

**CIUSSS de l'Estrie – CHUS**

# ARE YOU AT RISK OF DEVELOPING A PRESSURE INJURY?

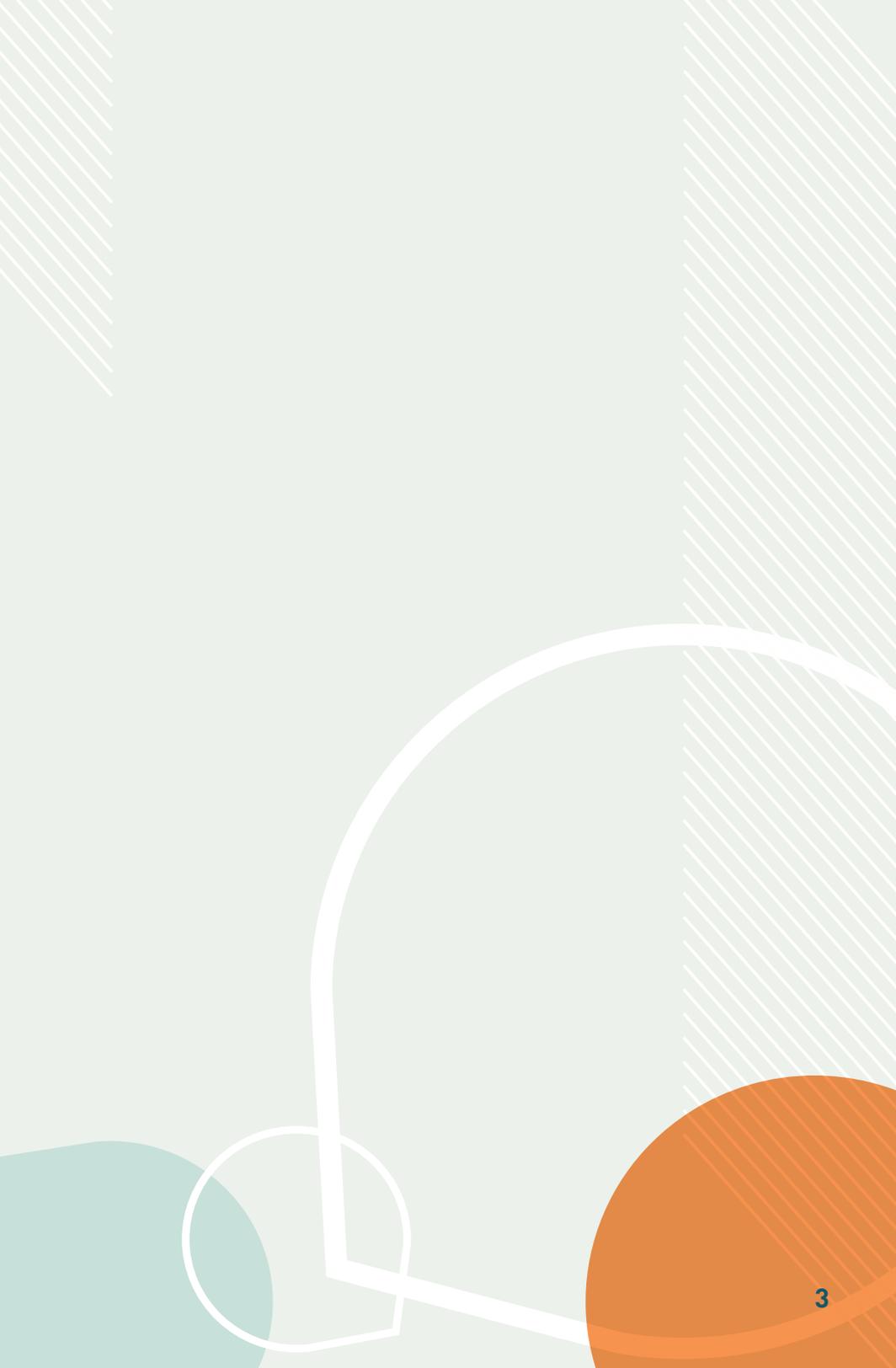
Prevention



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## INTRODUCTION

Have you lost sensation in a part of your body or do you have difficulty moving?

If so, you are at risk of developing pressure injuries, better known as **bedsores**.

### **The purpose of this brochure is to inform you about:**

- Pressure injuries
- Preventing, recognizing, and caring for injuries

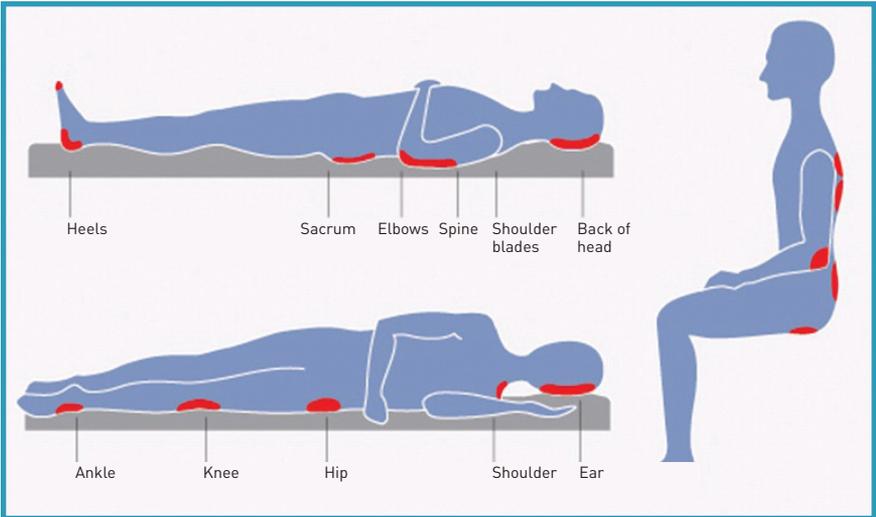
Happy reading!

The Care Team

## WHAT IS A PRESSURE INJURIES?

It is an area of damage to the skin and possibly underlying tissues caused by **excessive or continuous pressure**.

The areas usually affected are the sacrum, heels, and ankles (opposite a bone).



Source : <http://www.pegasushealthcare.com/clinical/clinical-knowledge-centre/> (2018)

### How do pressure injuries occur?

The pressure resulting from prolonged sitting or lying down without movement disrupts blood flow to the skin and muscles.

- If the blood flow to the skin and muscles is disrupted for too long, they die and the result is an ulcer.
- Any redness when changing position should disappear within 20 minutes. If the redness persists, you have a pressure injury.

*Pressure injuries can also appear as a black wound or crust resembling leather referred to as an eschar. The appearance depends on the severity of tissue involvement.*

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## WHAT ARE THEIR MAIN CAUSES?

### A) LOSS OF SENSATION

The individuals most affected by a loss of sensation are people who:

- are paralyzed;
- are in a coma;
- have dementia; or
- are diabetic (lower limbs are particularly affected).

Such people often cannot feel the pain or discomfort that accompanies excessive or prolonged pressure.

### B) MOBILITY IMPAIRMENTS

The individuals at greatest risk of developing pressure injuries are:

- people who have difficulty changing position, are bedridden, or sit constantly;
- people who need help to change position or move, such as people bedridden after
  - surgery or as the result of disease;
  - people with Parkinson's, arthritis, or multiple sclerosis; people who sit for long periods of time;
  - the elderly who are mostly sedentary;
- and people at the end of life.

## **C) CIRCULATORY AND RESPIRATORY PROBLEMS**

People with blood-circulation, heart, or respiratory problems are at the most risk due to restricted blood and oxygen supplies in the body.



Source : CIUSSS de l'Estrie - CHUS

## **D) MEDICATION**

Some drugs change the sensation of pain and slow the healing of wounds. Ask your doctor, pharmacist, or nurse about your medications.

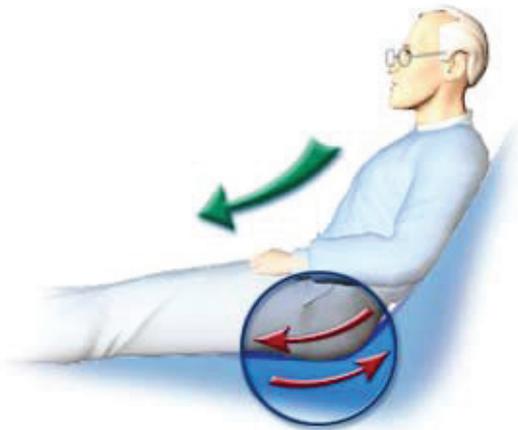
## **E) DIET**

Poor nutrition increases the risk of developing a pressure injury because your skin and muscles don't get the nourishment they need and are less resistant.

## F) PRESSURE, FRICTION, AND SHEAR

The **pressure** can be caused by contact with a mattress or chair if you remain in the same position for an extended period. Other causes include shoes or stretch stockings that are too tight and casts.

**Friction** and **shear** occur when a bedridden person is slid up towards the head of their bed or when they are sitting in their bed and slide towards its foot. Transfers to and from a wheelchair and bed can also cause friction and shear.



www.escarre.fr

Source: <http://www.escarre.fr/plaie/patients-concernes/mauvaises-positions-couchees.php> [n.d.]

## G) SKIN HYGIENE

Dry skin increases the risk of pressure injuries.

- Avoid taking baths in hot water.
- Use a mild liquid soap (e.g., unscented white Dove®, Aveeno®, Cetaphil®).
- After showering or bathing: Thoroughly dry your skin and apply moisturizer (do not apply it between your toes if you are diabetic).

## H) MOISTURE

Moist skin (due to incontinence or perspiration) increases the risk of developing an ulcer.

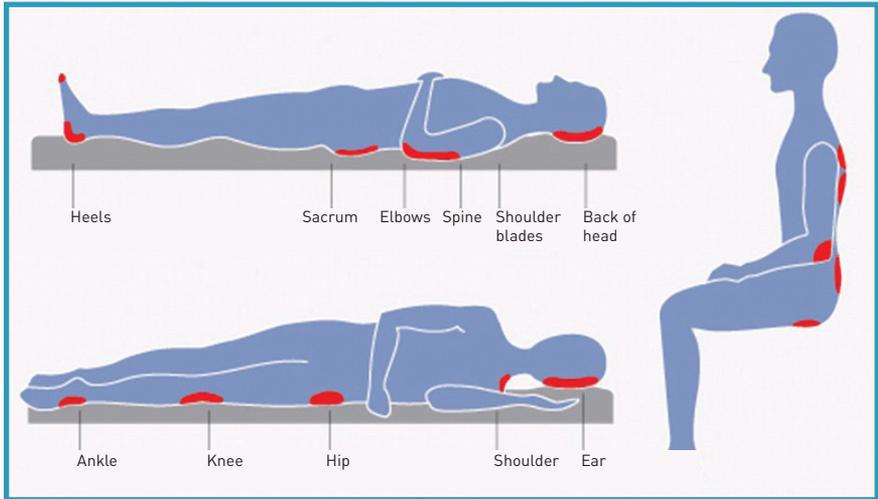
High temperatures and humidity (fever, summer heat, etc.) make skin more fragile.

In the case of **incontinent individuals**, it is important to clean and dry the buttocks as soon as possible after an occurrence of incontinence. The use of a barrier cream is also recommended.

# WHAT IS YOUR ROLE IN PREVENTING THEM?

## A) CHECK YOUR SKIN

Inspect the areas marked in red every day.



Source : <http://www.pegasushealthcare.com/clinical/clinical-knowledge-centre/> (2018)

### Look for:

- Persistent redness
- Hardening of the skin and underlying tissue
- Heat or swelling
- Lesion
- Blister

### If you see one of the symptoms:

- Avoid putting pressure or weight on this area.
- Inform your doctor or a nurse without delay to have your ulcer treated promptly.

## B) ADJUST YOUR POSITION TO REDUCE PRESSURE AND FRICTION IN THE AREAS AT RISK OF DEVELOPING PRESSURE INJURIES.

**Buttocks:** Avoid raising the head of the bed more than 30° because that puts too much pressure on the buttocks.



Source : <http://www.pegasushealthcare.com/clinical/clinical-knowledge-centre/> (2018)

**Heels:** Avoid resting your heels directly on your bed's mattress as much as possible. Heels are particularly sensitive to pressure because of their small surface area and skin fragility.

- Place a pillow under your calves to raise your heels and to prevent pressure for extended periods of time.
- Devices are available to relieve the pressure on the heels of bedridden people.



Source : <http://www.escarre.fr/supportposition-mobilisation/position/talonmateriel-souple.php> (n.d.)



Source : <http://ilsau.com.au/product/suspensionbariatric-smooth-boot/> (2018)

## C) CHANGE YOUR POSITION FREQUENTLY

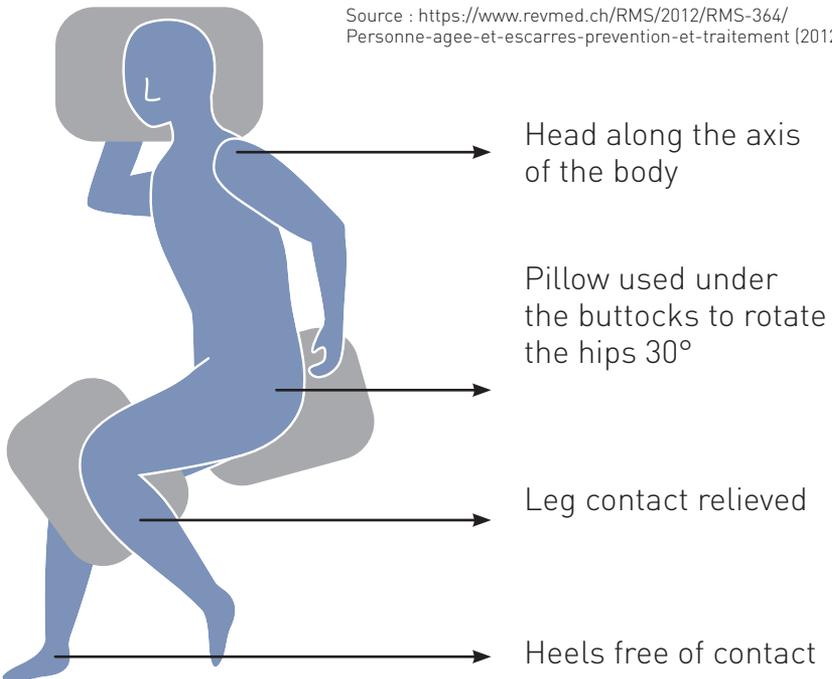
### If you are bedridden:

Change your position **every 2 hours, even if you have a special mattress**:

- Completely on the right side
- Completely on the left side
- 30° on the side (halfway on the side)
- 30° on the other side (halfway on the side)
- On the back
- On the stomach

Cushions and pillows can be used to distribute pressure and for greater comfort. They reduce pressure and friction between the bones of the knees and ankles when placed between your legs.

Source : <https://www.revmed.ch/RMS/2012/RMS-364/Personne-agee-et-escarres-prevention-et-traitement> (2012)



## **If you are sitting in a chair:**

- Shift your weight from side to side or front to back every 15 minutes. A clock with programmable alarms could be useful in reminding you to keep moving.
- If you can't shift position on your own, ask for help to do so every hour.
- Make sure that you have enough support points to adequately distribute your weight:
  - Back straight and well supported
  - Feet on the floor level or a support
  - Arms on armrests

## **D) SPECIAL CUSHION OR MATTRESS**

- In certain cases, special mattresses or cushions can prevent pressure injuries. Do not pick out a cushion yourself.
- You need to turn to specialists for help! Health-care professionals (occupational therapists and physiotherapists) have the knowledge needed to assess your needs and advise you properly.

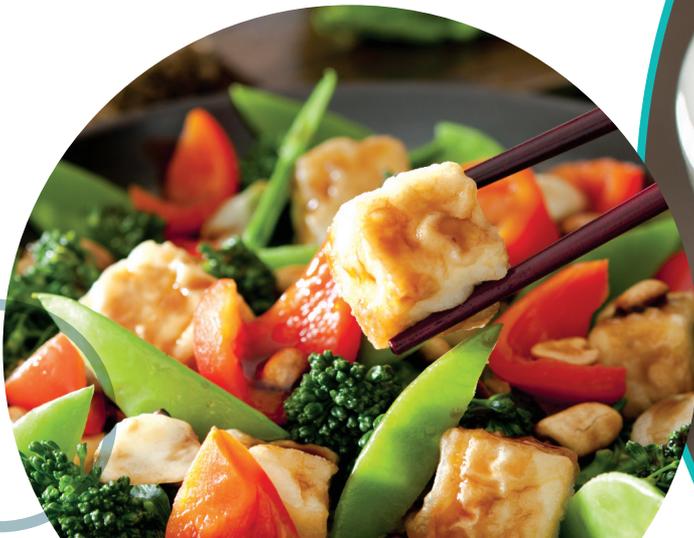
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## THE IMPORTANCE OF DIET

- Eating a healthy, balanced diet will help prevent and heal pressure injuries.
- You need fruit, vegetables, and foods high in protein and calories (meat, tofu, dairy products).
- Drink plenty of water unless otherwise advised by your doctor.

### **If you are diabetic or have kidney disease:**

- Your doctor and a nutritionist can provide guidance.
- They will advise you on which foods and vitamins to eat or avoid.





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## THINGS TO DO

- Check your bedclothes regularly to make sure they are clean, dry, and free of anything that might injure you.
- Change position often.
- Contact an occupational therapist if you want to use specialized equipment for bed–chair transfers to reduce pressure and friction.

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## THINGS TO AVOID

- Using a doughnut-shaped cushion because it increases pressure around the wound perimeter and aggravates the problem.
- Rubbing a rash to stimulate circulation.
- Wearing shoes that are too tight.
- Wearing clothes that are inappropriate for people with a loss of sensation (overly tight pants, heavy seams in areas at risk of ulcer development).
- Staying in the same position for more than 2 hours.

**IF YOU HAVE A PRESSURE INJURY, YOU NEED TO COMPLETELY AVOID PUTTING PRESSURE ON IT AT ALL TIMES IN ORDER FOR IT TO HEAL.**

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## WHEN SHOULD YOU CONSULT YOUR DOCTOR OR A NURSE?

### If you spend most of your time in bed or a chair:

- As soon as redness appears that doesn't go away after 20 minutes.
- As soon as a blister, broken skin, or injury occurs.

### If you have a pressure injury:

- At the first sign of infection:
  - pain, heat, swelling, discharge with pus, or a foul odour from your wound
  - fever

**Tell your CLSC nurse if you have a pressure injury. She will provide the care and treatment required.**

If you would like to have a special mattress or cushion, ask your doctor or nurse to refer you to an occupational therapist. They can be purchased, loaned, or rented.

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