



Care of your skin to reduce the risk of pressure damage

This leaflet is designed to give you some helpful hints on preventing it.

This leaflet is designed to give you information on the causes of pressure damage and ways to prevent it from happening.

What is pressure damage?

Pressure damage to the skin and underlying tissue is caused by constant pressure to that area of the body.

Pressure ulcers, previously known as bed/pressure sores, range from mild (minor skin reddening) to severe (deep wounds).

Why does pressure damage happen?

If pressure damage is unrelieved, the tiny blood vessels, which supply the skin with nutrients and oxygen, are squeezed.

If this happens for too long, the tissue becomes damaged and a pressure ulcer forms.

Reddening of the skin that disappears after pressure is removed is normal, and not pressure damage.

Other factors can cause pressure ulcers:

- Sliding down in bed or on a chair damages the underlying structures in the skin. Even slight rubbing or friction on the skin may cause minor pressure ulcers.
- Prolonged use of incontinence pads encourages moisture to pool and can damage the skin.

Not all pressure ulcers are preventable, for example if you are very poorly, immobile, incontinent or have a poor appetite.

Where do pressure ulcers form?

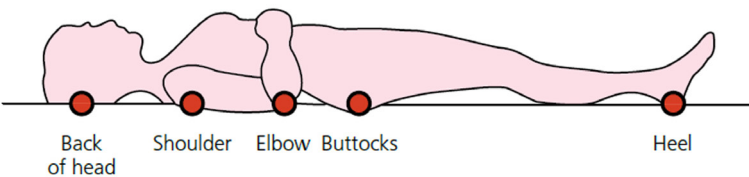
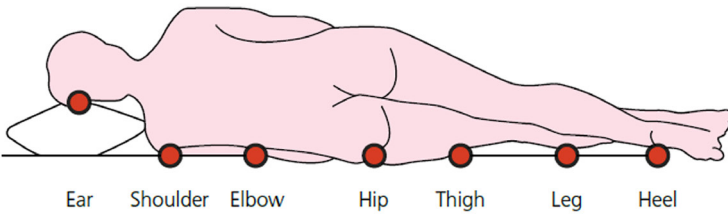
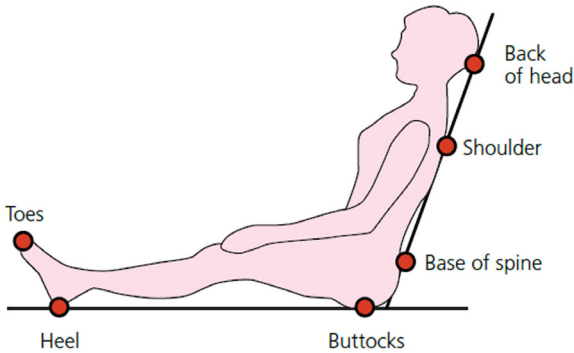
They tend to form where bone causes the greatest force on the skin, such as where parts of the body press against other body parts, or a mattress or chair.

With people who must stay in bed, most pressure ulcers form on the lower back below the waist, the hip bones and the heels.

Chair-bound people or wheelchair users need to be measured for the appropriate equipment to ensure they have the correct posture.

Pressure-relieving equipment for beds and chairs should be used to minimise any damage forming.

Common areas where pressure ulcers develop



At times the hospice nurses will assess your skin and may advise you or use preventative measures, such as special mattresses or repositioning, to help reduce the risk of pressure ulcers.

How can I prevent pressure damage?

Skin

Keep your skin flexible by moisturising your skin with a non-fragranced moisturiser. If your skin is very dry or fragile, ask for an intensive moisturising cream. Massage the cream into your legs and arms regularly. If you can't manage it for yourself, ask for help from the hospice staff or your family. Skin can be at more risk due to age, medications, oedema some medical conditions, and for people who are very poorly.

Keep moving

Improve your circulation by moving around, if possible. Get up and walk around your bed as often as possible.

If you are on bed rest, change your position at least every two hours. If you have problems moving around the bed, ask for help. It is beneficial for you to lie on your sides as well as your back. Try using pillows under heels or other vulnerable areas to improve your comfort.

Incontinence

Try to go to the toilet regularly to prevent accidents. If skin becomes moist it can become damaged. Please ask for assistance if you need it. There are barrier creams and films that will protect your skin if you suffer from incontinence.

Nourishment

Eat and drink well and take your dietary supplements. If you have problems eating, ask for a diet that meets your needs.

Pressure damage can be painful, embarrassing and debilitating - prevention is better than cure.

Look out for, and tell your nurse, carer or doctor if you find any of the following:

- red patches if you are light skinned
- purplish or bluish patches if you are dark-skinned
- blisters
- shiny areas
- dry patches or hard areas
- cracks, calluses, wrinkles or broken skin
- discomfort or numbness
- soreness/tenderness

If you are not sure about any of the information in this leaflet, please feel free to talk to your nurse or doctor about what you should do.

Please remember

This leaflet gives you some advice on how to try to prevent pressure ulcers forming; not all these steps apply to every person.

Ask questions

Understand what and why things are being done and know what is best for you. In the long term this will be best for your health and wellbeing.

For further advice

Speak to your nurse, doctor or carer who will be able to contact further specialist help if necessary.

Our nurses

Our team of clinical nurse specialists (CNS) and community healthcare assistants (CHCA) help you manage the symptoms of your illness and look after your wider care needs.

They are our own hospice staff, employed by St Elizabeth Hospice, and are **not Macmillan nurses**, as some people may think. Macmillan do not provide a community nursing service in our area as the hospice were asked to take over that responsibility from them some years ago.

Tell us what you think

Hearing about your experience of St Elizabeth Hospice can help us to improve our services and provide better care and support for those who need it.

To make a comment or complaint, or to compliment us on something we've done well, please write to us or visit stelizabethhospice.org.uk

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