Pressure sore prevention and management

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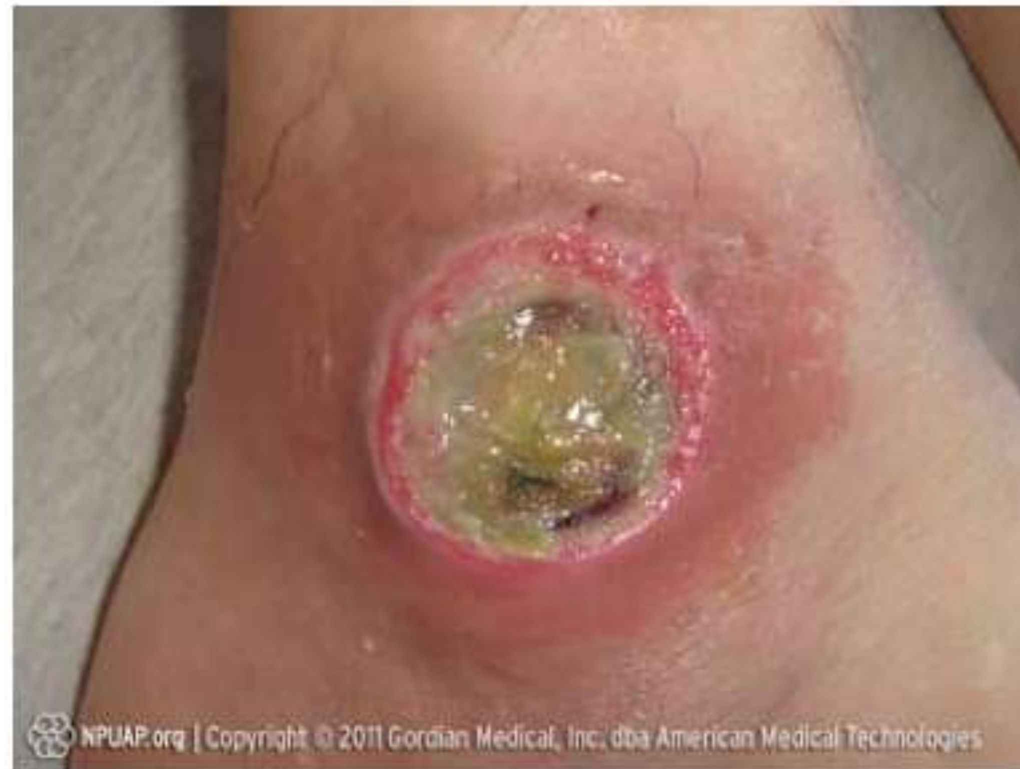


PREVENTING PRESSURE INJURY

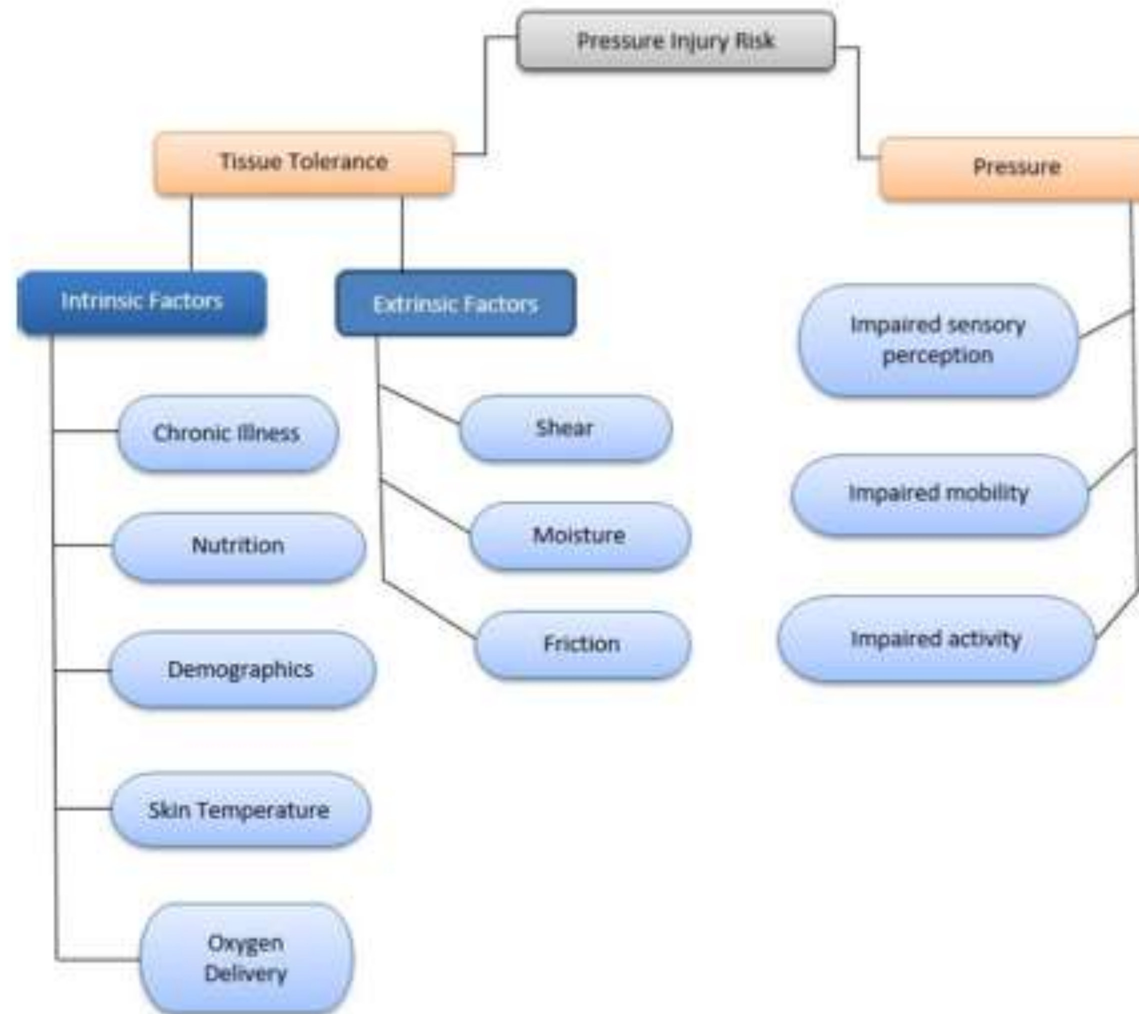
Pressure injuries, also know as bed sores or decubitus ulcers are breaks or blisters in skin, ranging in severity from mild to sever.

They are painful and take a long time to heal.

Causes of pressure injury

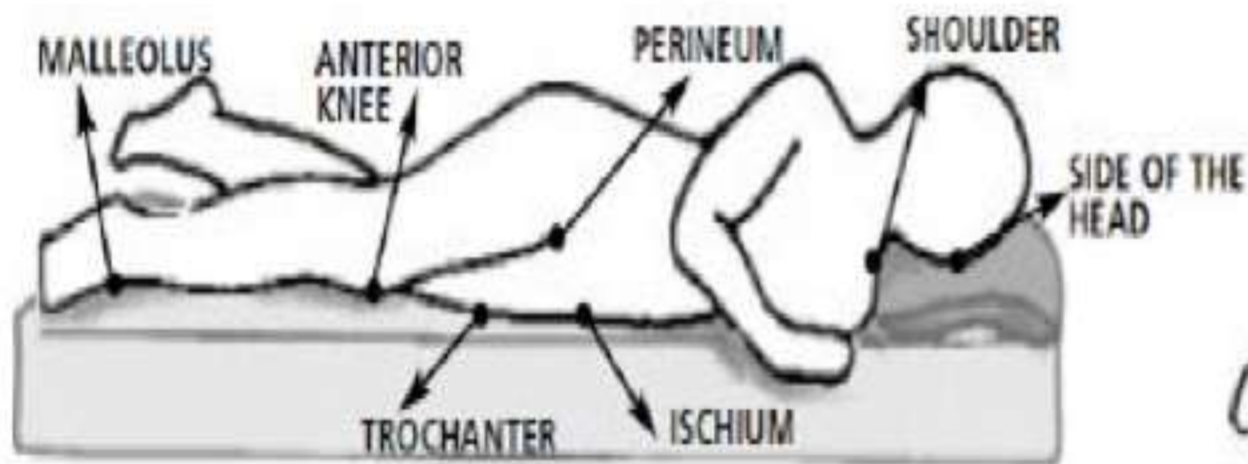
- Shearing force- dragging of skin, when it comes in contact with another surface.
- Friction- brisk or frequent rubbing of skin
- Moisture- from body fluids, urine or sweat which can cause skin irritation and breakdown.

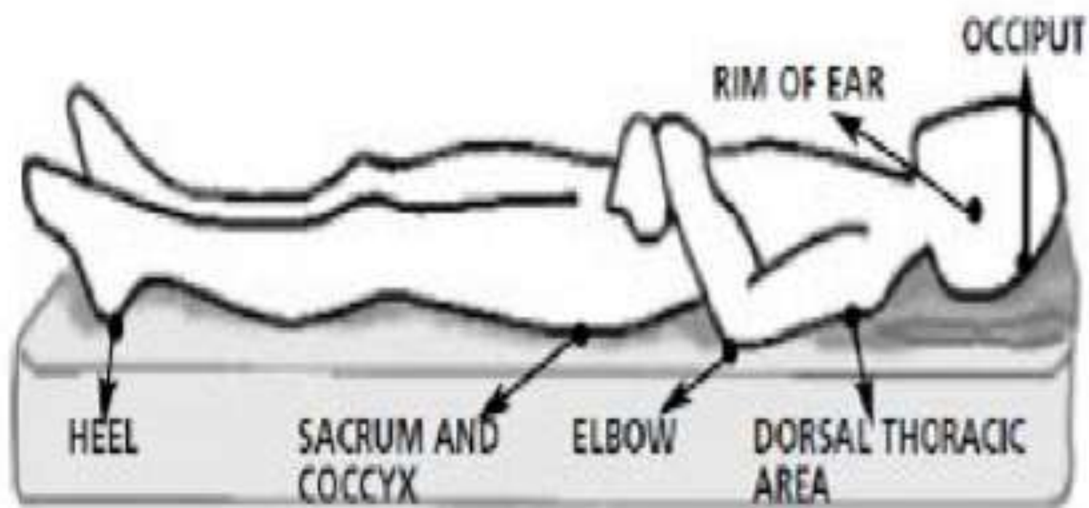
causes

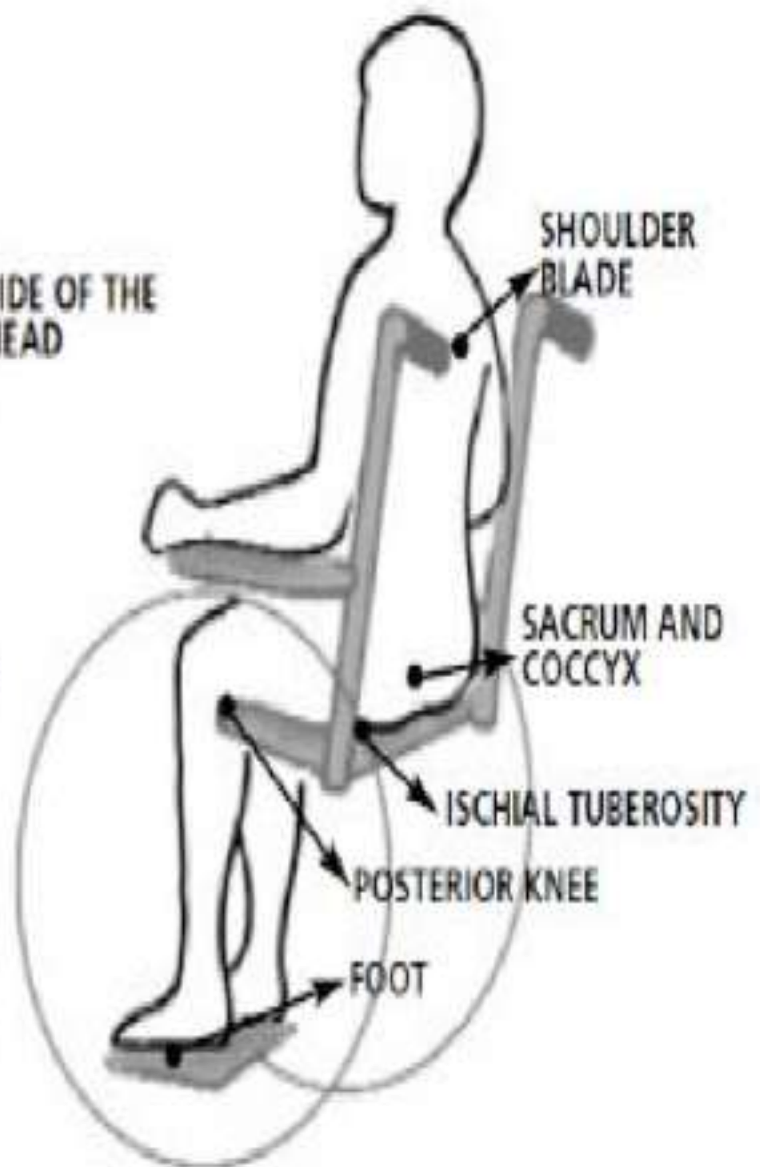


Areas for increased risk.

- Sacrum
- Heels
- Ear
- Elbows
- Shoulders
- Wrist
- Nose bridge
- Knees
- Back of head
- Toes.


MALLEOLUS
ANTERIOR KNEE
PERINEUM
SHOULDER
SIDE OF THE HEAD
TROCHANTER
ISCHIUM


OCCIPUT
RIM OF EAR
HEEL
SACRUM AND COCCYX
ELBOW
DORSAL THORACIC AREA


SHOULDER BLADE
SACRUM AND COCCYX
ISCHIAL TUBEROSITY
POSTERIOR KNEE
FOOT

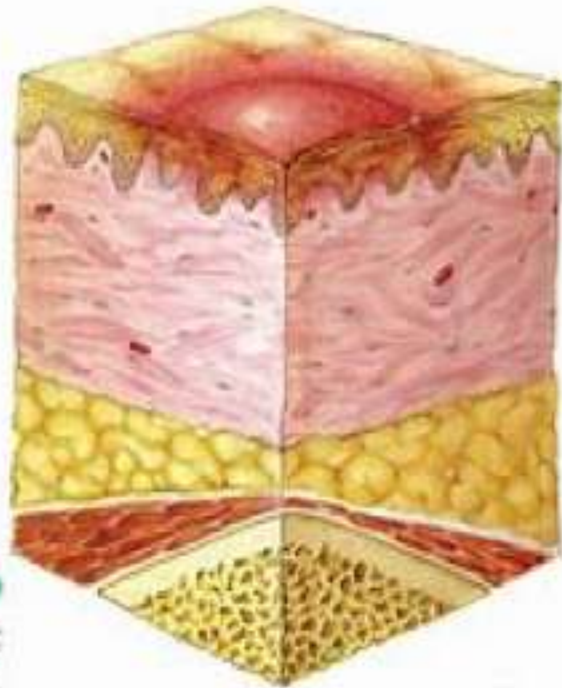
Risk factors

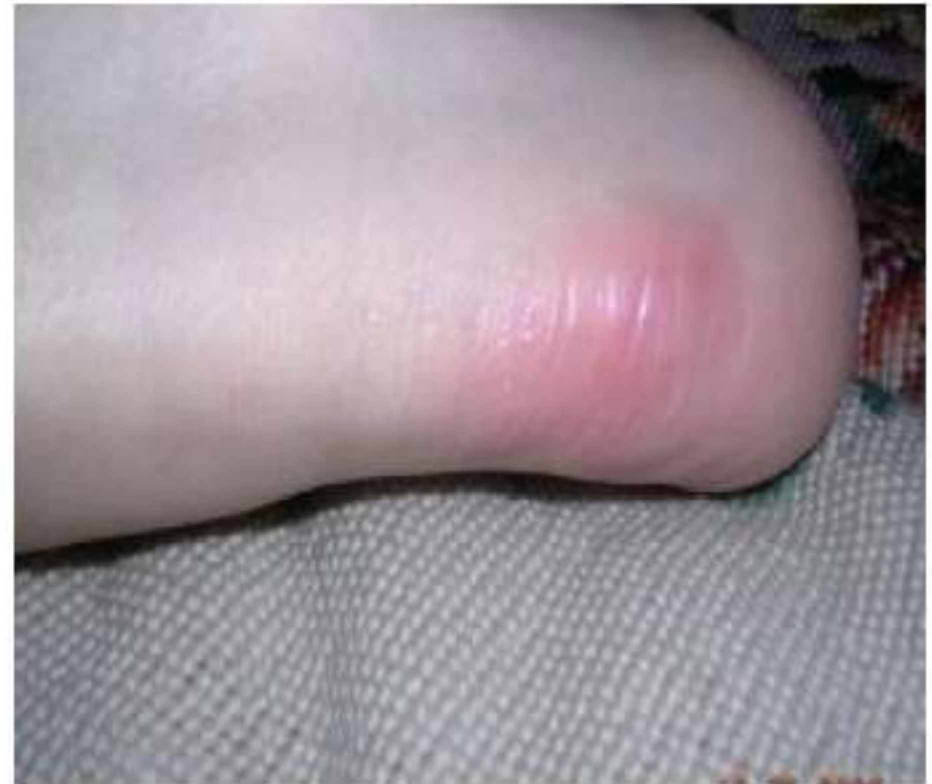
- Anyone unable to move freely.
- Malnourished
- Incontinence
- Diabetes, poor circulation
- Critical illness
- Reduced mental awareness
- History of smoking.

What to look out for

- Area of skin that becomes red and does not return to normal colour after 30 minutes of relieving pressure.
- Blistered or broken skin in a pressure prone area
- Pain, tingling or numbness at a particular site.
- Talk to the nurse if you notice any changes in the appearance or feeling in any areas of skin.

STAGE 1 PRESSURE INJURY

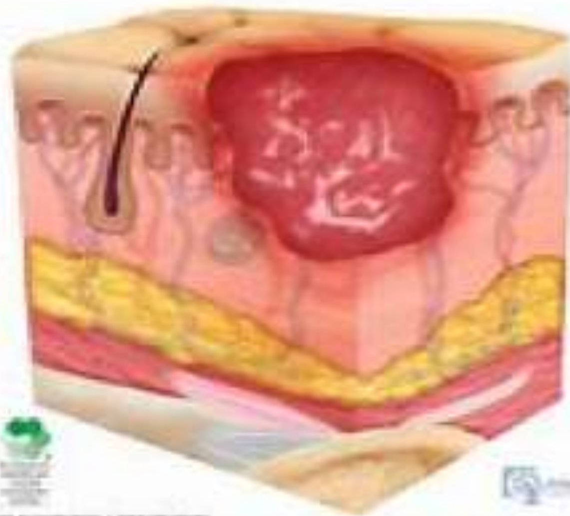




Stage I pressure area

Intact skin with a localised area of non-blanchable erythema which may appear differently in darkly pigmented skin.

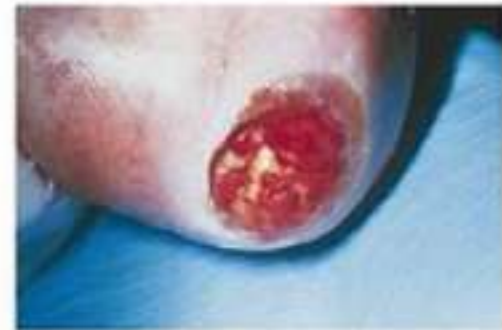
STAGE 2 PRESSURE INJURY



Stage 2 pressure injury

- Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present

STAGE 3 PRESSURE INJURY



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STAGE 4 PRESSURE SORE

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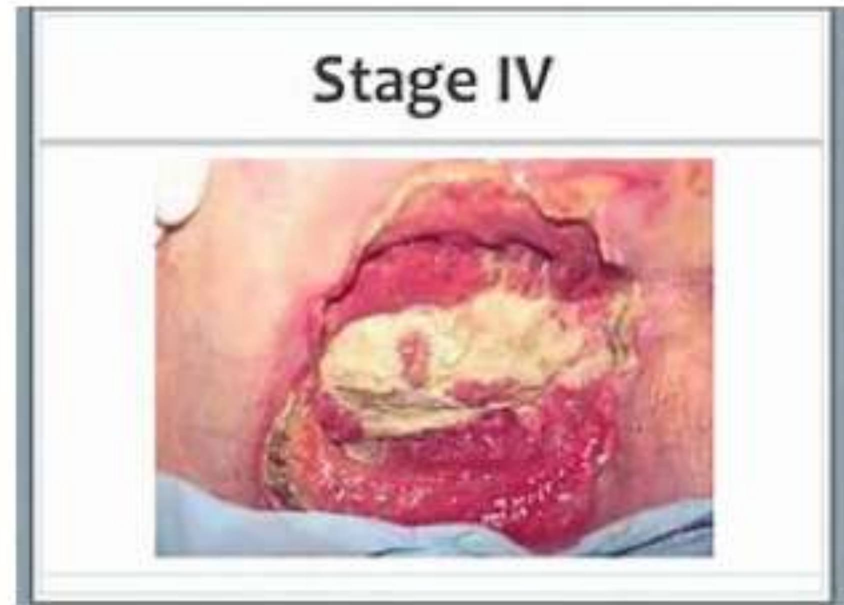
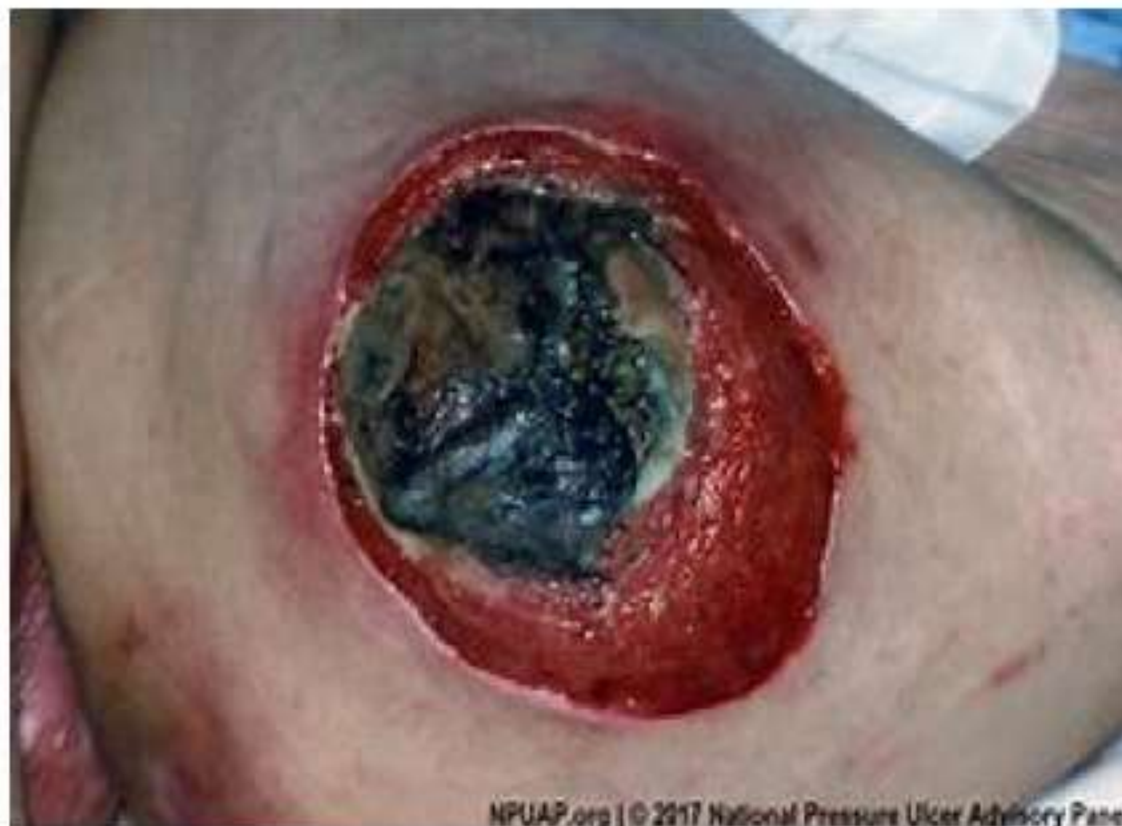


UNSTEAGABLE

Unstageable Pressure Injury – Dark Eschar

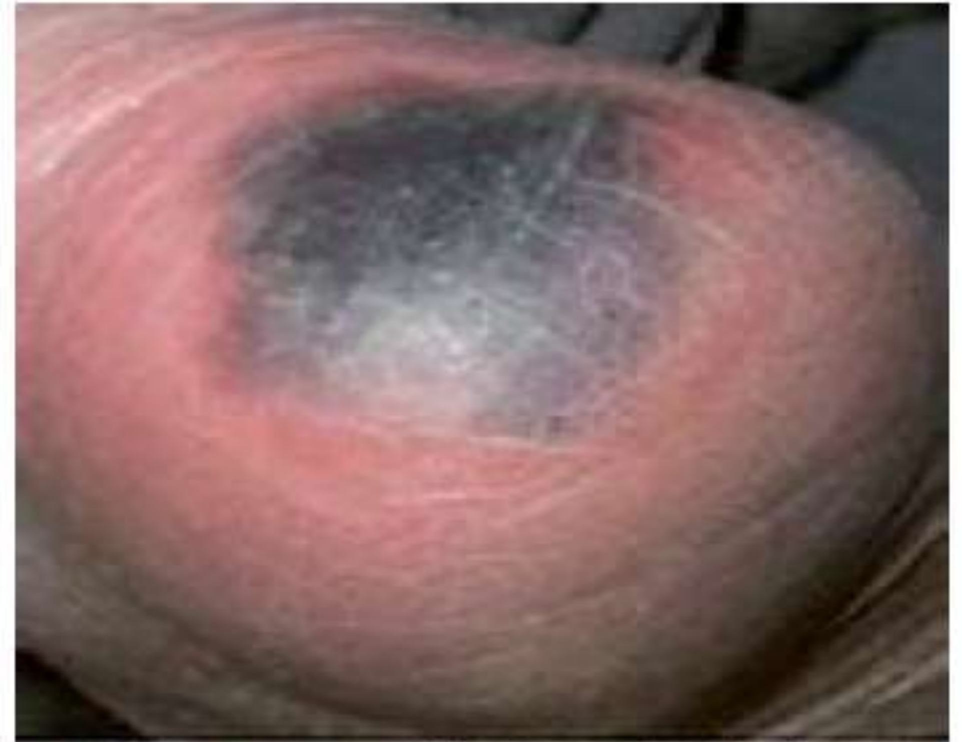


Stage 4 and unsteagable

Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer/ injury cannot be confirmed because it is obscured by slough or eschar.

DEEP TISSUE INJURY

A pressure-related **injury** to subcutaneous **tissues** under intact skin.



How to prevent this injury

- Position change every 2 hours.
- Get you patient to go for a walk is it is safe to do so.
- Inspect skin every day for redness, inspect more often for a high risk patient.
- Well balanced diet and adequate hydration
- Wash with warm water and mild soap that does not irritate skin.

- If incontinent then apply barrier cream

and absorbent pads keep area dry to reduce irritation

- Do not massage or rub vigorously as this can damage the underlying tissue

In the event of pressure injury.

- Document pressure injury
- Specialised mattress and heel elevators to relieve pressure.
- Pain assessment
- Changing positions 2 hourly
- Dressing done to promote healing.
- Well balanced diet.

Pressure injuries are recognized as an

international patient safety problem they increase morbidity and mortality. Most pressure injuries are preventable if appropriate measures are implemented. Prevention involves ongoing risk assessment of all patients, implementation of prevention strategies including skin inspection and repositioning patients at regular intervals, analysis of the causal factors in the event of pressure injury development and the selection of appropriate pressure relieving strategies

Any questions ?

Thank you.