and monitor your positioning and write in your notes when this is changed. We will talk to you and your carers about this and help you to change position every 1 to 4 hours. This depends on your current ability and needs.

### **I = Incontinence**

If you have problems or are not able to use the toilet, we will help you. We will make sure your skin

stays as clean and dry as possible.

Moist skin can cause skin damage. We may use products to improve your skin and protect it. If you usually use similar products, please discuss with your nurse as these may not be needed now.

## **N = Nutrition**

Eating well and drinking enough water is very important. It is very important if you are at risk of getting a pressure ulcer or have a pressure ulcer. You will get worse or not get better without it. We will discuss your diet with you and any possible improvements that could be made. If you are found to be lacking in particular nutrients you may need to take supplements. We may refer you to a dietitian for specialist advice.

If your nutrition is not a risk at first but your condition changes, we will reassess you.

## **G = Give information.**

This leaflet is the information you need to help stop a pressure ulcer from developing or, any you have from getting worse. If you have any questions please ask the nurse who is looking after you.

If you have early signs of, or have a pressure ulcer, it should be examined by a registered member of staff as soon as possible. It should be checked at regular intervals, at least once a week, to check for changes.

They will talk to you to try and understand what caused it. This will be written in your notes. We will also record where it is, its size and what it looks like. We may use photographs to do this. You may be referred to the Tissue Viability Team or another specialist team, such as the diabetes team.

## **Treating pressure ulcers**

Your pressure ulcer may need help to heal, such as wound dressings, removing damaged skin and other methods or therapies to help it to heal. We will work with you to decide the best treatment for you. If you have signs of infection, we may treat it with antibiotics or special dressings that kill bacteria and help the wound get better.

Sometimes we cannot tell how deep the wound is because there is dead tissue on top (slough). Some dressings will help remove the dead tissues, but we may ask a surgeon or Specialist Tissue Viability Nurse to review and help remove it.

## **After you leave hospital**

You or your carer should check your own skin to check for signs of pressure ulcers. You may need to use a mirror to see awkward areas such as your bottom or heels. If you are discharged home with a pressure ulcer you will also be referred to your local Community Nursing team.

If you see possible signs of damage or an ulcer getting worse, you should tell someone in your healthcare team right away.

- In hospital or care home: 1 of the nurses.
- At home: your community nurse or GP.



## Make sure you know:

- the right sitting and lying positions and how to keep good posture
- how to adjust your sitting and lying position
- how often you need to move or be moved
- how to support your feet. Make sure you have comfortable, well-fitting footwear
- which equipment you should use and how to use it

## Reference

- The National Institute of Clinical Excellence (NICE) - guidance and resources are available here: [www.nice.org.uk/guidance/conditions-and-diseases/skin-conditions/pressure-ulcers](http://www.nice.org.uk/guidance/conditions-and-diseases/skin-conditions/pressure-ulcers)
- EPUAP 2019: <http://www.epuap.org/pu-guidelines/>
- UHL Pressure Ulcers Policy - UHL Trust Reference B23/2014: <https://secure.library.leicestershospitals.nhs.uk/PAGL/Shared%20Documents/Pressure%20Ulcers%20UHL%20Policy.pdf>
- [www.nhs.uk/conditions/pressure-sores/treatment/](http://www.nhs.uk/conditions/pressure-sores/treatment/)

## Contact details

If you have any questions in hospital speak to a member of staff on the ward.

At home please contact your GP or NHS 111.

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