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Taking Care of Pressure Ulcers

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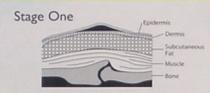
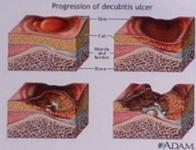
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TAKING CARE OF PRESSURE ULCERS



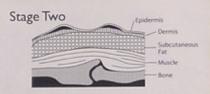
Common Locations of Pressure Ulcers



Stage One
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)



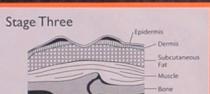
What to do:
- Keep pressure off of the sore!
- Evaluate your diet - are you getting enough protein, calories, vitamins A and C, zinc and iron? All are necessary for healthy skin.
- Remove your mattress, wheelchair cushion, and turning techniques for possible cause of the problem.
- Wash with mild soap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



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



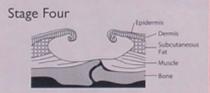
What to do:
- Wash the wound with water or saline solution and dry carefully. Apply a thin foam dressing, a hydrocolloid dressing, or saline dampened gauze.
- If using gauze, it should be changed twice a day and should remain damp between each dressing change.
- Check for signs of wound healing with each dressing change.
- If there are signs of infections, consult your health care provider. (3)



Stage Three
There is full-thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, muscle is 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 healing, granulation tissue, or epithelial skin beds. 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. (2)



Stage Four
There is full-thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling. When stage 4 ulcers extend into muscle and/or supporting structures tendons or joint capsule osteomyelitis is possible. (3)



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 smelly and/or the drainage becomes a greenish color.
- You develop a fever. (4)

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 surfaces 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

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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 colloidal particles attached to a backing
- Hydrogels:** used to encourage granulation within full-thickness wounds and to provide comfort in tender, partial-thickness wounds
- Alginate:** 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
- Composite:** 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)

