

FAST FACTS: Pressure Ulcers

Advancing Excellence in America's Nursing Homes is a national campaign to improve the quality of care and life for the country's 1.5 million residents. Nursing homes, and nursing home staff and consumers can join in this effort by working on the campaign goals, designed to improve quality. This consumer fact sheet can help residents and family members understand the importance of preventing pressure ulcers.

What is a pressure ulcer?

A pressure ulcer (a bedsore or pressure sore) is a dark or red area, a break or a deep, crater-like wound in the skin caused by pressure. Pressure ulcers usually develop over bony parts of the body – the tailbone, hips, heels, elbows, shoulders.

Factors that may increase the risk of getting pressure ulcers include:

- Sitting or lying too long in one place
- Sitting in wet clothing or a wet bed
- Not getting enough food and water
- Having many chronic conditions at one time
- Using multiple medications that cause drowsiness, confusion or loss of appetite
- Using physical restraints

Pressure ulcers can be dangerous and painful for a resident, in part because broken skin can allow infection into the body. If untreated, pressure ulcers can deepen and even expose the bone. Deeper ulcers may be hard to heal or may not heal at all. Sometimes, pressure ulcers can lead to serious medical complications and even death.

What is the best care for preventing pressure ulcers?

Some residents have pressure ulcers when they arrive at a nursing home. Residents without pressure ulcers on arrival may develop them later on. Skin changes and pressure ulcers can develop quickly. Routine skin checks are a key to good care.

What can consumers do?

- **Make sure homes have policies in which residents' skin is checked:**
 - Within 24 hours of admission
 - On a regular schedule
 - At least weekly, and more often if they can't get out of bed or reposition themselves
 - Whenever their condition changes
- **Make sure at-risk residents are closely watched by staff, especially those that:**
 - Can't move, don't move often or are restrained
 - Can't eat or drink on their own
 - Are incontinent (not able to control their bladder or bowel)
 - Have active acute medical or psychiatric conditions (e.g., pneumonia, delirium)

Advancing Excellence in America's Nursing Homes is a national campaign to improve the quality of care and life for the country's 1.5 million people receiving care in nursing homes. Find out if your nursing home is part of the Advancing Excellence Campaign. To sign up or get more information, go to www.nhqualitycampaign.org.

- **Consumers can make sure residents:**
 - Get enough food and fluid
 - Go to the toilet as needed
 - Have their skin gently cleansed
 - Move as much as possible
 - Are turned at least every two hours in bed; every hour while up in a chair
 - Are checked carefully and often for complications of their medications
 - Are turned gently to prevent damage to frail older skin

What should you see staff doing to treat pressure ulcers?

- Certified nursing assistants (CNAs) looking for and reporting early signs of pressure ulcers.
- Licensed nurses (RN, registered nurse, or LPN, licensed practical nurse) describing each pressure ulcer and how it's being treated in the resident's record and checking pressure ulcers daily.
- Nursing home staff using pressure reducing or relieving devices or techniques to protect the bony parts of the body. You should look for staff to be using a pillow to lift heels off the bed or a special bed, mattress or chair cushion that has foam or gel added.
- For residents with dementia, the pain and discomfort from pressure ulcers may lead them to resist care. They cannot say they are in pain the way other residents can. Staff treating patients with these conditions need to pay attention to those signs as potentially communicating pain from a pressure ulcer.

How can residents and families help?

Pressure ulcers are hard to prevent and staff need your help.

- Go to the care plan meeting to be involved in planning your or your loved one's care.
- The less you or your family member can move without help, the more likely a pressure ulcer will develop. If appropriate, inspect the skin yourself when you are helping with care.
- Know the moving or turning schedules and support staff in carrying them out.
- Let staff know if you or your relative is wet, thirsty, hungry or in pain. If your family member has dementia, tell staff how he or she communicates discomfort. Always ask how you can help.
- Be familiar with the medications you or your family member are receiving, including major side effects that can affect alertness, appetite, weight, hydration, mental function, or cause dry or itching skin.

Whom should you go to ask questions?

Ask the CNA caring for you or your family member, the RN or LPN charge nurse on the unit or discuss with the doctor in charge of your or your family member's care. If you still have questions, go to the director or assistant director of nursing, or speak with the facility's medical director.