

# Information for patients and carers

## Pressure Ulcer Prevention



## What is a pressure ulcer?

Sometimes known as pressure sores or bed sores, pressure ulcers involve damage to the skin and the deeper tissue. Severity can range from a reddening of the skin to an open cavity wound with damage to the muscle and even bone.

It is important to look out for changes in skin tone, texture, temperature, and pain. For those with darker skin tones, it is sometimes difficult to identify early signs of pressure damage, as darker skin tones rarely showing reddening, making early detection hard to identify.

## What causes a pressure ulcer?

The most common causes of a pressure ulcer are:

- Unrelieved pressure applied to the same area of skin which has cut off the blood supply to that area, stopping nutrients and oxygen getting through. When this happens for a long period of time the skin and deeper tissues are damaged and a pressure ulcer develops
- Shearing, which involves stretching and tearing between the skin layers and deeper tissue causing damage
- Friction, causing damage to the top layers of the skin. This can lead to a pressure ulcer developing as the skin is more at risk

## Am I likely to develop a pressure ulcer?

Anyone can develop a pressure ulcer. Some people are more at risk than others. You are more at risk if:

- You have problems moving or changing position
- You smoke - Smoking reduces the levels of oxygen in your blood. It also weakens your immune system, which increases your risk of developing pressure ulcers

- You cannot feel pain in some areas of your body, e.g. your feet
- You have vascular insufficiency: poor circulation due to damage or partial blockage of blood vessels
- You have problems controlling your bladder and/or bowel
- You are seriously ill or have had major surgery
- You have a poor or reduced diet and do not drink enough water
- You have had a previous pressure ulcer
- You are over the age of 70

## How to avoid a pressure ulcer

Pressure ulcers can develop very quickly. In people who are at high risk a pressure ulcer can develop within a few hours. Ways to prevent or reduce the risk of acquiring a pressure ulcer include:

### Regular pressure relief

One of the best ways to prevent a pressure ulcer is to reduce or relieve pressure by moving. Nurses will prompt patients about repositioning regularly usually every 2-4 hours or ask patients to stand or have a small walk to relieve pressure. It is important that you inform the nurse or medical staff if you are reluctant to move, so that they can help to reassure you.

### Pain

If pain is an issue when moving, the staff can review your pain medications. Pain relief can also be timed with repositioning.

### Off-loading heels

Heels are highly susceptible to pressure, reducing the pressure can be achieved by placing a pillow length ways down each leg with the heels hanging over the end, also a piece of equipment may be used by the nursing staff to reduce pressure to the heels.

## **Positioning in bed**

The 30-degree tilt is a position that nurses may leave you in while in bed. This is achieved by placing pillows or wedges behind your back and leg, this reduces pressure to the bottom, hip, heels shoulder, ear, elbow and head. The 30-degree tilt is a position where a person is not fully on their side so they can still eat, drink, see relatives and interact with each other.

## **Mattress**

In hospital there are several types of mattress that can assist in the prevention of pressure ulcers, however a mattress will not compensate for repositioning, so movement is vital. A blower box can be added to the mattress. This introduces air into the mattress cells which allow the cells to move and helps to reduce the pressure to the body's bony prominences.

## **Sitting out of bed**

If you use a wheelchair or sit out in a chair this may also require a special seating cushion. Some of the chairs in the hospital already have pressure relieving cushions built into them. Staff may assist or prompt you to stand every 30 minutes and walk if you are able to do so to relieve pressure. While sat in a chair it is important to be aware bony areas such as elbows resting on the hard arms of a chair, if they become sore pillows can be placed underneath them or dressings maybe applied to protect the area.

## **Moisture**

If the skin is too wet, usually due to incontinence or perspiration, a barrier product can be applied for protection. The barrier product will help to prevent moisture sitting on the skin. When washing it is best to use a pH balanced soap and to pat skin dry, do not rub dry. If the skin is too dry an emollient cream maybe prescribed by the medical team. If an area starts to feel sore let the nursing staff know as soon as you notice the pain, so they can check the area for any signs of damage.

## **Skin Checks**

The nursing team will perform regular skin checks, usually a few times a day, this is to check if any damage is developing and signs of pressure so interventions can be put in place as soon as possible.

## **What should you be looking out for?**

A pressure ulcer can develop in as quickly as one hour when the blood supply to that area of skin is cut off and pressure is not relieved. It is therefore important to be aware of the signs and keep a close eye whilst in hospital. The first sign is typically a discoloured patch of skin which does not go away. On light-skinned people these may be red and on dark-skinned people bluish/purple.

## **Further signs can include:**

- Blisters or damage to the skin
- Patches of hot skin
- Swelling
- Patches of hard skin
- Patches of cool skin
- Localised pain or loss of feeling to an area

## **What can you do to help yourself?**

There are some simple steps that you can do to help prevent pressure ulcers:

- Wash daily using warm water and pat dry, do not rub your skin as this can cause damage
- Check your own skin (as much as you are able to) and alert staff if there are any signs of:
  - Red patches
  - Purple patches
  - Blisters
  - Swelling
  - Pain
  - Patches of hard skin
  - Changes to skin tone/pigments
  - Change to the texture of the skin.
  - Hot or cold areas
- Keep moving and change position regularly at least every 2-4 hours
- Lift your arms and legs to reduce pressure to your elbows and heel (s)
- Stop smoking. If you are a smoker, giving up is one of the most effective ways of preventing a pressure ulcer

- Eat well and drink plenty of water. Not doing so leads to poor skin condition and delays wound healing. (see 'The Eatwell plate' below)



Without care, pressure ulcers can become very serious. They can cause pain or mean a longer stay in hospital. Severe pressure ulcers can damage the muscle or bone making you very unwell and take a very long time to heal.

## What can you expect from us?

On admission to the Lancashire Teaching Hospitals NHS Foundation Trust, you will have had an initial risk assessment completed. Patients will also undergo further risk assessments post-surgery and if their condition changes at all. Measures will be put in place for you if deemed at high risk of pressure damage:

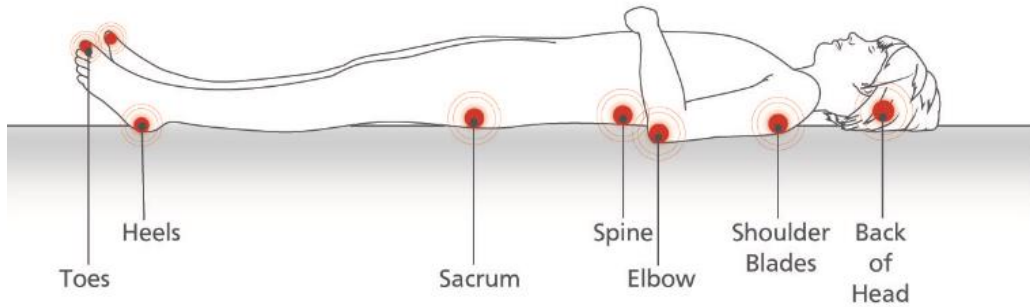
- High specification mattresses used to reduce the pressure on high-risk areas of the body
- Encouragement to regularly change position or regular assistance to change position if required
- Skin assessment by a trained healthcare professional
- Nutritional assessment and monitoring of intake
- A discussion with your nurse/midwife who will involve you in the care planning and allow you time to make informed decisions about your own care and treatments
- If needed, a referral to the tissue viability nurse for the Trust

**Below are the areas that staff will check when assessing your skin condition:**

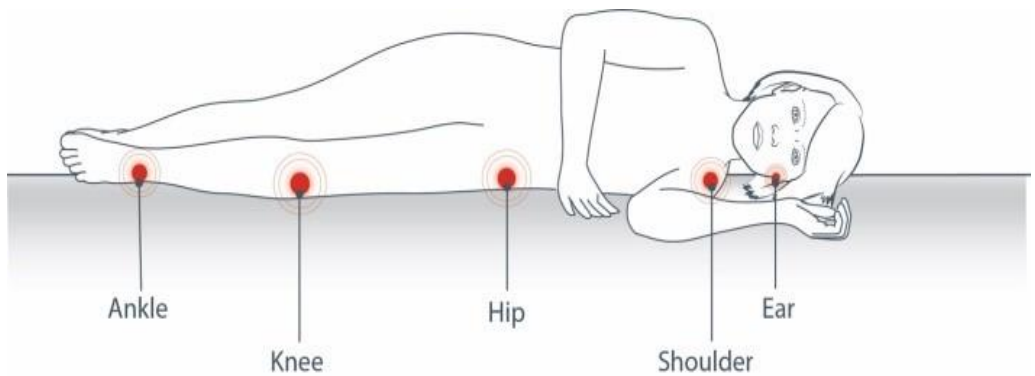
**B**-Buttocks  
**E**-Elbows / Ears  
**S**-Sacrum  
**T**-Trochanters (Hips)  
**S**-Shoulders / Spine  
**H**-Heels  
**O**-Occiput (Back of the head)  
**T**-Toes

**Common areas for pressure ulcers to occur lying flat:**

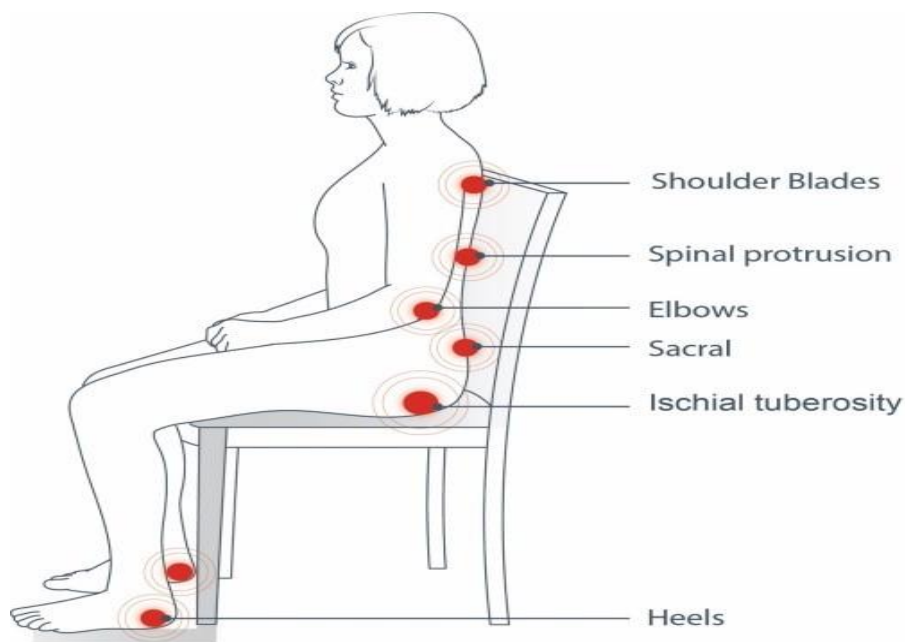




**Common areas for pressure ulcers to occur lying on your side:**



## Common areas for pressure ulcers to occur when sitting:



## Contact details

Should you require further advice or information please contact:

Tissue Viability Team on Telephone: **01772 522655**.

E-mail [tissue.viability@lthtr.nhs.uk](mailto:tissue.viability@lthtr.nhs.uk)

## Sources of further information

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

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

[www.accessable.co.uk](http://www.accessable.co.uk)

[www.patient.co.uk](http://www.patient.co.uk)

[www.lancsteachinghospitals.nhs.uk/veteran-aware](http://www.lancsteachinghospitals.nhs.uk/veteran-aware)  
<https://beartofresearch.nihr.ac.uk/>  
<https://www.lancsteachinghospitals.nhs.uk/simple-steps-to-keep-you-safe-during-your-hospital-stay>

National Institute for Health and Clinical Excellence (NICE). Pressure ulcer prevention, treatment and care. Information for the public. April 2014 <https://www.nice.org.uk/guidance/cg179>

NHS Choices/Pressure ulcers. (Online) Available from:

<https://www.nhs.uk/conditions/pressure-sores/>

Food Standards Agency **The Eatwell Guide and Resources**

<https://www.food.gov.uk/business-guidance/the-eatwell-guide-and-resources>

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**.

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[patientexperienceandinvolve@LTHTR.nhs.uk](mailto:patientexperienceandinvolve@LTHTR.nhs.uk)

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