Pressure Ulcer Prevention

Protect Risk Areas
Report Findings
Elevate Heels
View Skin Daily
Evaluate Color/Skin Temperature
Nutrition/ Liquids
Turn Every 2 Hours

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Aging skin, so what’s the difference?
Skin

- Thins with aging
  - Tears more easily, wrinkles
  - Less fat beneath the skin, temperature regulation
  - More prone to breakdown and takes longer to heal (pressure sores, bruising, skin tears)
    - Change position frequently
    - Use care when moving person

- Skin dry, itchy
  - Less sweat gland function
    - Less frequent bathing, lotion
Pressure Ulcers:

- A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction.

- Friction
  - Epidermal, skin abrasion

- Shear
  - Gravity (keep HOB<30 degrees)
    - ~67% of PU’s on sacrum and heels

- Moisture
  - Incontinence increases risk of pressure ulcers, skin breakdown

- LTC placement-highest risk in the first month
Pressure Ulcer Prevention is the Key:

- Look for Stage 1 Pressure Ulcers!
  - Intact red skin

- Minimize friction, sheer, and pressure
  - Repositioning every 1-2 hours
    - Necessary even when using specialty beds, in chair
  - HOB <30 degrees
  - Elevate heels
  - Use lift sheet to move patient up in bed-protect heels by bending knees with feet flat on bed or put pillow under legs before pulling up in bed

- Incontinence
  - Assist with toileting
  - Frequent changing, skin barrier cream
Infection Control

Clean intact skin is the first line of defense to prevent infection
What’s the most important thing you do to prevent the spread of infection?

- **WASH YOUR HANDS!**
- Use protection!
  - Gloves, and wash your hands!
  - Mask
    - Patient or you have respiratory infection symptoms
  - Gown
    - Wear gown/cover clothing when providing care that may cause contamination to clothes from body fluids
Infection Control - What you can do:

- Handwashing before and after resident care
- Gloving
- Changing dish towels at home every day
- Antiseptic solutions for hands
- Using a new toothbrush every few months
- Not coming to work when sick
- Keeping dirty linen away from uniforms
- Wiping doorknobs and other potentially contaminated surfaces with antiseptic solutions
- Bathing daily
- Wearing clean uniforms daily
- Keeping nails short and not wearing artificial nails
- Not wearing jewelry
Work Shoes
Unwashed Hands
Urinary Incontinence and Aging:

- Reduced bladder capacity, kidney function less efficient
  - More frequent urination
- Reduced bladder muscle tone
  - Dribble, loss of urine with coughing, straining, laughing
- Male prostate gland enlarges
  - Urinary retention
Incontinence

- Both urine and stool can increase the risk of pressure ulcers

- Multiple causes:
  - Medical conditions, medications
  - 4 basic types of incontinence
    - Stress
    - Urge
    - Overflow
    - Functional
What can you do to reduce incontinence?

- Behavioral interventions do work!

- How you can help:
  - Scheduled toileting - take at regular intervals
  - Habit training - notice when person is incontinent and take to toilet just prior to when they are incontinent
  - Prompted voiding - ask and assist
How can we help?

2 stories
What did you learn during this session that you can take back to work with you tomorrow and use?