

## **Objective**

Manage pressure ulcers by preventing worsening and forming new ones. Aim to maintain skin condition while respecting patient preferences.

## **Balancing Care**

Balance skin maintenance with patient comfort. Adjust care plan based on patient tolerance, preferences, and severity of ulcer.

#### **Assessment and Treatment**

Assess ulcers based on hospital guidelines. Tailor care plan to ulcer severity, including cleansing, infection management, and dressing application.

#### **Involvement and Comfort**

Engage in discussions about ulcer treatment for best care. Prioritise patient comfort and quality of life. Your input is crucial.

## **Care Plan Discussion**

Discuss pressure ulcer care plan with staff anytime for optimal management.

# Patient Advice and Liaison Service (PALS)

Please contact us if you need general information or advice about Trust services: <a href="https://www.bartshealth.nhs.uk/pals">www.bartshealth.nhs.uk/pals</a>

# Large print and other languages

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. For more information, speak to your clinical team.

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Patient information

Working together to prevent pressure ulcers



#### Introduction

Palliative care patients face a high risk of pressure ulcers, skin, and tissue damage. Factors like ageing, chronic conditions, injuries, and end of life influence skin's function. This guide helps prevent and manage ulcers in your loved one. It's for families and caregivers, as patients might not engage in care discussions. If possible, their input should be sought.

## What is a pressure ulcer?

Skin, the body's largest organ, acts as a protective barrier. Ageing thins it, while illnesses and certain medications like steroids and blood thinners exacerbate this. The initial indicator of a pressure ulcer is often skin discoloration, which can worsen into sensations of heat or cold, swelling, discomfort, pain, blisters and, eventually an open wound. These ulcers often arise over bony prominences where bone is near the skin's surface.

## What causes a pressure ulcer?

Historically, pressure was seen as the main cause of pressure ulcers. Now, shear (skin moving in a different direction from surface object), friction, and moisture are also recognised as harmful to skin and tissue. Shear injuries are often unseen in deeper tissues. Friction damage occurs when skin rubs against rough surfaces, causing abrasion. Moisture damage happens when bodily fluids like sweat, urine, and faeces linger on skin, weakening its natural barrier.

## Typical places where pressure ulcers form

When lying on your back



When lying on your side



When sitting up in bed



When sitting in a wheelchair or chair



#### **Pressure Ulcer Prevention:**

#### **Skin Care**

Maintain skin's acidity for optimal barrier function. Avoid soap, use special cleansers. Gently cleanse, moisturise skin, including creases. Protect skin from moisture with barrier creams. Consult nursing staff for product guidance.

#### Movement

Change position regularly to prevent skin problems. Pain relief can aid uncomfortable movements. Nursing staff will advise on frequency and pain management.

#### **Pressure Relief Aids**

Use special mattresses, cushions to distribute body weight evenly and reduce pressure ulcer risk. Discuss with staff for optimal use balancing prevention and comfort.

## **Dressings**

Apply special dressings to safeguard vulnerable skin, especially around medical devices. Nursing staff can guide on application.

# **Nutrition and Hydration**

Encourage eating and drinking to minimize skin damage and aid ulcer healing. Seek staff assistance if concerned about patient's nutrition and fluid intake.