

Increase Mobility, Reduce or Eliminate Friction and Shear:

- Except for meals, maintain head of bed below 30 degrees and raise knees slightly to limit sliding.
- Cover skin to protect from friction when possible, for example, by wearing socks.
- Reposition clients with limited mobility often (every 30 minutes to 4 hours).
- Encourage movement and range of motion exercises.
- When repositioning clients, use draw sheets to lift them. Avoid pulling and dragging.
- Use a pillow lengthwise from heel to knee to lift heel off bed and reduce pressure on heel.
- Use pillows or foam wedges to keep bony areas from direct contact with each other.

For More Information:

Please refer to the Newfoundland and Labrador Skin and Wound Manual, which can be found on our website:

www.westernhealth.nl.ca

Or call (709) 637-5000 extension 6009 or (709) 634-5551 extension 228 for more information.

Pressure Ulcer Prevention



Tips for Caregivers



Our Vision

The vision of Western Health is that the people of Western Newfoundland have the highest level of health and well being possible - Your Health Our Priority.



What is a pressure ulcer?

A pressure ulcer is a wound caused by unrelieved pressure. Damage may extend from the skin to the underlying muscle and bone. The correct term is pressure ulcer even though it is sometimes called bed sore, pressure sore or decubitus ulcer.

Where are they found on the body?

Pressure ulcers can occur almost anywhere on the body but will usually appear on bony areas where pressure has been applied for a period of time (for example, tail bones, heels, hips and buttocks). Pressure ulcers can happen quickly. They can affect your health and slow your recovery or lead to a longer stay in hospital.

You are at risk of getting a pressure ulcer if you:

- are confined to bed or chair
- are unable to move yourself independently
- have limited movement;
- have loss of sensation or poor circulation;
- have skin that is frequently moist through sweat or loss of bowel or bladder control;
- have poor nutrition;
- are unwell.

Improve Nutrition

Ask your health care provider if you should take a multivitamin, eat more protein or calories, or drink more fluids.

Appropriate nutrition intervention is very important to manage pressure ulcers.



Do's:

- Inspect the skin at least once daily.
- Turn and position often.
- Moisturize regularly.

Don'ts:

- Massage bony prominences, it may cause the tissue underneath to tear.
- Use "donut" type devices. The ring may cause more pressure.

Manage Moisture:

- Cleanse the skin only as needed.
- Moisturize regularly.
- Use warm water not hot water; or a moisturizing cleanser to avoid dryness and irritation.
- Use pH balanced (5.5) cleanser to avoid stripping the skin of its protective oils.
- Be gentle and do not rub skin. You may tear fragile skin.
- Pat dry if skin is wet.
- Promptly cleanse skin if soiled from urine, feces, sweat or drainage.
- Change linens if they are wet.
- Change absorbent pads or briefs if they become wet.
- Apply barrier cream to provide a thin surface film of protection.
- Consider a catheter or other collection device if urinary or fecal incontinence is impairing pressure ulcer healing.