What is a pressure injury?

- **Pressure injuries** form when the skin starts to break down as a result of staying in the same position for too long without moving.
- It can present with a **change of skin colour** or a **blister** and may become an open wound. It may become infected.
- They occur most often over boney protrusions (e.g., heels, tail bone, hip).

What are the risk factors?

- **Decreased mobility** or needing help to move.
- **Decreased activity**.
- **Cannot express pain**: Alzheimer, Dementia, stroke.
- **The inability to feel pain**: reduced ability to know when to change position in order to prevent injury.
- **Older adults**: thinner skin, poor nutrition, under weight.
- **Overweight or too thin**: thin people don’t have “protective padding” under bones while an overweight person has poor circulation to fatty tissue and a lot of pressure on the tissue.
- **Bladder and bowel control problems**: contact of skin with urine and stool increases risk of skin breakdown.
- **Poor diet**: A diet lacking the proper nutrients makes it more likely to develop pressure injuries.
- **Smoking and various medical conditions**: i.e., diabetes, peripheral vascular disease.

How do they happen?

- Injuries are caused when tissue is squeezed between a solid surface (such as a chair seat or mattress) and a bone, pinching off tiny blood vessels (**pressure**).
- Rubbing or **friction** can remove the top layers of skin.
- When skin sticks to a surface and the rest of the body moves, such as when transferring (bed to chair or sliding in bed), blood vessels can kink or tear. This is called **shearing**.
- **Moisture** from sweating, urine, or stool can make skin more fragile.

What body parts are at risk?

- **ON BACK**: Head, Shoulder, Elbow, Buttocks, Thigh (internal), Thigh (external), Ankle, Heel, Toes.
- **ON SIDE**: Ear, Shoulder, Elbow, Hip, Ankle, Heel.
- **SITTING**: Head, Shoulder, Sacrum, Ischion, Heel.
Bedbound patients or those with decreased mobility need to have their skin inspected every day for the following signs:

- Redness that does not go away 30 minutes after relieving pressure;
- Change in color (reddish, purplish, blackish) of a specific area, especially over bone;
- Scratches;
- Blisters;
- Cracks or calluses.

### How do I prevent pressure injuries?

#### Reduce pressure

- Change position slightly every 15 minutes when sitting. When sitting, nearly half of the body’s weight is supported by the “sit bones”.
- In a wheelchair, use the foot supports when recommended since they can help to distribute your weight.
- Lift your buttocks off the seat by pushing on the arm rests and keep suspended or lean forward for 1 ½ minutes every hour.
- For patient lying in bed, change position approximately every 2 hours (alternate between sides and back).
- Head of bed no more than 30° unless medically advised.
- Turn 30° degrees, not 90° degrees on sides.
- In bed, use a pillow between your legs, knees and ankles (don’t press together) and keep your heels off the mattress.
- Ensure bottom sheets are pulled tightly to avoid wrinkles.

- Beware of any folds in clothing that can cause a pressure point when sitting or lying down.

#### Transfers

- Lift up buttock from bed before transferring to prevent skin from sticking.
- Use lifter sheet, don’t drag.

#### Reduce moisture

- Keep the skin clean and dry.
- Change soiled diapers or sheets rapidly.
- Wear loose cotton clothing to limit sweating.
- If incontinent of urine or stool, use a barrier cream (hospital supplied).

#### Keep skin healthy

- Drink 6 cups of fluid a day (alcohol, coffee and tea don’t count).
- Use a pH balanced soap (avoid perfumed soap).
- Pat dry, don’t rub.
- Avoid hot water which can dry the skin.
- Use a moisturizer.

#### Lifestyle

- Quit smoking – it robs the body of Vitamin C and reduces oxygen to your skin.
- Eat right – a balanced diet high in protein, can protect and help healing and multivitamins if needed.
- Food supplement if intake not enough (Ensure, Boost).
- Exercise – improves circulation, builds muscle (padding), prevents stiff joints and makes changing position and transferring easier.

### Skin inspection: what should I look for?

- Redness that does not go away 30 minutes after relieving pressure;
- Change in color (reddish, purplish, blackish) of a specific area, especially over bone;
- Scratches;
- Blisters;
- Cracks or calluses.

### The don’ts

- Don’t use a doughnut shape cushion – they just relocate the pressure.
- Don’t rub reddened areas – it may create more damage.
- Don’t use sheepskin or ordinary pillows under the buttock – they don’t work.
- Don’t ignore reddened areas – they are your warning sign.

### If it doesn’t hurt, why should I care?

Just because you can’t feel it, doesn’t mean it doesn’t “hurt”.

### A pressure injury can:

- Limit mobility
- Lead to a loss of work time and therapy time
- Interfere with recreational activities
- Be costly to treat and require many visits to the doctor or clinic
- Smell bad
- Small injuries that are ignored can get worse
- Cause infection, sometimes requiring antibiotics and even hospitalization and surgery
- Delay discharge
- In extreme cases, a serious ulcer can even cause death.

Beware of any folds in clothing that can cause a pressure point when sitting or lying down.