

## Further information

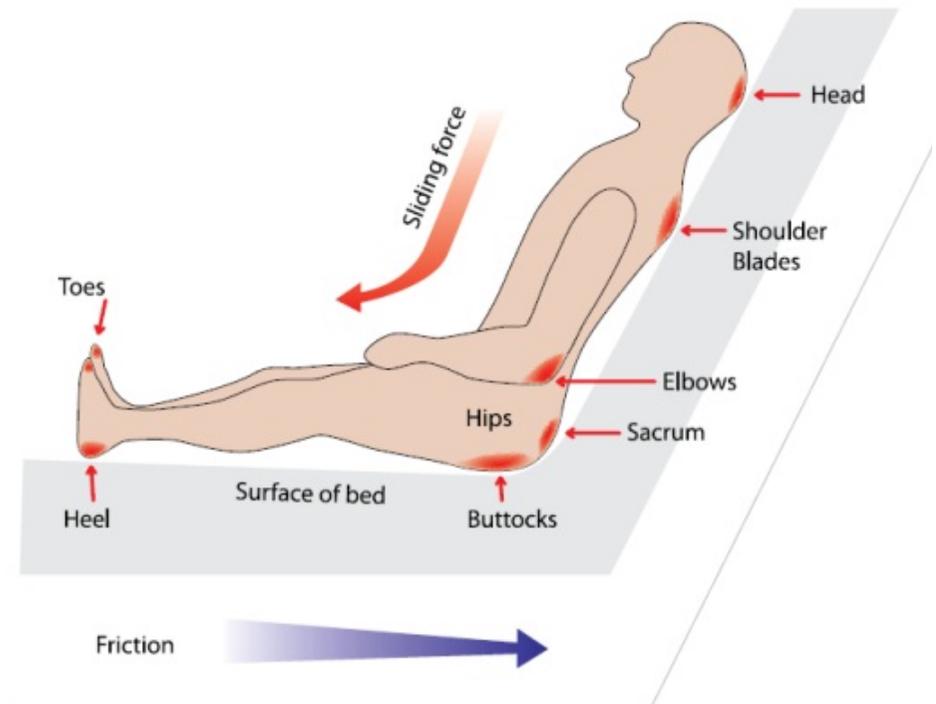
If you would like this information in your own language, in large print, in Braille or audio tape please speak to a member of staff on the ward or in the department.

Kingston Hospital NHS Foundation Trust  
Galsworthy Road  
Kingston upon Thames  
Surrey KT2 7QB

[www.kingstonhospital.nhs.uk](http://www.kingstonhospital.nhs.uk)

# Pressure Area Management

Patient Information Leaflet



Based on information provided by Your Turn, [www.your-turn.org.uk](http://www.your-turn.org.uk)



This leaflet has been designed to make you aware of the possibility of pressure ulcers. The Trust, patients, and carers work as a team to reduce the likelihood of them developing as well as helping to treat them.

### **What is a 'pressure ulcer'?**

A pressure ulcer (formerly known as a 'bed sores') is an area of skin that has become damaged. Constant pressure against the skin reduces the blood supply to that area, and the skin becomes affected. A pressure ulcer starts as reddened skin. It can get progressively worse. It could go on to form a blister or an open sore, and even a cavity. The most vulnerable places for pressure ulcers are places like elbows, heels, hips, ankles, shoulders, base of the spine and the back of the head. You may hear people describe the severity of pressure ulcers as stages 1 to 4.

It is important to recognise that pressure ulcers can occur in any age group. There are factors that will increase your risk;

- People who require assistance to change their position, either when seated or in bed
- People of any age with frail or fragile skin
- If there is already a pressure ulcer
- Poor diet that lacks proteins and vitamins
- An underlying chronic conditions such as diabetes or vascular disease
- Loss of feeling in any part of the body
- Difficulty with bladder or bowel control
- Recent weight loss or muscle loss

### **Prevention and things to look out for**

Each patient's risk of developing a pressure ulcer is assessed within 6 hours of admission to the hospital. Where a risk is identified, a regular process of monitoring will begin. Your risk continues to be monitored throughout your stay.

Regularly changing your position is one of the most effective ways of preventing pressure ulcers. Any patient at risk will be encouraged and,

if necessary, assisted to reposition at frequent intervals. As a general rule you should change your position at least once every two hours, whether you are lying OR sitting. Depending on the level of risk, it may be necessary for you to be nursed on a special air mattress and/or seat cushion to reduce pressure.

Staff will give advice regarding dietary needs as required.

### **Treatment**

Treatment of pressure ulcers can be made more difficult when a patient has underlying health issues. The care offered will be coordinated between a variety of healthcare professionals who make up a multi-disciplinary team.

Members of the multidisciplinary team may include;

- Nursing staff
- Doctors
- A Tissue Viability Nurse Specialist
- A Care of the Elderly Nurse Specialist
- Vascular, Orthopaedic or Plastic Surgeons
- Physiotherapists and Occupational Therapists
- Dietitians

A patient with a more severe pressure ulcer will be referred to a Tissue Viability Nurse Specialist (TVNS). The TVNS will advise the MDT on the treatment and management of the patient's needs.

If you have a pressure ulcer, we may need to take a photograph of it. Your permission will always be asked in advance. The photograph will be retained in your medical records.

### **Key Contacts**

If you have any concerns regarding the treatment and management of pressure ulcers, please do not hesitate to contact the medical/nursing staff looking after you. They may refer this onto the Tissue Viability Nurse Specialist for further advice.

Useful websites for general information regarding pressure area management are:

[www.epuap.org](http://www.epuap.org)

[www.your-turn.org.uk](http://www.your-turn.org.uk)