

Pressure Ulcer Prevention & Positioning

Pressure ulcer, also called pressure sore or decubitus ulcer, is any injury to the skin and the tissue under it. It is caused by prolonged pressure on certain bones against the skin when you sit or lie down for a period of time. It also may be called bedsore because it occurs frequently to people confined to a bed or a chair.

How Pressure Ulcer Develops

A pressure ulcer develops when too much pressure is put on the skin for a long period of time. The constant pressure on the skin cuts off the blood supply that carries oxygen and nutrients to the skin and tissue below it. As a result, it causes death to skin and tissue, and a pressure ulcer forms. The most common areas affected are the tailbone, shoulder blades, knees, elbows, back of the head, heels and hips.

What to Look For

Pressure ulcers can be serious depending on the degree of injury to the skin and tissue. The injury can begin as a change in the normal color of skin with no break in the skin and progress to severe injury involving the muscles and bones. Initially, redness of unbroken skin appears that does not go away when pressure is released within 30 minutes, or it may look darker than normal in a dark-skinned person. But over time, the redness may turn into a blister and/or a break in the skin, called an ulcer, is formed.

People at Risk

- Anyone who is confined to a bed, chair or wheelchair
- Anyone who is immobile or unable to move due to paralysis, coma or hip fracture
- Anyone who is unable to control urine or bowel movements
- A person with poor nutrition
- Anyone who suffers from decreased mental awareness

The purpose of this patient education handout is to further explain or remind you about a medical condition. This handout is a general guide only. If you have specific questions, be sure to discuss them with your healthcare provider. This handout may be reproduced for distribution to patients.

What to Do

Taking the pressure off the ulcer whether in bed or in a chair is the first step toward healing. If you are immobile or bedridden, it is important that your caregiver changes your position at least every 2 hours.

- Keep the head of the bed as low as possible, to prevent sliding, which pulls the skin.
- Do not lie on the pressure ulcer. Use a pillow or foam pad to free the ulcer from pressure.
- Do not rest directly on the hipbone.
- Keep pillows or foam pad between ankles and knees to prevent them from rubbing against each other, and place a pillow under the calves to keep heels off the bed.
- Do not place pillow directly behind the knees as this could decrease blood flow to legs.
- Do not use ring-shaped cushions as they increase pressure on parts of the buttocks.

If you are confined to a chair, you should be repositioned every hour.

If you are able to shift your own weight, change your position at least every 15 minutes. Always keep an upright position and avoid slouching as this can cause or worsen a pressure ulcer.

Lift, instead of drag yourself, as dragging can damage the skin surface by bending or stretching the underlying blood vessels. Use only cushions designed for reducing or relieving pressure on sitting surfaces.

Pressure ulcers are painful and can lead to infection. Changing positions frequently and good body posture are important strategies to preventing pressure ulcer. A written turning schedule or a turn clock may help you and your caregiver remember turning times and positions. In addition, eat a balanced diet and keep your skin clean and dry. Inspect skin twice each day and pay special attention to bony pressure points.

Resource

Di Lima, S.N., Hildebrandt, U., & Schust, C.S. (1996). Skin care. In *Spinal cord injury patient education manual* (pp. 16-27). Baltimore: Aspen Publishers Inc.

Compiled by Merriam P. Yuson-Lowry, a rehabilitation nurse consultant and wound care specialist at the National Rehabilitation Hospital in Washington, DC.

