

## PALS

### **Patient Advice and Liaison Service**

For information about CPFT services or to raise an issue, contact PALS on **Freephone** 0800 376 0775, or **e-mail** [pals@cpft.nhs.uk](mailto:pals@cpft.nhs.uk)

Out-of-hours service for CPFT service users

**0800 052 22 52**

Mondays to Fridays from 5pm to 8pm;  
Saturdays, Sundays and bank holidays from 8am to 8pm.

For free, confidential health advice and information 24 hours a day, 365 days a year please contact NHS 111.

## More information

Cambridgeshire and Peterborough NHS  
Foundation Trust

**HQ** Elizabeth House, Fulbourn Hospital,  
Cambridge, CB21 5EF.

**Telephone** 01223 726789

**Fax** 01480 398501

**Email** [communications@cpft.nhs.uk](mailto:communications@cpft.nhs.uk)

**Website** [www.cpft.nhs.uk](http://www.cpft.nhs.uk)

Date of Production: May 2015  
Date of Review: May 2018

\*High quality lifelong care  
**Integrated services**

### **Pressure area care**

A guide for patients and carers



### **Tissue Viability Team**

This leaflet contains general information. If there is anything else you need to know please speak to your doctor or nurse

### What is a pressure ulcer?

A pressure ulcer is an area of damage to the skin and underlying tissue. They are sometimes known as pressure sores or bed sores.

### What causes a pressure ulcer?

Pressure ulcers are caused by poor circulation to tissues due to a combination of the following factors.

#### Pressure

Body weight and some equipment (eg anti-thrombosis stockings) can squash the skin and other tissues where parts are under pressure. This reduces the blood supply to the area and can lead to tissue damage.

#### Shearing

Sliding or slumping down the bed/chair can damage the skin and deeper layers of tissue.

#### Friction

Poor moving and handling methods can remove the top layers of skin. Repeated friction can increase your risk.

### Who is most at risk of developing pressure ulcer?

You may be at risk of developing pressure ulcers for a number of reasons including the following.

#### Problems with movement

If your ability to move is limited you don't get enough oxygen to the parts under pressure.

#### Poor circulation

Vascular disease or smoking reduces your circulation.

### For further information about this service contact:

Tissue Viability Team  
Management Building  
Brookfields Hospital  
351 Mill Road  
Cambridge, CB1 3DF  
Telephone 01223 723199

Cambridgeshire and Peterborough NHS  
Foundation Trust

Tel: **01223 726789**

Email: **communications@cpft.nhs.uk**

Website: **www.cpft.nhs.uk**

*Information contained in this leaflet has been reproduced with permission of the Tissue Viability Team, Buckinghamshire Hospitals; and Patient Safety Federation.*

**Patient Safety**   
**Federation** safe care for all

Date of Production: May 2015

Date of Review May 2018

**What should I do if I suspect a pressure ulcer?**

Tell your doctor or nurse as soon as possible and follow the advice they give you.

Eat and drink as medically advised.

Name:

.....

District Nurse:

.....

You are at low/medium/high risk of pressure ulcers.

**Moist skin**

You may be at increased risk if your skin is too damp, due to incontinence, sweat or a weeping wound. It is important that your skin is kept clean and healthy.

**Lack of sensitivity to pain or discomfort** Conditions such as diabetes, stroke, nerve/muscle disorders etc reduce the normal sensations that usually prompt you, or enable you to move. Some treatments (eg epidural pain relief, medication, operations) reduce sensitivity to pain or discomfort so that you are not aware of the need to move.

**Previous tissue damage**

Scar tissue will have lost some of its previous strength and is more prone to breakdown.

**Inadequate diet or fluid intake**

Lack of fluid may dehydrate your tissues. Weight gain or loss can affect the pressure distribution over bony points and healing.

**Risk Assessment**

To assess your risk of developing pressure ulcers, a member of your health care team will examine/asses you and ask you some questions. This will help to identify if you require any specialised equipment or other forms of care, and will assist in providing for your individual needs.

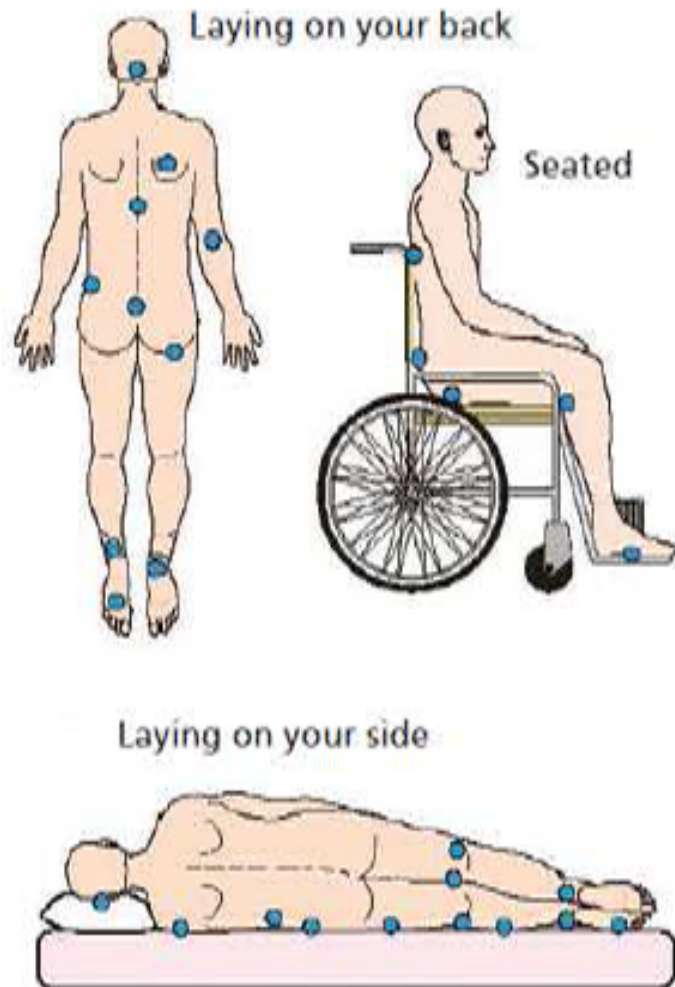
**What are the early signs of a pressure ulcer?**

You will notice the following signs:

- Change in skin colour, redder or darker
- Heat or cold
- Discomfort or pain
- Blistering
- Skin damage

Without appropriate intervention the damage may worsen, developing into hard black tissue or an open wound.

## Common locations of pressure ulcers



Reference: Whiting NL (2009) Skin assessment of patients at risk of pressure ulcers. Nursing Standard vol 24 no. 10 pages 40 - 44

## What can I do to avoid pressure ulcers?

There are several ways you can reduce the risk of pressure ulcers.

### Keep moving

Changing your position regularly helps keep blood flowing. If you have reduced movement the health care team looking after you will assist you with regular turns in addition to providing specialist mattresses, cushions, etc.

### Look for signs of damage

Check your skin for pressure damage at least once a day. Look for skin that doesn't go back to its normal colour after you have taken your weight off it. Do not continue to lie on skin that is redder or darker than usual. Also watch out for blisters, dry patches or breaks in the skin.

### Protect your skin

Wash your skin using warm water or pH neutral skin cleansers. Do not use heavily perfumed soap or talcum powder, as these can soak up the skin's natural oils leading to vulnerable dry areas. If you suffer from incontinence please inform your health care team as they can assess the best way to deal with your problems. Rubbing/massaging skin is bad for it.

### Eat a well-balanced diet

Make sure you eat a healthy balanced diet and drink plenty of fluids. Extra protein may help.