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Taking Care of Pressure Ulcers

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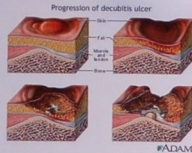
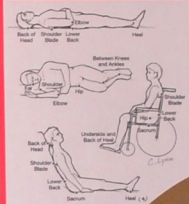
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TAKING CARE OF PRESSURE ULCERS

Common Locations of Pressure Ulcers



Stage One



Stage 1: The skin is intact with nonblanchable redness of a localized area usually over a bony prominence. It may feel warm to the touch as compared to adjacent tissue. Stage 1 may be difficult to detect in individuals with dark skin. (1)



What to do:

- Keep pressure off of the sore!
- Evaluate your diet - are you getting enough protein, calories, vitamins A and C, zinc and iron? All are necessary for healthy skin.
- Review your mattress, wheelchair cushion, and turning techniques for possible cause of the problem.
- Wash with mild soap and water, rinse well.
- Pat dry carefully (but gently). Do not rub directly over the wound. (2)

Stage Two



Stage 2: There is partial thickness loss of dermis presenting as a shallow open ulcer with a red-pink wound bed, without slough. Ulcer may also present as an intact or open/ruptured serum-filled blister. The area is very painful. (1)



What to do:

- Wash the wound with water or saline solution and dry carefully. Apply a thin film dressing, a hydrocolloid dressing, or saline dampened gauze.
- If using gauze, it should be changed twice a day and should remain damp between dressing changes.
- Check for signs of wound healing with each dressing change.
- If there are signs of infections, consult your health care provider. (1)

Types of Dressings

Transparent films: adhesive semipermeable film dressings

Foams: hydrophilic polyurethane used for partial and full-thickness wounds with small to moderate drainage; foams provide absorption and protection

Hydrocolloids: hydrophilic colloid particles attached to a backing

Hydrogels: used to encourage granulation within full-thickness wounds and to provide comfort in tender, partial-thickness wounds

Alginates: used for absorption; indicated for deep or moderately draining wounds

Collagens: contain collagen, a major protein in the body used for partial- and full-thickness wounds

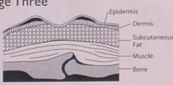
Composites: dressings that combine two or more products to facilitate application and use

Contact layers: nonadherent dressing that will not stick to wound surface; minimizes disruption of new cells

Silver dressing: antimicrobial dressings used for infected wounds (3)



Stage Three



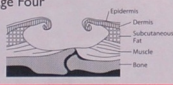
Stage 3: There is full-thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, muscle are not exposed. The ulcer may include undermining and tunneling. These types of pressure sores usually have a crater-like appearance due to increased damage to the tissue below the skin's surface. (1)



What to do:

- Observe wound for scabbing, granulation tissue, or epithelial skin buds. Measure and record wound depth, diameter and length.
- Cleanse or irrigate wound with normal saline, moving from least to most contaminated areas.
- Gently pack moistened gauze into the wound.
- If wound is deep, use forceps or cotton-tipped applicators to press gauze into all wound surfaces.
- Apply several dry, sterile 4 x 4 pads to protect wound from contamination.
- Secure dressings. (1)

Stage Four



What to do:

- Follow the steps above.
- You will need to seek help if any of the following occur:
 - An increase in the size or drainage of the sore.
 - Increased redness around the sore or black areas starting to form.
 - The sore starts smelling and/or the drainage becomes a greenish color.
 - You develop a fever. (1)

How to know if the pressure ulcer is healing

- The pressure ulcer will get smaller.
- Pinkish tissue usually starts forming along the edges of the ulcer and moves toward the center; you may notice either smooth or bumpy surface of new tissue.
- Some bleeding may be present. This shows that there is good blood circulation to the area, which helps healing. (1)

Conclusion

A pressure ulcer usually occurs over a bony prominence as a result of pressure, or pressure in combination with shear and/or friction. Most pressure ulcers are preventable. If a pressure ulcer appears, there are many types of dressings to manage and improve skin integrity. The most important step in preventing pressure ulcers is to avoid prolonged pressure on one part of your body. Checking your whole body every day for spots, color changes or other signs of sores will help maintain healthy skin.

References

- Crown, A., Henric, C. (2009). *Fundamentals of Nursing: Sixth Edition*. Philadelphia: Lippincott Williams & Wilkins.
- Kawachi, G., Wernic, C. (2015). *Taking Care of Pressure Sores: An Evidence-Based Approach to Prevention and Treatment*. Retrieved from <http://dx.doi.org/10.1007/978-1-4939-9999-9>
- Weller, J., Kefauver, J. (2015). *Health Assessment in Nursing: Fourth Edition*. Philadelphia: Lippincott Williams & Wilkins.
- Weller, J., Lynn, C., Sloan, R. (2006). *Pressure Ulcers: A Practical Approach*. Philadelphia: Lippincott Williams & Wilkins.