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Decubitus Ulcer (Pressure Ulcer)

Patient name: _____ Admission: _____

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I. The client/caregiver can define pressure ulcer.

- A. It is an area of skin where a lack of blood flow has caused tissue destruction.
- B. It is caused by pressure, friction, or shearing (a combination of pressure and friction) force on the skin.

II. The client/caregiver has a basic understanding of the anatomy and physiology of the skin.

- A. The outer skin, the epidermis, is made up of layered cells. It contains the pigment that makes up our skin color.
- B. The next layer is the dermis, which contains the oil and sweat glands, hair follicles, blood vessels, and nerves.
- C. Below the dermis is the subcutaneous layer, which contains fat cells and connective tissue to act as a shock absorber and insulator for the body.

III. The client/caregiver can list factors that may increase risk of pressure ulcer.

- A. Impaired circulation and sensation
- B. Immobility
- C. Incontinence of feces or urine
- D. Malnutrition
- E. Skin pressure, friction, and shearing
- F. Edema
- G. Certain medical conditions, such as diabetes, dementia, and peripheral vascular disease
- H. Overweight or underweight

IV. The client/caregiver can recognize signs of a pressure ulcer.

- A. Stage I
 - 1. Redness and warmth
 - 2. No break in skin
- B. Stage II
 - 1. Partial thickness
 - 2. Loss of skin involving epidermis and often into dermis

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C. Stage III

- 1. Full-thickness skin break
- 2. Involves epidermis, dermis, and subcutaneous tissue

D. Stage IV

- 1. Deep-tissue destruction
- 2. Fascia, muscle, and bone involved

V. The client/caregiver can list measures to prevent pressure areas and to promote wound healing.

A. Eliminate or decrease the force causing the skin breakdown.

- 1. Use pressure-relief devices (many types of mattresses and chair cushions can be rented or purchased).
- 2. Keep linens clean, dry, and free of wrinkles and crumbs.
- 3. Move client with a draw sheet to prevent shearing action.
- 4. Do not massage-reddened areas.
- 5. Protect heels, elbows, back of head, iliac crest, sacrum, and coccyx by using foam pads.
- 6. Avoid use of alcohol (because of drying properties).
- 7. If incontinent, change and cleanse frequently. Encourage the use of a commode.

B. Provide cleanliness of wound.

- 1. Cleanse hands and put on gloves.
- 2. Wash wound carefully and pat dry.
- 3. Cover wound with dressing as ordered.
- 4. Debride wound if necessary.
- 5. Avoid using tape directly on the skin.

C. Promote circulation and nutrition.

- 1. Eat a high-calorie, high-protein diet and smaller, more frequent meals. Use supplemental nutritional feedings.
- 2. Take vitamin and mineral supplements including multivitamins, vitamin C, and zinc.

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- 3. Exercise to increase circulation and bring nutrients to the wound.
- 4. Avoid alcohol and cold temperatures, which constrict blood vessels.
- D. Provide a controlled moist environment.
 - 1. Lubricate dry skin.
 - 2. Use ointments to protect skin from excessive moisture and incontinence.
 - 3. Use skin-care products as recommended (i.e., hydrocolloid dressings and Tegaderm).
 - 4. Deep wounds require packing to absorb drainage.
- E. Activity
 - 1. Change position every 2 to 3 hours while in bed or chair.
 - 2. Increase activity as tolerated.
 - 3. Teach safe transfer methods.
 - 4. Teach active and passive range of motion.
- F. Stress the importance of frequent checks of pressure points (sacrum, hips, heels, elbows, ears, and thoracic spine).

VI. The client/caregiver can list possible complications.

- A. Infection
- B. Septicemia

RESOURCES

- Durable medical equipment companies for pressure-relief devices
- Nurse wound therapist consult
- Occupational or physical therapist consult
- Dietician consult
- Home health aid

REFERENCES

Ackley, B. J., & Ladwig, G. B. (2006). *Nursing diagnosis handbook: A guide to planning care*. St. Louis: Mosby Inc.

Canobbio, M. M. (2006). *Mosby's handbook of patient teaching*. St. Louis: Mosby Inc.

Cohen, B. J., & Taylor, J. J. (2005). *Memmler's the human body in health and disease* (10th ed.). Philadelphia: Lippincott Williams & Wilkins.

Lutz, C., & Przytulski, K. (2001). *Nutrition and diet therapy*. Philadelphia: F. A. Davis Company.

Perry, A., & Potter, P. (2006). *Clinical nursing skills & technique*. St. Louis: Mosby Inc.

Timby, B. K., & Smith, N. C. (2003). *Introductory medical-surgical nursing* (8th ed.). Philadelphia: J. B. Lippincott Williams & Wilkins.