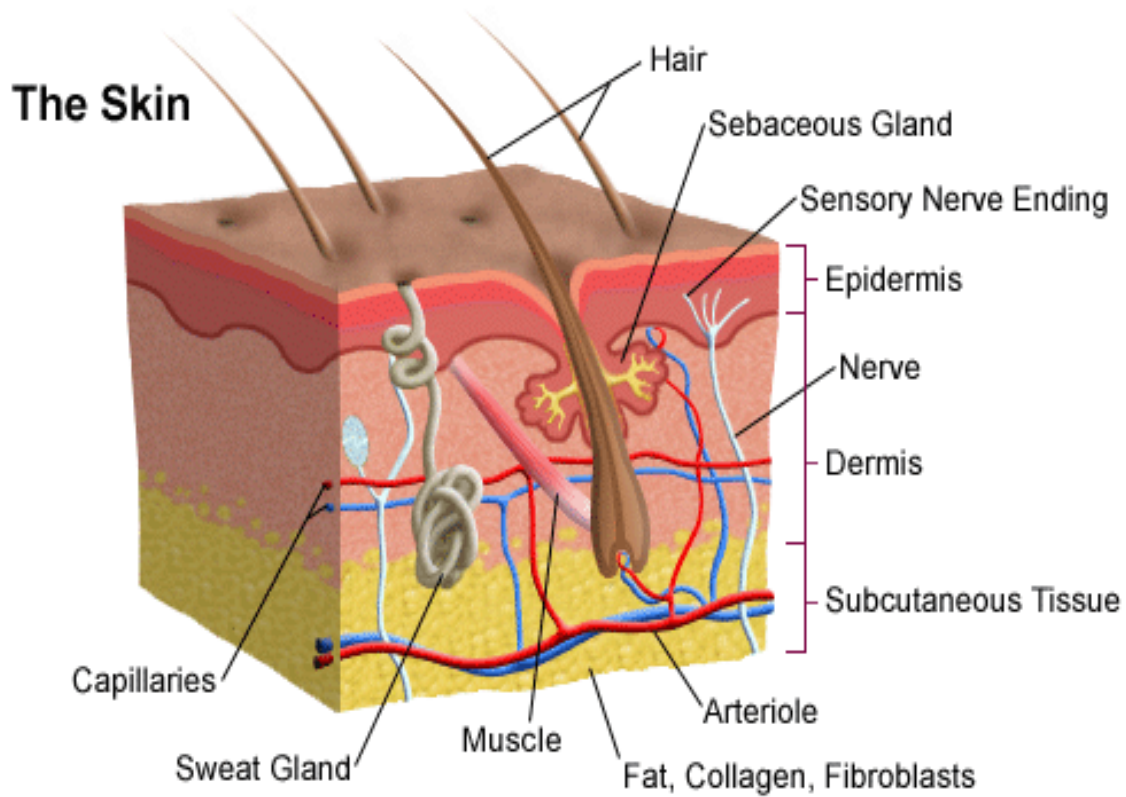


PRESSURE SORES

RGN Joy Laude



THE ANATOMY OF THE SKIN



WHAT IS PRESSURE SORE?

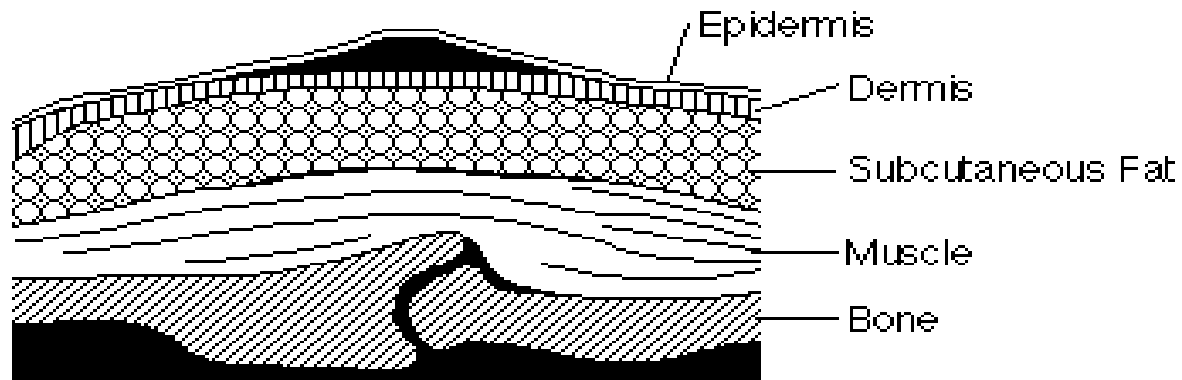
- A pressure ulcer is an area of skin that breaks down when you stay in one position for too long without shifting your weight. This often happens if you use a wheelchair or you are bedridden, even for a short period of time (for example, after surgery or an injury). The constant pressure against the skin reduces the blood supply to that area, and the affected tissue dies.
- A pressure ulcer starts as reddened skin but gets progressively worse, forming a blister, then an open sore, and finally a crater. The most common places for pressure ulcers are over bony prominences (bones close to the skin) like the elbow, heels, hips, ankles, shoulders, back, and the back of the head.

GRADING SYSTEM

⦿ **Grade 1:**

The skin is not broken but the color of the skin changes, purple or red. The irritated skin may feel warmer than the skin around it. At this stage, the pressure ulcer may be healed just by taking pressure off that skin area. Non-blanching hyperaemia / erythematic of intact skin demonstrates that damage is occurring.

GRADE 1

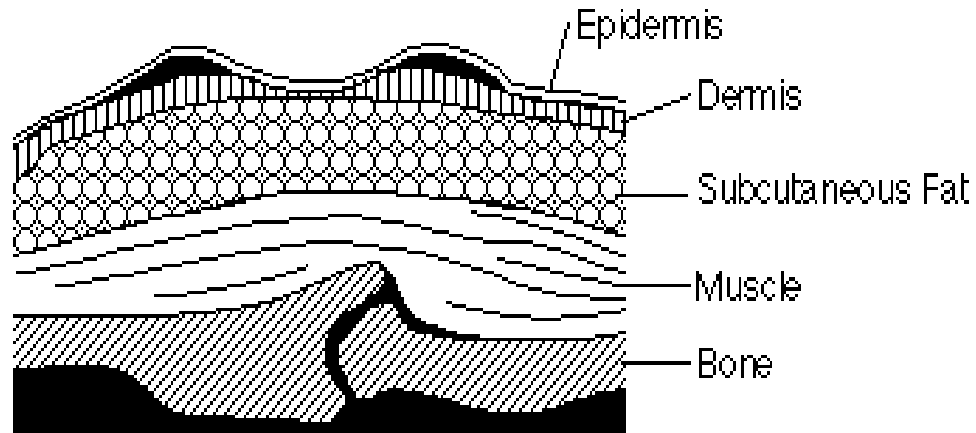


GRADING SYSTEM

- ◉ **Grade 2:**

In a grade two pressure ulcer, some of the outer surface of the skin (the epidermis) or the deeper layer of skin (the dermis) is damaged, leading to skin loss. The ulcer looks like an open wound, or a blister.

GRADE 2

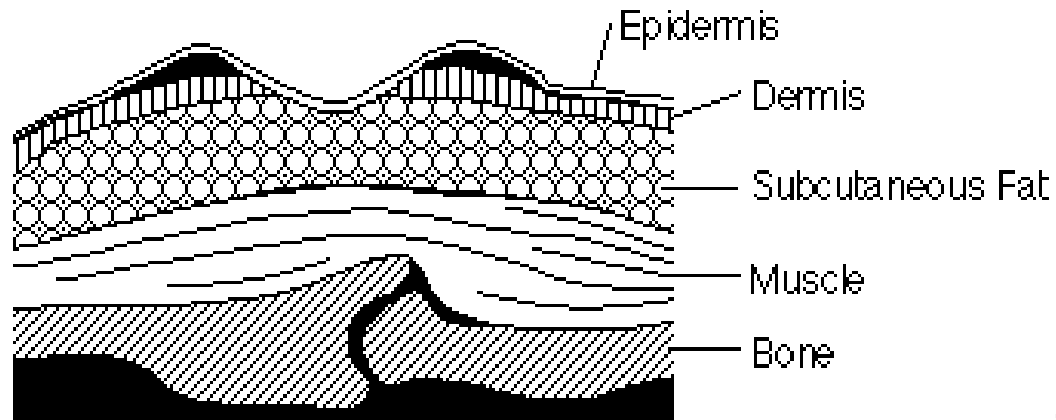


GRADING SYSTEM

◉ **Grade 3:**

In a grade three pressure ulcer, skin loss occurs throughout the entire thickness of the skin and the underlying tissue is also damaged. The underlying muscles and bone are not damaged. The ulcer appears as a deep cavity-like wound

GRADE 3



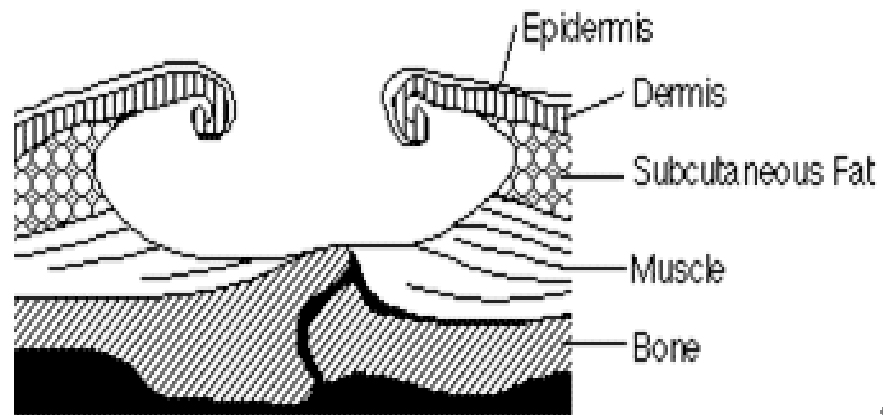
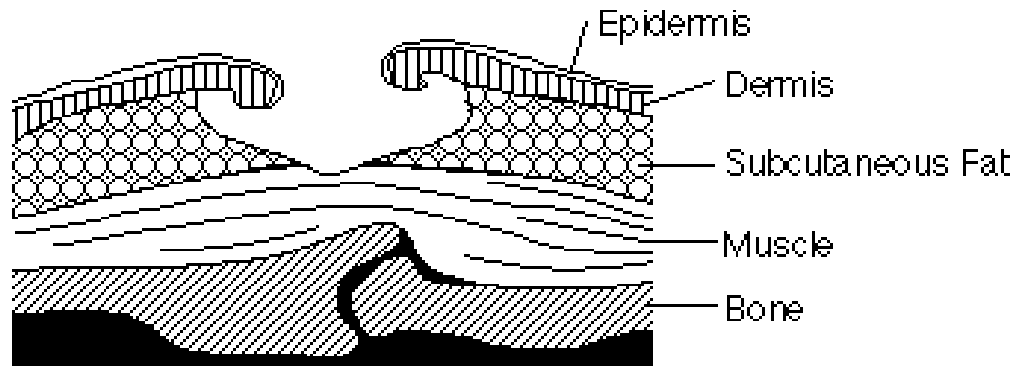
GRADING SYSTEM

◉ **Grade 4:**

A grade four pressure ulcer is the most severe type of ulcer. The skin is severely damaged and the surrounding tissue begins to die (tissue necrosis). The underlying muscles, or bone, may also be damaged.

People with grade four pressure ulcers have a high risk of developing a life-threatening infection.

GRADE 4



AT RISK

○ Who?

- Patients who are unable to reposition themselves due to either surgery, long term illness, or advanced age.

○ Where?

- Parts of your body that are prominent for pressure sores are the bony areas such as shoulder or shoulder blades, elbows, back of your head, ears, knees, heels, toes, ankles, your lower back or hipbone

CAUSES OF PRESSURE ULCERS

- Pressure ulcers develop when sustained pressure interrupts the blood supply to parts of the body. Blood contains oxygen and other nutrients that are required to keep tissue healthy. Without a constant supply of blood, tissue damage occurs and the tissue will eventually die.
- Types of pressure that can lead to damage are: interface pressure, shear, friction and moisture.

HOW CAN YOU PREVENT THEM?

- ⦿ Risk assessment tools
- ⦿ Equipments
- ⦿ Barrier creams and dressings
- ⦿ Care plans for repositioning and daily pressure area check

RISK ASSESSMENT

- ⦿ Risk assessment should be done on admission and reassessed if patients condition changes.
- ⦿ After assessment it is a must put in place appropriate care plan for the patient.
- ⦿ Main aim of the assessment is to reduce the risk of developing pressure damage and early detection of any skin damage.

RISK ASSESSMENT

- The following are considered for risk assessment
- Weight and height (BMI)
- Continence
- Risk areas due to skin type
- Mobility
- Gender
- Age
- Appetite
- Special risks, neurological deficit, major surgery or trauma, medications

EQUIPMENTS USED

- Profiling beds
- Bed mattresses
 - Different types, viacilin, biwave, trinova and cairwave
- Cushions for chairs and wheelchairs
- The use of sliding sheet prevent shear



DRESSINGS AND BARRIER CREAMS

- ◉ Cavilon
- ◉ Sudocream
- ◉ Comfeel, biatain

