You are doing WELL when:
• An area of redness is decreasing or gone
• You are able to prevent skin breakdown from pressure ulcers

CALL your doctor or nurse if you notice:
• Reddened skin over a bony area that you have been laying on, and the redness does not go away.

This booklet will help you to improve your health and prevent a pressure ulcer.
• Pressure Ulcers have had different names over the years---bed sores, decubitus ulcers or pressure sores
• If a health care professional has given you this book it means that they think that you are at risk of getting a pressure ulcer.
• There are many ways to improve your health and actions to take to prevent most, but not all, pressure ulcers.

Closed wounds are not the same as healed wounds, but health care professionals use both words.
New skin covering a closed wound will never be as strong as before the injury, even when healing is complete. This can take up to 2 years.
It is important to take extra care to prevent the wound from opening again.

This booklet was produced as part of the South West Regional Wound Care Initiative June 2012.
Adapted from the SWCCAC Wound Management Program and the CarePartners RNAO/ Ontario MOHLTC Best Practice Spotlight Organization Project Nov. 2010 with permission, and from the Ready...Aim...Improve! Surgical Wounds http://www.qualitynet.org
If you need care when at home, and have OHIP, the South West Community Care Access Centre (SWCCAC) may be part of the health care team. Your team might include:

**Doctor/Nurse Practitioner:** will oversee your health, and make referrals to other professionals.

**Nurses:** will provide information and make suggestions to improve your health.

**Dietitian:** can help to choose the proper foods to eat to help you to improve your health.

**Physiotherapist***(PT):** can tell you what positions to take in bed or chair, and how to use things like pillows or special devices to reduce pressure.

**Occupational Therapist***(OT):** can recommend special mattresses and cushions to reduce pressure, and help you stay in position. Special equipment can help with transfers to prevent friction to the skin.

**Other possible team members** are Personal Support Workers, Speech Pathologists, Social Workers etc.

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*Taking the Pressure Off 2009 Masspro, the Medicare Quality Improvement Organization for Massachusetts
Sources of vitamin A are: liver, milk/dairy products, egg yolk, and fish oils.

Sources of zinc are: meat, fish, seafood (especially oysters), poultry, liver, eggs, milk, legumes, whole wheat products, and wheat germ.

Sources of iron are: meat, poultry, fish, liver, organ meats, eggs, legumes, nuts, dried fruit, fortified breads, cereals, and pastas. Iron from animal sources is easier to absorb than that provided by plant foods. Iron absorption is improved if taken with foods containing vitamin C.

Healing requires extra calories, and a diet high in protein is needed to build new tissue. Increase your protein intake: meat, eggs, fish and dairy products, nuts, whole grains combined with beans, soya tofu.

*With thanks to CarePartners/ET NOW for use of this information


What is a pressure ulcer?
A pressure ulcer is an area of skin damaged due to one or more reasons: pressure, friction, shear, and/or moisture. This causes tissue damage or death (necrosis). Pressure ulcers can be shallow or deep wounds.

Conditions that Contribute to Pressure Ulcers:
- Being bed-ridden due to illness such as a broken hip or flu
- Diabetes, heart disease and poor circulation can decrease blood flow to areas of the body
- Low blood pressure
- Lung conditions that decrease the level of oxygen in your circulation
- Anemia
- Conditions that impair your ability to feel or understand sensations such as pressure or discomfort: Spinal Cord Injuries (SCI), Multiple Sclerosis (MS), stroke
- Dementia such as Alzheimer’s
- When you cannot change your position by yourself
- Poor food intake, especially protein (e.g. meat, fish, dairy products, nuts)
- Low body weight
- Loss of bladder or bowel control
- Dry skin
- Excessive sweating or wound drainage
- Advanced old age
Pressure happens when you stay in one position for a long time, or even a short time on a very hard surface. Think about sitting on a hard wooden chair. If you are uncomfortable, it is not very long before you shift position. Constant pressure can stop the blood and oxygen supply to that area.

Friction occurs when one skin surface rubs against another, or when skin drags over another surface, like a ‘brush burn’. This opens the upper layers of the skin, and there will be a bit of drainage. There can be several small openings.

This can quickly get worse without help. Causes include:
- lifts and transfers where your body drags along the bed or surface
- restless movements or spasms of the legs especially if the legs are swollen

Shear is tearing and separation of deep tissue including muscle. This happens when you slide down from a sitting position, or drag your bottom instead of lifting it. The flesh moves one way and bone in the opposite direction. This pinches the blood vessels and injures the deep tissue.

Nutritional Information for Wound Healing

Note* If you have diabetes you may not be able to follow all of these suggestions. You may also be on a restricted diet due to other health conditions, or have food allergies.

Don’t skip meals.

If you are not hungry, eat small amounts more often. Ask your doctor about having a small glass of sherry before meals, or for a prescription of Maltlevol liquid vitamin. Either one can help improve your appetite.

Many vitamins and minerals are important in the healing process, including vitamins A & C, zinc and iron. If your appetite is poor, ask your pharmacist about taking a multivitamin and mineral supplement.

If you are taking vitamin E please stop taking it while the wound is healing (it delays healing).

The following foods are important for healing:

Sources of vitamin C are: citrus fruits and juices, strawberries, tomatoes, sweet peppers (especially red), potatoes, broccoli, cauliflower, brussels sprouts and cantaloupe.
• Consider special perineal cleansing sprays that will keep the skin pH normal and moisturize the skin—some leave a protective barrier film
• Set up routine times of the day to go to the toilet
• Use absorbent pads or adult products that wick the moisture away from the skin
• If you get a rash caused by urine or bowel movement you may need prescription creams ordered

**Pain and Medications**
• If you cannot change position or move about in comfort, you are at increased risk of getting a pressure ulcer
• Pain can decrease your appetite, and interfere with sleep.
• Take your pain medication as ordered to keep you comfortable.
• Take any prescribed antibiotics until they are finished.

**Location of Pressure Ulcers:**
The hips, “tailbone” area on lower back and buttocks, heels, back of head, shoulders, elbows, ears, and behind the knees are common areas for pressure ulcer development.

**Moisture**
Skin that is often wet from bladder or bowel leakage, or from sweating, is at risk of skin breakdown. Moistened skin is not strong, and pressure, friction or shear forces cause it to break down and develop pressure ulcers.

**Choosing the Right Bed and Mattress**
If you are spending more time in bed because of health changes, you might need a hospital bed. This bed can be raised when people give you care, and lowered closer to the floor when you need to get in or out. They adjust to let you sit up with support, or to raise your legs. They also have side rails that can help you to reposition and a trapeze can be added to help you lift yourself up.

The Ontario Health Technology Advisory Committee (2009) recommends a high quality foam mattress (like Memory foam) to prevent pressure ulcers.

**Prevention or Therapy**
Pressure redistribution products reduce the overall pressure when you sit or lie down. Bony areas like your hips or ‘tail bone’ normally are high risk. Some products **PREVENT** pressure ulcers, while others **TREAT** if a pressure ulcer has happened.
Products that reduce pressure for prevention
• silicore fibre heel and elbow protectors,
• high density foam wheelchair cushion,
• alternating air mattress,
• silicore fibre or gel mattress overlays
• specialized foam heel lift boots.
They are available from medical supply stores. If you are in a wheelchair, you may need to have the style reassessed.

NEVER use an inflated donut cushion (it actually increases pressure and interferes with circulation)

How to get pressure redistribution equipment
Some of these products may be available through the CCAC for a short trial.
If you have private Health Insurance, you may be eligible for purchase or rental of the devices.
Check your policy for “durable medical equipment”, like hospital beds and wheelchairs

General Skin Care
• Use non-scented creams and lotions every day – dry skin puts you at risk
• NEVER massage or rub skin over bony areas such as shoulders, hips, tailbone, or heels---this can cause pressure ulcers
• Use bath oil, shower gels or skin cleansers that moisturize the skin
• Avoid corn starch- it encourages yeast infections
• Avoid talcum powders
• Avoid taking tub baths or showers that are longer than 10 minutes

Perineal Skin Care:
When you lose control of the bladder and/or bowel, the skin’s acid pH is changed. This acid mantle protects us from many bacteria that are present in this area. We are more likely to get skin infections.

Easy tips for care:
• Cleanse skin at time of soiling and routinely.
• Use warm, not hot water.
• Some soaps make the skin pH too alkaline and encourage the growth of yeast.
• If you have a history of yeast rashes in the skin folds, you can add a small amount of white vinegar to the water
• Wash gently, pat dry carefully (don’t rub with a towel)
• Use a moisturizer and protect skin with barrier cream.
You can do this by pushing up with your arms on the chair arms, leaning forward, or leaning to either side even two minutes per side.

If you cannot reposition yourself, have someone help you to do this once every hour.
If your chair has a tilt feature, use it to relieve pressure on your bottom.

**Inspect Your Skin**
- Check your skin every day
- Have someone look for signs of redness, especially on your back, bottom, hips and heels where a pressure ulcer might happen.
- If there are reddened areas:
  - Does the area feel warmer than areas of skin that are not reddened?
  - Does it feel firmer than other areas of skin?
  - Is it puffy or swollen?
  - Are you having discomfort?

If you answer “yes” to any of these, a health care professional should examine the area, because it could be a new pressure ulcer.

**Why is Bed Rest Bad for You?**
Prolonged time spent in bed is unhealthy, and causes ‘de-conditioning’, where physical and emotional changes happen.
This can include:
- social isolation and loneliness,
- depression and feelings of hopelessness or being trapped
- trouble concentrating
- muscle weakness and loss
- bone density loss
- increased risk of broken bones even with minor falls
- low blood volume and low blood pressure
- risk of blood clots
- poor digestion and increased constipation
- loss of bladder control
- risk of pneumonia.

Bed rest should NEVER be part of the plan to reduce pressure from at-risk areas.
Positioning and Activity:

- Change your position at least every two hours to prevent pressure ulcers—see page 19.
- In bed while awake, make minor position changes every hour if you can.
- At night, turn less often but do not stay in one position all night.
- Use a 30-degree tilted side-lying position --don’t lie right on your hips or on an area that is reddened.
- Use small pillows or rolled-up towels to support your head and small of your back.
- Keep a pillow between your knees to prevent pressure.
- Foam wedges are good to keep you in this position, and prevent you from rolling back flat again.
- Do not raise the head of the bed more than 30° except for meals.
- Raise the foot of the bed slightly to keep from sliding down.
- Using pillows under the calves, keep your heels off the mattress at all times, no matter what type of special mattress that you have.

If you need help to turn and move up in the bed, have a helper take a flat sheet that is wide enough to fit from below your hips to above your shoulders. This can be used to lift and turn you in bed. If you cannot get out of bed, someone can put the folded sheet under you by doing the following:
- Roll to one side of the bed and have someone roll the draw sheet into the middle from one side.
- They will place this rolled side against your back (1), and you can gently roll over it onto your other side (2).
- They can then unroll the other half to the other side to of the bed.

Sitting Up
If you are at risk for a pressure ulcer on your bottom, you must limit the length of time spent in any chair without a special pressure relief cushion. If you are able to reposition yourself, you should shift your weight every 15 minutes.