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Royal Brompton & Harefield **NHS**
NHS Foundation Trust

Information for patients and carers

Pressure ulcers: prevention and treatment

إذا كنت ترغب في الحصول على ترجمة فورية لمضمون هذه الوثيقة إلى اللغة العربية، يرجى منك الاتصال بأحد مستخدمينا بجناح المصلحة التي يتم فيها استشفائك. أحد موظفينا سيسعى لترتيب إجراءات الترجمة وإتمامها في الوقت المناسب لك.

Brosurteki bilginin Türkçe tercumesi için tedavi görüyor olduğunuz bölüme bas vurunuz. Bölüm personeli tercümenin gerçekleşmesini en kısa zamanda ayarlayacaktır.



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This leaflet gives you and your carer with information on pressure ulcers, how they develop, how to prevent them and what treatment you will be given if you develop a pressure ulcer. It does not replace personal advice from a healthcare professional. If you have any questions, please ask your doctor or nurse.

The information in this leaflet is adapted from the National Institute for Health and Care Excellence's (NICE) information for the public, 'Pressure ulcer prevention, treatment and care', published in April 2014.

What is a pressure ulcer?

A pressure ulcer is damage to the skin and the deeper layer of tissue under the skin. It happens when pressure is applied to the same area of skin for a long time and so the blood supply is cut off.

Pressure ulcers tend to happen to people who have to stay in a bed or a chair for a long time.

Pressure ulcers are sometimes called 'bedsores' or 'pressure sores'.

If they aren't treated, pressure ulcers can become very serious. They may cause pain and/or can mean staying longer in hospital.

Severe pressure ulcers can badly damage the muscle or bone underneath the skin, and can take a very long time to heal.

Who is at risk of getting a pressure ulcer?

People of any age can get a pressure ulcer. You may be at a higher risk of getting a pressure ulcer if you:

- have problems moving or changing position without help
- cannot feel pain over part or all of your body
- have problems controlling your bladder
- are seriously ill
- are having an operation
- have had a pressure ulcer before
- have a poor diet and don't drink enough water

- have problems with memory and understanding (such as dementia)
- have an injury which affects how you move.

The more of the problems listed above that you have, the more at risk you are of getting a pressure ulcer.

If you are at risk of getting a pressure ulcer, your doctor or nurse will explain why and what you can do.

When you are admitted to hospital, you will be assessed to see whether you are at risk of developing a pressure ulcer as soon as possible after your admission.

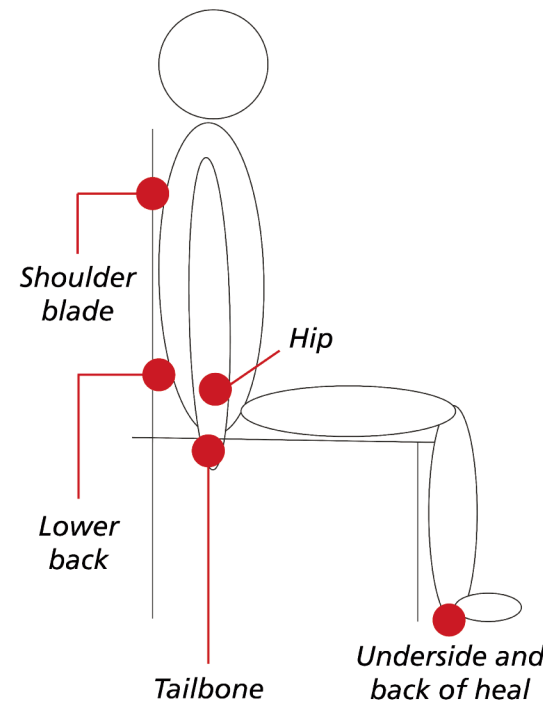
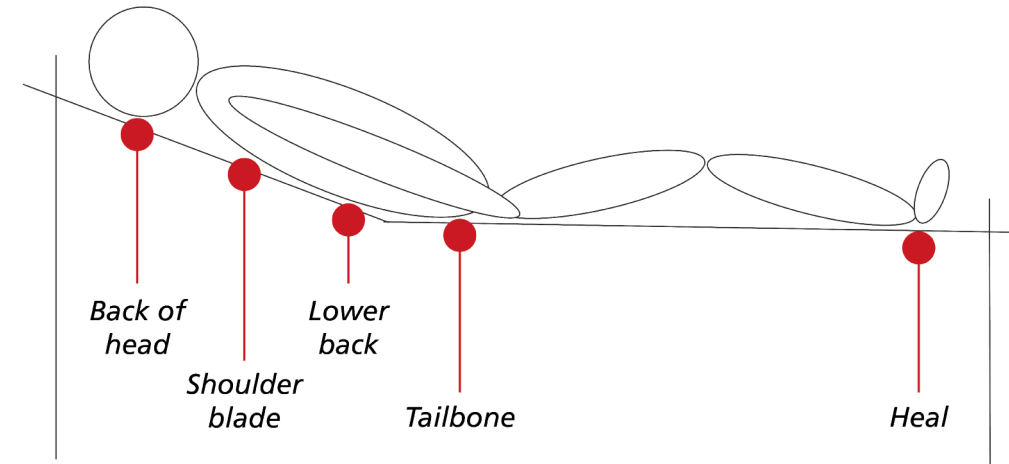
If you are not at risk, you will be reassessed if there is a change in your condition that puts you at risk (for example, if you have surgery, or a condition or illness you have gets worse).

Where can pressure ulcers develop?

Pressure ulcers often develop on bony parts of the body, for example:

- lower back
- back of the head and ears
- shoulder blades
- elbows
- hips
- inner knees
- heels and toes

Pressure ulcers can also develop under medical devices such as oxygen nasal cannulas (tubes to give people additional oxygen). These can cause skin damage behind the ears, for example, if the skin is not protected.



If you are lying on your side, rather than on your back, there are other areas that may be at risk of pressure ulcers developing, such as the hip, elbows, ear, and between the knees and ankles.

How can pressure ulcers be prevented?

Repositioning

One of the best ways of preventing a pressure ulcer is to reduce or relieve pressure on the areas that are most likely to develop pressure ulcers (see diagrams on previous page). This is done by moving around and changing position:

- You should change position often – at least every six hours.
- Adults who are at high risk of pressure ulcers, and babies, children and young people, should make sure they move around at least every four hours.

If you can't move yourself, you will be offered help to move. Special lifting equipment may be used to do this. You will also be shown how to reposition yourself.

If you are a parent/carer of a child who is at risk of pressure ulcers, a play expert will be able to help your child to move and change position.

Pressure redistributing equipment

Equipment is available that can help prevent pressure ulcers. For example, there are mattresses and overlays (a layer placed on top of a mattress) available that spread out the pressure or remove pressure from different parts of the body.

If you use a wheelchair or sit for long periods of time, and have a pressure ulcer or are at risk of developing one, you may be offered a special cushion.

Babies, children and young people who are at risk of developing a pressure ulcer on the back of their head will be given a special pillow or pad.

Barrier creams

You may be offered a 'barrier cream' if your skin is wet, or dry and inflamed. These creams, in combination with repositioning and using pressure redistributing equipment, protect the skin and help prevent pressure ulcers from developing.

What happens if I am at high risk of getting a pressure ulcer?

Skin assessment

If you are at high risk of developing a pressure ulcer, your doctor or nurse will regularly ask you about any pain or discomfort.

They will also regularly check:

- your skin, especially bony parts of the body, and the back of the head in babies, children and young people
- for changes in the colour of your skin, especially redness that does not go away when pressed with the fingers
- how the skin feels, for example its temperature, firmness, and whether it is wet or dry.

If you notice any redness on your skin that doesn't go away when pressed with your fingers, tell your doctor or nurse so that they can give you treatment and check your skin more regularly.

Planning your care

Your nurse or doctor will discuss with you how they will help you to avoid pressure ulcers and how you can help yourself. A care plan will be agreed, which will cover:

- the results of your skin assessment (see above)
- how best to relieve pressure on those areas that are at particular risk
- how often you should change your position
- any other problems related to pressure ulcers (for example if you have difficulty moving).

How are pressure ulcers treated?

If you develop a pressure ulcer, your doctor or nurse will regularly measure it, estimate how deep it is and assess how severe it is. This will help them to decide what care you need.

The treatment options are:

Pressure redistributing equipment

If you have a pressure ulcer, you will be given a foam mattress instead of an ordinary mattress. This is designed to relieve pressure. Babies, children and young people will be given a cot or bed mattress, or an overlay.

If a foam mattress is not enough to relieve the pressure, you may be offered a more specialised mattress, overlay or bed that relieves pressure from different areas of the body, or that moves air or fluid (also called a 'dynamic support surface').

Eating well

If you have a pressure ulcer, your diet will be assessed by a dietitian. They will discuss your diet with you and your family or carers, and if you are not getting enough of particular nutrients, you may be offered supplements.

You will also be assessed to make sure that you are getting the right amount of fluids.

Antibiotics and dressings

You may need other treatments to help your pressure ulcer heal, such as dressings and/or antibiotics.

Your doctor or nurse will discuss with you what the best type of dressing is for your pressure ulcer.

If there is a sign of infection in your pressure ulcer, you will be given antibiotics. Babies, children and young people may also be given special 'antimicrobial' dressings to help fight infections.

Removing damaged skin

Sometimes it may be necessary to remove the damaged skin and the tissue below it – this is called 'debridement'. This is done by either cutting it away or by using special dressings.

Your doctor or nurse will discuss whether you need debridement and what the options are.

Negative pressure wound therapy

'Negative pressure wound therapy' is where suction is applied with a special dressing to remove the infection, to stop fluid escaping and to help the wound heal.

More information

If you have any questions about pressure ulcers, please ask your doctor or nurse.

There is also more information available from:

- National Institute for Health and Care Excellence: www.nice.org.uk/guidance/cg179/ifp/chapter/About-this-information
- National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Injury Alliance: www.npuap.org/wp-content/uploads/2014/08/Updated-10-16-14-Quick-Reference-Guide-DIGITAL-NPUAP-EPUAP-PPPIA-16Oct2014.pdf
- Your Turn – campaigning to prevent pressure ulcers: <http://your-turn.org.uk>

Useful contact details

Tissue viability nurse specialists

Royal Brompton Hospital

Tel: **020 7349 7715** (bleep 7074, extension 2970)

Harefield Hospital

Tel: **01895 823 737** (bleep 6239, extension 5346)

Rehabilitation and therapies

Tel: **020 7352 8121** (extension 4181)

Play service

Play team referrals:

Email: **PaediatricPlayTeam@rbht.nhs.uk**

Tel: **020 7352 8121** (extension 2026)

Play service manager:

Tel: **020 7352 8121** (bleep 1294)

If you have any concerns about any aspect of the service you have received in hospital and feel unable to talk to those people responsible for your care, call the Patient Advice and Liaison Service (PALS):

- Royal Brompton Hospital – 020 7349 7715
- Harefield Hospital – 01895 826 572

Alternatively, email pals@rbht.nhs.uk. This is a confidential service.