



Richmond and
Wandsworth
**Safeguarding
Adults Board**

Have you had the 'bed sores' conversation yet?

Information for patients, family
members and carers



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

'Bed Sores', 'Pressure Ulcers', 'Pressure Sore'

They have many names, but **talking about them** is hard and rarely done, either due to **lack of awareness** or because it can be **embarrassing**. Their **danger** is silent and real. Being aware and discussing the possibility of bed sores can be the difference between life and death.

What is a bed sore/pressure ulcer?

A pressure ulcer (also known as pressure sores or bed sores) is an area of damage to the skin and underlying tissue. If untreated, this damage could progress to cause blood poisoning (septicaemia), which is life-threatening.

The risks involved with developing bed sores (pressure ulcers) are:

- Significant pain and discomfort;
- The need for daily dressings;
- Hospital admission;
- Blood poisoning (Septicaemia);
- Death.

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 (e.g. compression socks) can squash the skin and other tissues where they 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 the risk of developing bed sores.

What are the early signs of a pressure ulcer?

- change in skin colour - redder or darker;
- feeling of 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.

If you suspect a pressure ulcer, tell a doctor or nurse as soon as possible and follow the advice they give you.

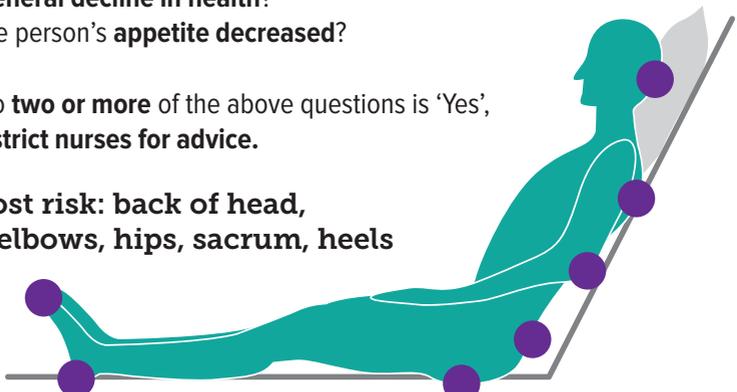
How do I know if I or the person I care for is at risk of developing pressure ulcers?

Consider these questions:

1. Are you or the person you care for experiencing **increased pain/soreness** to the bottom or heels?
2. Are you or the person you care for **incontinent/wears pads**?
3. Are you or the person you care for **staying in the same position** for more than 2-3 hours?
4. Is there a **general decline in health**?
5. Has your/the person's **appetite decreased**?

If the answer to **two or more** of the above questions is 'Yes', **contact GP/district nurses for advice.**

Areas at most risk: back of head, shoulders, elbows, hips, sacrum, heels and toes



What can I do to avoid pressure ulcers?

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

Keep moving

Changing position regularly helps keep blood flowing. If you or the person you care for 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 the 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 sit/lie on skin that is redder or darker than usual. Also watch out for blisters, dry patches or breaks in the skin. If you have any questions, seek medical help.

Protect the skin

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

Eat a well-balanced diet

Make sure you or the person you care for eat a healthy balanced diet and drink plenty of fluids. Extra protein may help.

For more information on pressure ulcers, please visit
www.nhs.uk/conditions/pressure-sores/