What to expect from us

When you are admitted to the hospice, we will, with your consent, examine your skin and assess your risk of developing a pressure ulcer.

This will include a visual inspection of areas at risk of pressure damage. If you would like a chaperone to be present whilst you are having your examination, please let your nurse know. We will ensure that you have the best supportive mattress and cushion for your needs

If you are unable to change your position, we will assist you to do so, according to your individual risks and needs, including if you are in a bed or a chair.

Practical Hints and Tips

DO:

- Change your position frequently while in bed or a chair
- Take good care of your skin, keeping it clean and free from too much moisture
- Try to eat a healthy diet
- Use equipment as advised by your nurse
- Inspect your skin for red marks and tell your nurse if they appear

DON'T:

- Sit on rubber ring cushions – this may cause more damage
- Massage or rub pressure areas
- Drag yourself over creased or damp bedclothes
- Allow incontinence sheets to crease up under you
- Don't try to manage a pressure ulcer yourself – seek help from your nurse

If you have any questions about your pressure area care, please do not hesitate to speak with your nurse.

St Luke's

Protecting your pressure areas

Registered Charity No. 254402

15-1025-1028-MR

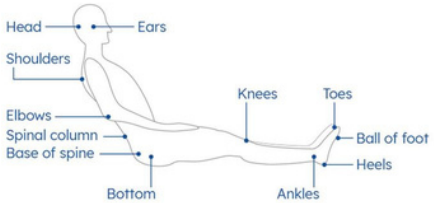
What is a pressure ulcer?

A pressure ulcer or bed sore is an area of the skin or 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. Pressure can cut off the oxygen and nutrients to the skin which causes it to break down.

What to look for

Pressure ulcers are most likely to develop over bony areas. The areas most at risk are the heels, bottom, 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 of the skin
- Any numbness, soreness, swelling or hardening of the skin



Who is at risk of getting a pressure ulcer?

Anyone can get a pressure ulcer, but you are at a greater risk if you:

- Have problems moving or cannot change position without help
- Have poor circulation or diabetes
- Currently have a pressure ulcer
- Have problems with sensitivity to pain or discomfort
- Have no control over their bowel or bladder, causing them to be damp
- Are in a wheelchair
- Are seriously unwell
- Are over- or underweight
- Have damage to the spinal cord
- Have to wear a brace or splint
- Not eating and drinking enough
- Are frail, elderly or weak

To assess your risk of developing a pressure ulcer, the nursing team caring for you will ask to examine your skin and ask you some questions. This will help us to identify any specialised equipment (cushions/mattresses, etc) you may need during your stay.

Important points to prevent or heal ulcers:

Skin – your skin should be frequently assessed to check for warning signs of a pressure ulcer developing. The nursing team will advise you and your carer on how pressure can be reduced on areas of skin that are vulnerable.

This advice will include:

- Correct sitting and lying positions
- How to adjust your sitting position
- How often do you need to be moved either in your chair or bed
- How to support your feet

What equipment should you use and how to use it

Surfaces – you may need some specialist equipment to support you. The nursing team will assess you and decide which mattress/cushion is the most suitable for your needs.

Incontinence – damp skin may be damaged more easily, for example, urine, sweat or a weeping wound. Keeping the area clean and dry will help, as well as applying a barrier cream (where appropriate). Regularly moisturising areas such as the heels will also help.

Diet – eat a good diet, which includes fresh fruit and vegetables, protein rich foods such as fish, eggs and cheese, along with drinking adequate fluids to keep your skin soft and supple.