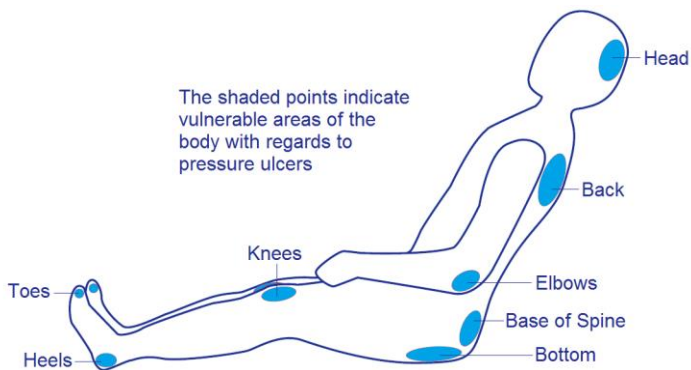


Prevent Pressure Ulcers

A guide to reducing the risk of pressure damage in yourself or those you care for

Information for Patients and Carers

Prevention is everyone's responsibility



Useful Web Links:

www.tissueviabilityonline.com

www.pressureulcer.scot

What is a Pressure Ulcer?

A pressure ulcer (sometimes called a pressure sore or bedsore) is an area of skin and underlying tissue which is damaged due to direct pressure on the area. It can be affected by other factors such as friction, shear, moisture and poor circulation.

A pressure ulcer can be a red, painful area or an open wound. It may be shallow or deep with fluid leaking which will need dressings applied.

There is a risk of infection with any pressure ulcers. Infection can make you unwell and in some cases can need hospital treatment or be life-threatening. If feel unwell please contact your healthcare professional (details on back of leaflet) or phone NHS 24 on 111 for urgent support.

Who is at risk?

If you are unable to move or need help to move you are at risk. You are also at risk if you have:

- Thin fragile skin
- Poor circulation, e.g. peripheral vascular disease
- Major surgery
- Reduced sensation, e.g. stroke, paralysis
- Underlying medical problems, e.g. diabetes
- Sudden illness leading to poor appetite
- Diabetes with medium or high risk for foot ulcers.

What can I do to reduce the risk of skin damage?

Think **SSKIN** to reduce your risk of skin damage

S = Skin assessment

Changes to skin need to be picked up early. Check skin, over the bony parts of your body, for redness, pain, bruising or other changes at regular times during the day.

S = Surface

Lying and sitting on the correct mattress/cushion can help spread the pressure and reduce the risk. Using a heel offloading 'boot' to ensure your heels are free from pressure can also reduce the risk. Your Healthcare Professional will advise you.

K = Keep moving

One of the easiest ways to prevent pressure damage is to keep moving every couple of hours. By doing this you relieve the pressure and let the blood flow back into the affected area.

Stand up and/or walk about or change position in bed or chair e.g. lift yourself up, lie on other side, back or front.

I = Incontinence / increased moisture

Skin that is wet or has urine or faeces on it will be more at risk of damage. Skin should be cleaned as advised. If you use pads ensure correct size and fit. Use a very thin layer of non oil-based barrier cream or film for any redness if required.

N = Nutrition

It is important to drink enough to keep your skin from becoming dry. Try to eat a balanced diet with fruit, vegetables, protein and carbohydrate. If you have breaks in your skin you will need more protein to aid healing.

What should I do if I see changes to my skin?

- Are any parts of your body reddened, sore or painful?
- Do you think you are at risk of developing pressure damage?
- Are there any parts of this leaflet that you do not understand?

If you answer Yes to any of the questions, please seek help from your Healthcare professional e.g. Nurse, GP, Diabetic podiatrist

If you have an existing pressure ulcer and feel unwell please contact your healthcare professional or phone NHS 24 on 111 for urgent out-of-hours advice.

Healthcare Professional Contact Name	
Contact Number	

National Association of Tissue Viability Nurse Specialists (NATVNS) Scotland; Version 2: June 2020, Review date: June 2023