

## Pressure Ulcers (pressure sores)

How to reduce the risk of acquiring pressure sores in hospital

### Other formats

If you need this information in another format such as audio tape or computer disk, Braille, large print, high contrast, British Sign Language or translated into another language, please telephone the PALS desk on 01271 314090.

**Please be aware this leaflet contains images of pressure sores, which some people may find upsetting.**

### What is a pressure sore?

This leaflet has been designed to help you understand the risks associated with developing a hospital-acquired pressure sore, and the measures you can take to reduce the likelihood of developing one.

*"A pressure sore is localised injury to the skin which may include the underlying tissue, usually over a bony prominence, as a result of direct pressure or shearing of the skin."*  
(European Pressure Ulcer Advisory Panel)

- Shearing – this may occur if you slide down, or are dragged up the bed or chair and the layers of skin are forced to slide over one another or over deeper tissues.
- Friction – frequent rubbing on the skin can result in a 'friction burn' stripping off the outermost layer.

You may think that you are not at risk of developing a pressure sore because of your age, general fitness and activity levels, but when you are in hospital these factors change, increasing your risk.

## Grading of sores:

We typically grade sores from a grade 1 to a grade 4 depending on severity and presentation, and we will discuss this *with you if we discover a sore whilst you are a patient on the ward.*

Scottish Adapted European Pressure Ulcer Advisory Panel (EPUAP) Grading Tool

	Progression of a pressure ulcer		
<p><b>Grade 1</b> Non-blanchable erythema (redness) of intact skin. Discolouration of the skin, warmth, oedema, induration or hardness may also be used as indicators, particularly on individuals with darker skin</p>			
<p><b>Grade 2</b> Partial thickness skin loss involving epidermis, dermis, or both. The ulcer is superficial and presents clinically as an abrasion or blister</p>			
<p><b>Grade 3</b> Full thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to, but not through underlying fascia</p>			
<p><b>Grade 4</b> Extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures with or without full thickness skin loss</p>			

[www.tissueviabilityonline.com/pu](http://www.tissueviabilityonline.com/pu)

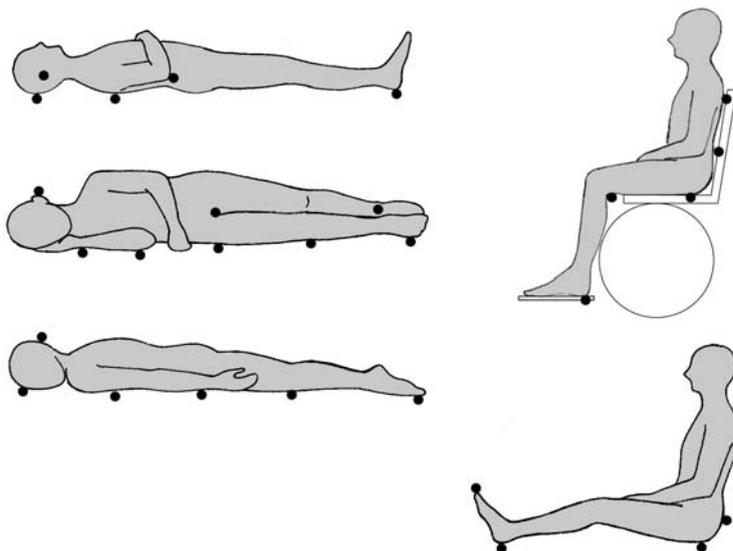
Version 1 1st July 2009

Images: Colin Blain Medical Photographer Inverclyde Royal Hospital (IRH) Greenock / Science Photo Library

## Where can pressure sores develop?

Common sites for developing pressure sores are:

- Heels
- Sacrum
- Elbows
- Hips
- Scalp
- Ankles



## How can I reduce the risk of developing a sore?

1. Keep moving/change positioning. Nursing or therapy staff will assist you with this if required or they will enable you to reposition yourself independently.
2. If you are in a semi reclined position in bed, make sure the knee break on your bed is raised to relieve the pressure on your lower back, sacrum and heels. If you are uncomfortable, please ask to speak to one of the nursing or therapy staff who can advise on positioning.
3. If you are sitting in a chair, make sure you are well supported with your feet flat on the floor and your back fully supported by the backrest. Your hips and knees should be at a 90 degree bend. There should be a small gap between the back of your knee and the front edge of the seat to prevent pressure building up behind your knees. Your arms should be able to rest comfortably on the armrests. This position will help to avoid pressure building up around your lower back and bottom and will help you to reposition yourself. If you are uncomfortable, please ask to speak to one of the nursing or therapy staff, who can advise on positioning.
4. Ensure you are eating and drinking well.
5. Ensure your skin is kept free from moisture.
6. You may be given special equipment if required.

## What can you expect from us?

When you are admitted to the ward the nursing staff will carry out a full assessment of your skin integrity and will ask you if you have any sore bits of skin or any existing sores. These will then be examined and acted on accordingly.

If you do have a pressure sore, with your consent you may be asked if we can photograph it. If you should develop a pressure sore, the nurse caring for you will have to record this, and again with your consent you may be asked if we can take a photograph of the sore. The reason for the photograph is so that we can see if the sore is improving or deteriorating and act accordingly. We may also share the photos with our tissue viability specialist nurses for further advice about your care.

In the event of a sore occurring, the nurse caring for you will discuss this fully with you.

You will be asked every day if we can check your skin to enable us to identify promptly any possible problems. Assessing your skin on admission to the ward and at regular intervals thereafter is an important task for nursing staff to do, so please don't be offended if we ask you personal questions about your skin; we ask everyone!

## How are pressure sores treated?

If you have an existing pressure sore, or develop a new one, a care plan will be developed with you. We will identify an appropriate dressing for the sore if one is needed. We will also develop a plan with you to ensure that you regularly re-position yourself, or are assisted to do so in order to minimise the risk of further pressure sores developing, and to help to heal any existing ones. This plan will be discussed with you fully.

If you have a pressure sore, the nurse caring for you will discuss this fully with you.

## Possible consequences of developing a pressure sore

If you develop a pressure sore, the consequences may be as follows:

- Increased pain
- Reduced physical activity
- Lengthened hospital stay
- The need for additional nursing input on discharge
- The possibility of infection

## Follow up

If you need any ongoing care in relation to prevention of pressure sores, equipment or care of a pressure sore, the ward staff will advise you before you leave. You may need support at home from a community nurse or therapist (physiotherapist or occupational therapist) and this will be arranged for you. If you need any pressure relieving equipment (e.g. bed, mattress, cushion etc.) then you will be advised of this and we will explain how this will be provided for you at home.

## Further information

[nhs.stopthepressure.co.uk](https://nhs.stopthepressure.co.uk)

[www.your-turn.org.uk](http://www.your-turn.org.uk)

[www.epuap.org](http://www.epuap.org)

## References

Dealey C, Posnett J, walker A. (2012) The cost of pressure ulcers in the United Kingdom. Journal of Wound Care. 21 (6) 261-266

Moore Z, Cowman S, Conroy RM. (2011) A randomized controlled clinical trial of repositioning using the 360 tilt for the prevention of pressure ulcers. Journal of Clinical Nursing Sep 20 (17-18) 2633-2644

[www.nice.org.uk/guidance/cg179](http://www.nice.org.uk/guidance/cg179)

[www.healthcareimprovementscotland.org/programmes/patient\\_safety/tissue\\_viability\\_resources/pressure\\_ulcer\\_grading\\_tool.aspx](http://www.healthcareimprovementscotland.org/programmes/patient_safety/tissue_viability_resources/pressure_ulcer_grading_tool.aspx)

## **PALS**

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or e-mail [ndht.pals@nhs.net](mailto:ndht.pals@nhs.net). You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple. Alternatively, it may be possible for us to arrange an appointment in your area.

## **Have your say**

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of the ward staff or the PALS team in the first instance.

'Patient Opinion' comments forms are on all wards or online at [www.patientopinion.org.uk](http://www.patientopinion.org.uk).

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