

**Incontinence:** Wash and dry your skin carefully. Do not use talcum powder or perfumed soap as these can dry the skin out. If you have loss or no control over your bowels or bladder speak to your nurse or doctor about the best way to control it.

**Nutrition:** Eat a well balanced diet and drink plenty of fluids.

### Key points to remember

- If you need help, don't be afraid to ask
- Try to keep moving
- Eat a balanced and varied diet
- Wash and dry your skin carefully
- Look out for red or darker areas or changes in texture
- Remember special equipment is available for those at risk of developing pressure ulcers

## Contacts whilst in hospital

- Health professionals on the ward
- Tissue viability link worker on your ward/department - ask a member of staff
- Tissue Viability Team Tel: **024 7696 6154**

## Contacts once you are at home

- G.P./Own Doctor
- District Nurse
- Practice Nurse
- Carer

*The Trust has access to interpreting and translation services. If you need this information in another language or format please contact the Ward staff and we will do our best to meet your needs.*

### Document History

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Patient/Carer's guide to preventing

# Pressure Ulcers

(Also known as Pressure sores or bed sores)

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print solutions (europe) ltd - 0121 449 8381

University Hospitals **NHS**  
Coventry and Warwickshire  
NHS Trust

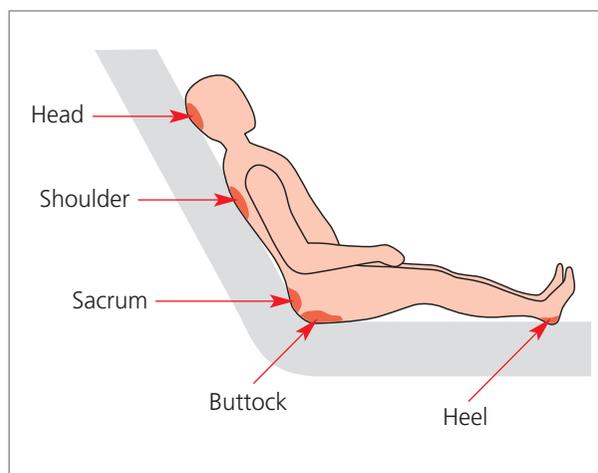
## What is a pressure ulcer?

A pressure ulcer or bed sore is an area of the skin and underlying tissue which is damaged. This is due to lying or sitting in one position for too long without moving, or by rubbing, dragging or sliding down or across the bed, which can strip the top layers of the skin.

## What to look for

Pressure ulcers are most likely to develop over bony areas. The areas most at risk are the heels, bottom, and base of the spine, elbows, shoulders and the back of the head.

- Red or darker patches of skin which do not disappear within 1-2 hours.
- Heat or cold
- Discomfort or pain
- Blistering
- Any numbness, soreness, swelling or hardening of the skin



## Who is at risk?

Those who:

- Have difficulty moving and changing their own position
- Are not eating or drinking properly
- Are in pain and therefore are reluctant to move
- Have diabetes or poor circulation
- Have loss or no control over their bowels or bladder causing the skin to be damp
- Are frail, elderly or weak
- Have loss of sensation to some parts of their body
- Have a serious illness or are undergoing surgery

## What can you expect from your healthcare professional?

**Assessment:** Within six hours of admission to hospital to identify your risk of developing a pressure ulcer. Regular assessments of your skin will be made.

**Surface:** A Mattress and cushion will be provided, depending on your level of risk.

**Keep moving:** Assistance with repositioning using correct equipment will be provided for immobile patients.

**Incontinence:** Will be assessed and skin kept clean and moisturised.

**Nutrition:** Will be assessed, and assistance to eat and drink provided. Supplements and snacks offered and a referral to a dietician made if you are identified as at risk.

## What can you do to prevent a pressure ulcer?

**Skin:** If you are able, check your skin regularly or ask a relative or carer. Do not continue to put pressure on reddened areas particularly on at risk areas.

**Keep moving:**

- One of the best ways to prevent a pressure ulcer is to relieve the pressure on the at risk areas by regularly changing position. This can be as simple as standing and walking on the spot for a few minutes every hour if you are able.
- If you are sitting, try and lift your bottom off the seat regularly.
- If you are in bed try and change your position without digging your heels into the bed as this can cause damage.
- Try not to slide down the bed as this can damage the skin - ask a health professional for advice if this is a problem.

