



Category 1

If you think you have found a pressure ulcer or moisture damage that is not improving, if the person's condition is deteriorating or if skin check / care is being refused contact the Community Nursing Team as soon as possible and seek advice.

It is important to act quickly, but not to feel that you are to blame. If you can remove any pressure from the area by changing the patients position so they are not sitting or lying on it.

Make sure any pressure relieving equipment is working and is in use.

Your clients community nurse team is:

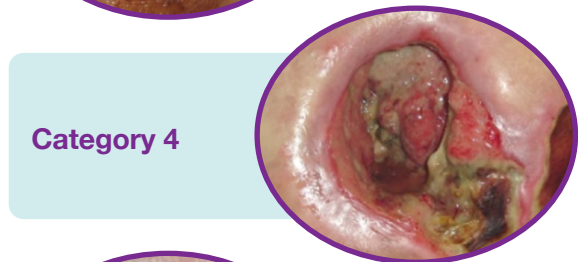
Contact number:



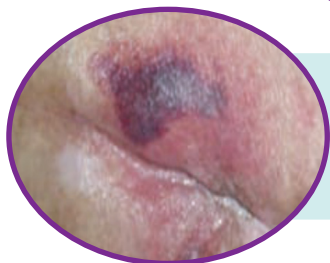
Category 2



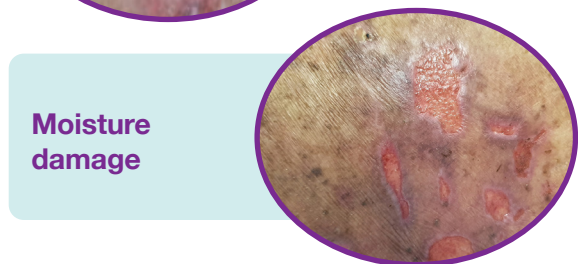
Category 3



Category 4



Tissue damage that could be deep underneath but skin is not broken yet



Moisture damage



Some pressure ulcers become infected and very painful. At worst, this can make the person seriously ill with blood poisoning or infection of the bone. If your client becomes increasingly unwell or experiences any of the following symptoms then the advice would be to call 999 and say "this could be sepsis"

- Confusion (not knowing where you are, getting things muddled or not recognising familiar people)
- Extreme shivering or severe muscle pain
- Not passed urine (in 18 hours or a whole day)
- Severe breathlessness
- Feeling 'I know something is badly wrong with me'
- Skin that is mottled, bluish or very pale
- Dizziness that leads to a faint or collapse
- Racing heart beat

### Useful organisations

- The Love Great Skin Campaign - Wounds UK <https://lovegreatskin.co.uk>
- Your Turn: [www.your-turn.org.uk](http://www.your-turn.org.uk)
- Tissue Viability Society: [www.societyoftissueviability.org](http://www.societyoftissueviability.org)  
support@societyoftissueviability.org
- NHS: [www.nhs.uk](http://www.nhs.uk) > conditions > pressure ulcers
- Please watch Nottingham CityCare's Information film on Pressure Ulcer Prevention <https://youtu.be/5FUZfIJrt2c>

### Getting in touch with CityCare

You can feed back any compliments, concerns, complaints or comments by:

E: [ncp.customer@nhs.net](mailto:ncp.customer@nhs.net)

W: [www.nottinghamcitycare.nhs.uk](http://www.nottinghamcitycare.nhs.uk)

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Chief Executive: Louise Bainbridge APRIL 2023



# Pressure ulcer prevention

## Information for carers





# Who are CityCare?

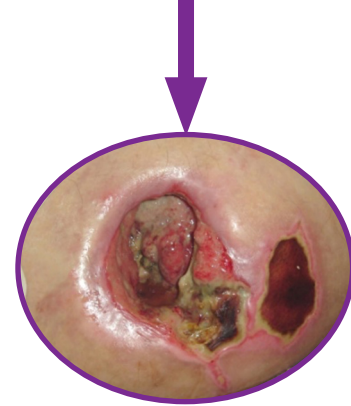
## We are your local provider of high quality community health services.

We provide quality care you can trust.

We deliver a diverse range of healthcare services for adults and children in the community including health visiting, school and family nursing community nursing, physiotherapy, occupational therapy and in-home rehabilitation of older people; services for cardiac, respiratory, neurology, continence, palliative care, diabetes, dietetics and the NHS Urgent Treatment Centre.

We have a long heritage of delivering high quality care for you and your family at home, or close to home, in community settings such as health centres, schools and GP surgeries.

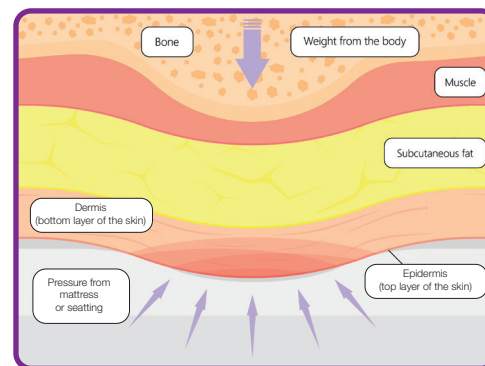
As a social enterprise we work in partnership with patients, staff, partners and the local community to build a healthier more sustainable future for all.



## What is a pressure ulcer?

A pressure ulcer is an area of skin - and also the tissue underneath - that has become damaged because of pressure. An ulcer may develop over bony areas that are close to the skin. The ulcer forms because the blood supply to the skin is reduced and the skin becomes starved of oxygen and nutrients.

Sitting or lying in the same position for too long is a common cause of pressure ulcers. If skin becomes thin, dry, moisture damaged or weak due to ageing or disease, pressure ulcers also become more likely.



## Older people are at higher risk of pressure ulcers, particularly if they have difficulty moving.

- **Frailty** causes the loss of protective fat and muscle mass, and also means the skin can become thinner.
- **Poor diet and dehydration** - not eating and drinking well can weaken the skin and make it less able to heal itself.
- **Incontinence** - moisture from sweat, urine, faeces and wounds can damage the skin.
- **Poor blood supply** - conditions such as diabetes or vascular disease increase the risk of ulcers.
- **Agitation or restlessness** - repetitive movements, rubbing of clothes, shoes and slippers often over the heels or elbows, damages the skin and makes ulcers more likely.
- **Medication** - some medicines can cause the person to be more sleepy or the skin to dry out.
- **Communication** - the person may be less able to tell someone that they are in pain or want to move.
- **People whose general health is deteriorating** will be likely to develop pressure ulcers more quickly.

## Good skin care

### Aim to keep skin well hydrated and supple

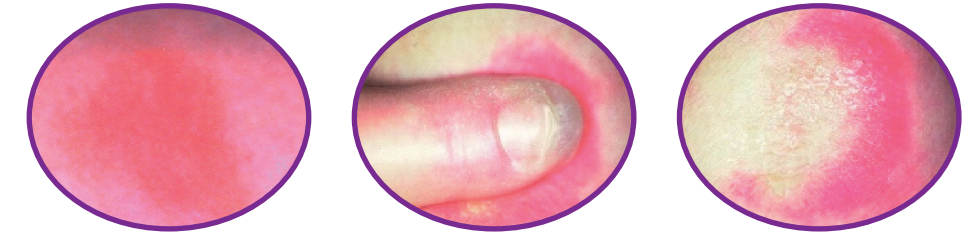
- Good fluid intake 6 – 8 cups a day
- Wash with moisturisers rather than soap
- Apply more moisturisers after washing
- Pat dry do not rub
- Do not use talc
- Use hypoallergenic skin products / deodorants / shampoo
- Use any products prescribed for the skin following the instructions
- If using barrier creams these prevent moisture penetrating the skin but DO NOT reduce pressure

## Good positioning

- Where possible avoid extra layers of sheets / incontinence pads / sheepskins on top of pressure relieving mattresses as these increase pressure if creased and reduce the effectiveness of the mattress.
- Prevent people slipping down the bed which causes skin damage from friction and shearing by using the knee support on an electric bed, very tall people can have bed extensions if feet are touching the base board.
- Prevent bony parts of the knees, feet and ankles resting on top of each other by using pillows.
- Position the person so the person is comfortable and all parts of the body are supported.
- Ensure limbs, areas of skin and genitals are not trapped under the body skin is not stretched.

## Spotting the signs

If a person has red patches anywhere on their skin (especially over raised bony areas), and these stay red when pressed lightly with a finger, this may well be an early sign of pressure ulcers. Do not ignore these signs. The area may also be painful, hard or hot to the touch.

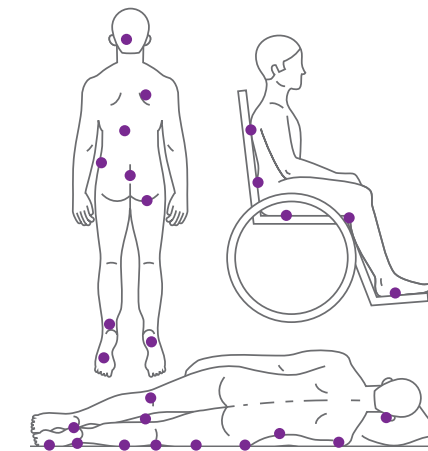


A normal blanching response = no pressure damage. A dark or reddened area that blanches should disappear if person is repositioned off the area but it is warning the area has had pressure on it. No blanching = category 1 pressure damage.



Pressure ulcers may be more difficult to detect in people with dark skin. They may show up as patches, with a blue or purple tint that is cooler or warmer than the surrounding skin and does not go away

If you help a person to wash or dress, always take a few moments to check their skin, especially around bony areas. Pressure ulcers are most likely to appear on the heels, ankles, knees, buttocks, hips, base of spine, back bone, elbows, shoulder blades, toes and the back of the head.



Skin damage can also be caused by pressure or rubbing of medical devices such as catheter tubing, oxygen tubing, masks and splints and also from items that are worn such as glasses, hearing aids, incorrectly fitted incontinence pads and shoes.

Check under and around these items for skin damage and remove or change their position if they are causing discoloured skin or marking.