Policy & Procedure: Reference for pressure ulcers

**Pressure ulcer definition and cause:**

- A pressure ulcer can form when the tissue on a part of the body is “pinched off” between the bone and a hard surface object. Many times caused by sitting the same position for too long. What happens is for example on a person’s buttocks, is the weight from the person sitting puts pressure between the bones in the body and the bottom of the chair. In time this will kill the blood vessels and capillaries that run through this tissue. The skin will first turn red from lack of blood flow and then skin will break open, usually circular in appearance.
- You may also develop a friction ulcer. The tissue damage is the same but usually the cause is a constant rubbing of a body part against an object. Examples could be the buttocks sliding in the chair or an arm with constantly rubbing on a hard armrest. These will usually appear jagged in appearance and more of oval shape not the circular appearance of a pressure ulcer.
- A resident who is bed ridden is very susceptible to developing pressure sores. Any time a resident is hospitalized or in a nursing home for rehab, a complete body check upon returning home is mandatory. So often in these facilities people are not given enough time and repositioned properly that they return home with pressure ulcers on them.
- A pressure ulcer can develop very quickly, under a week, but can take many weeks to heal. Prevention is the best cure.

**Pressure ulcer prevention:**

- Being in the same position for prolonged periods of time can cause pressure ulcers. To avoid this it best to have residents who can bear weight stand up and move their legs every hour, even for a minute or two. If someone cannot bear weight just to lift their hips and buttocks up, manually or with hoyer, and sit back down. This will shift the weight and change the pressure points. Having your residents exercise is a great way to help prevent pressure sores from developing. Simple leg lifts or movements that the resident can do on their own are great. Range of motion exercises do not help too much with this, whatever the resident can do on their own is best.
- Poor nutrition can be a cause. A person needs calories for nutrition to grow and maintain skin. Not eating or poor nutrition can be a cause of skin breakdown.
- Diabetics are more susceptible to getting pressure ulcers and need to watch closely.
- Devices can cause pressure ulcers also. If a person is on oxygen the tubes around their ears can rub against the skin and cause a sore. It is important to watch all devices like
this and something as simple as putting cotton under the tube next to the skin can solve this problem.

- Elderly folks are also more at risk to develop pressure sores. When you are older your circulation is not as good and you do not heal as fast, so our elderly folks must always be watched for this.
- Constant friction can be a problem. Ulcers do not develop only on a person’s bottom. You can get then anywhere where there is constant friction between an object and a person’s skin. Example being the heel or knee or elbow, anywhere where consistent friction can happen. It is important to watch how a person sits in their chair and if any of these spots where friction can happen appear.
- Sheepskin and egg crate can help, but are no substitute for air or gel fitted seat cushions in wheel chairs. Also the more covers you put over a cushion; the less useful you make that cushion. Do not put layers of covers or incontinent pads over these cushions; one pad on top is enough.

**Stage 1 pressure ulcer:**

- One of the first signs is redness over a boney area. At this time the skin will still be intact. This is the time to act. Fill out a change in condition sheet and notify house manager and make sure nurse is notified.
- Blanching or non blanching of the skin will occur. How to tell this is, with your finger tip press down on the red area. The skin should turn white where you pressed. When you lift your finger in healthy tissue the normal color of the skin will return in a second. If the skin stays red when you press down or the whiteness does go return to normal color quickly, this shows tissue damage is present and you have the start of a pressure ulcer.
- See if you can find the cause. Examine the wheel chair and see if you can get a pressure relief device.
- Lightly massage the area on the skin with a moisturizer. In the case of a friction cause you may use Vaseline type petroleum. This will protect the skin and defect the friction.
- Change the resident’s position often and encourage exercise and movement.
- Check the resident’s diet of late to make sure enough nutrition is getting in and make any changes as needed.

**Pressure ulcer stage 2:**

- At stage 2 the skin will be broken and appear pink and moist.
- At this point the house manager must notify the doctor for treatment instructions.
- 2 points when contacting the doctor; 1 let the doctor know if any change in nutrition. Is there weight loss? Change in eating habits? Other illnesses present. 2, you may ask the doctor for a referral for wound care.
- You must follow the directions of the doctor in the care for the pressure ulcer. Some important points are to keep it clean and dry. To cover the area with something nonstick, such as Vaseline. Vaseline or a petroleum gel is much better than a triple
antibiotic ointment. The petroleum jelly will provide a barrier between the skin and moisture. Covering with a sponge dressing may be useful or even an item such as a kotex pad which will help pull the wetness from the skin.

- Also make sure to avoid pressure on the area that has the ulcer.

I __________________________ have read and understand the above information with regards to pressure ulcers. In addition, I understand the procedures I need to follow should I observe a change in a resident’s skin condition. Failure to follow the above policy and procedures could result in suspension or possible termination. All questions pertaining to skin break down protocol should be directed to _______________________.

__________________________________________________  ____________________________________________
Employee’s Signature                           Date

__________________________________________________  ____________________________________________
Manager’s Signature                            Date