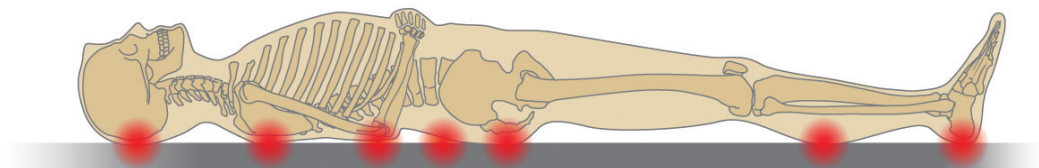


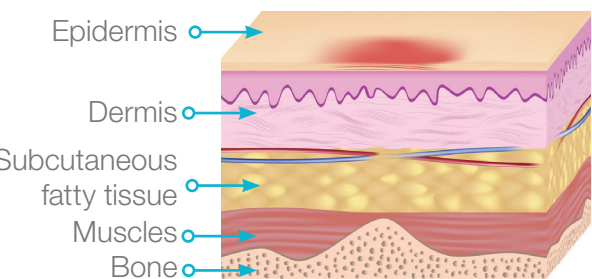
Managing Pressure Ulcers

Pressure ulcers/ bedsores/ decubitus ulcers/ pressure sores are defined as localized damage to the skin and/or underlying tissues usually caused by sustained pressure.



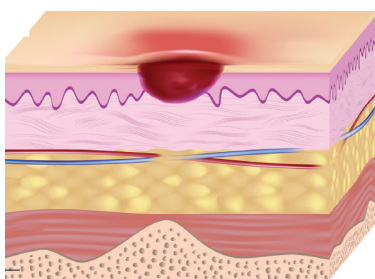
Pressure ulcers: High risk areas (International NPUAP – EPUAP)*

Stages of pressure ulcers



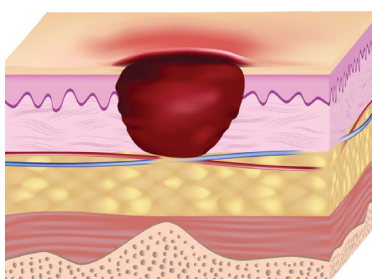
Stage I

Intact skin which doesn't briefly lighten, localized area usually over a bony prominence



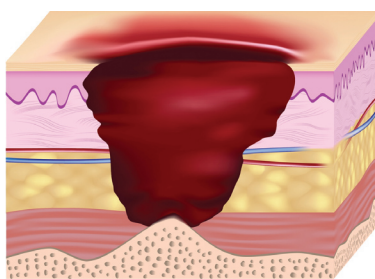
Stage II

Outer layer of skin and part of the underlying layer of skin is damaged, presenting as a shallow open ulcer



Stage III

Full-thickness tissue loss



Stage IV

Full-thickness tissue loss with exposed bone, tendon, or muscle

Preventive strategies



Change position in bed or chair every two hours



Maintain head of bed at 30 degrees or less, unless contraindicated



Assess need for support surface



Keep skin clean and dry



Maintain proper nutrition



Use a pull or draw sheet while repositioning the patients

Treatment strategies



Apply wound dressing such as transparent dressing (Stage II)



Apply wound dressing such as hydrocolloid and alginate (Stage III/IV)



Change dressing depending on the amount of exudate



Use silver dressing/ antibiotics to manage infected wounds

Source: Wound and Pressure Ulcer Management. Available at: http://www.hopkinsmedicine.org/gec/series/wound_care.html. Accessed on 10/12/2014.

*National Pressure Ulcer Advisory Panel and European Pressure Ulcer Advisory Panel. Prevention and treatment of pressure ulcers: clinical practice guideline. 2009

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