

## What should we know about pressure ulcers?

The most important thing is that 95% of pressure ulcers are preventable and therefore prevention is a priority. And it is for this reason that the patient needs to have a family environment with sufficient knowledge to address the problem.

PUs have several degrees or evolutionary stages:

Grade I: Erythema (redness) appears, skin integrity is maintained.

Grade II: Partial thickness skin loss. Erosions and/or blisters appear.

Grade III: Total thickness loss of the skin with injury or necrosis of the subcutaneous tissue.

Grade IV: Extension of necrosis to tissues, muscles or bone.



*"Remember to worry about yourself too. Sometimes one is too busy watching over others. You are Important too"*

**SERVICIO MEDICINA INTERNA  
ÁREA SANITARIA NORTE  
ALMERIA**



**Junta de Andalucía**

Consejería de Salud y Familias

SERVICIO ANDALUZ DE SALUD

## PRESSURE ULCERS PREVENTION FOR FAMILY



Remember that in case of any question you can ask your nurse for help reference



## What does it mean to have pressure sores?

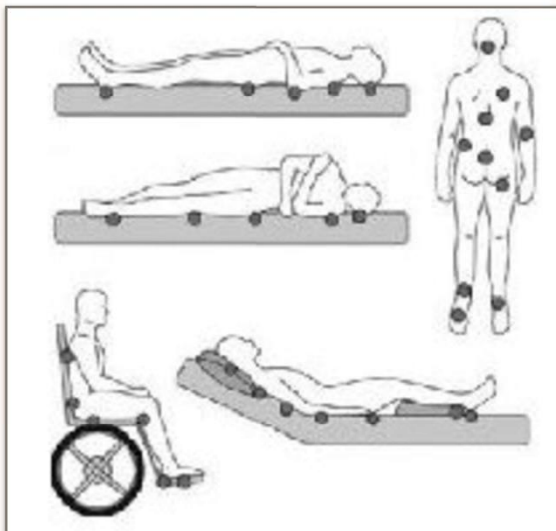
Pressure sores are areas of damaged skin caused by staying in one position for too long. They commonly form where the bones are closest to the skin, such as the ankles, heels, and hips.

## The most common locations of ulcers are:

Face Down: Heel, sacrum, elbow, shoulder blade, and back of the head

Side lying: Ankle, knees, hip, shoulder and ear

Sitting: shoulder blade, gluten, heel and sole of the foot.



## How can we prevent the appearance of pressure ulcers?

For good care and prevention we must follow some steps:

- Maintain basic daily skin hygiene, closely monitoring main risk areas.
- For daily hygiene, use soap and water (ph. Neutral, non-irritating), drying thoroughly and without rubbing all the skin folds.
- Apply specific moisturizing lotions until completely absorbed.
- Do not use solutions containing alcohol.
- Avoid moisture, changing the diaper or absorbent whenever it is wet.
- Use hyperoxygenated fatty acids, only in areas at risk of ulcers.
- Do not massage bony prominences or risk areas.
- Make postural changes to patients who are at risk and to those who already have ulcers unless contraindicated medical.

–Schedule postural changes, during the day every 3-4 hours and at night they can be spaced out, remember that we must respect the rest of our relatives.

- Follow an order for postural changes, so you don't forget which side you were on in the last change, example: following clockwise: on the left side, face up, on the right side and we would return with the left side.

- Use pillows to help with postural changes.

–Lift and do not drag your relative to make postural changes and to lift him to the wheelchair or armchair. Yes we drag can cause injuries, when dealing with fragile skins.

–Limit the time your family member is up in a chair or armchair without pressure-relieving cushions. exist in the viscoelastic cushions market that release pressure, if economically we cannot buy this type of cushion

We could help ourselves with surfaces such as memory foam pillows.

–Never use the floats or impellers when your relatives are raised in the chair, they are totally contraindicated and could cause more ulcers to patients.

–If the patient is up in the chair and can move a little, tell him to get up and sit down again at least every 30 minutes, if the patient cannot move, try to raise it a little every hour while it is seated.

–Use surfaces to relieve pressure in bed, such as alternating air mattresses. The use of these mattresses complement the changesform

