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Taking Care of Pressure Ulcers

Christina Madura

Parkland College

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TAKING CARE OF PRESSURE ULCERS

Stage One
- Stage 1: The skin is intact with nonhealing/nicolaus reduction of a clients area usually over a bony prominence. It may heal when touched or compressed by adjacent tissue. Stage 1 may be difficult to detect in individuals with dark skin.
- What to do:
  - Keep pressure off of the wound.
  - Evaluate diet—Are you getting enough protein, vitamins, and fluids?
  - Avoid friction and shearing forces.
  - Remove mattress, wheelchair cushion, and turning techniques that cause further damage of the problem.
  - Wash with mild soap and water. Gently Pat dry carefully (not gently). Do not rub directly over the wound.

Stage Two
- Stage 2: There is partial-thickness loss of dermis presenting as a shallow open ulcer with a red, puckered wound bed, without eschar. Ulcer may extend into an area of open/partial-thickness avascular tissue. The area is very painful.
- What to do:
  - Wash the wound with water or saline solution and dry carefully. Apply a thin foam dressing a hydrocolloid dressing, or saline-damped 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 change.
  - If there are signs of infection, consult your health care provider.

Stage Three
- Stage 3: There is full-thickness loss of dermis with exposed bone, tendon, or muscle. Slight or severe injury may be present on water parts of the wound. There are many types of dressings to prevent infection and protect the area until skin granulation occurs. Dressings that have an adhesive base include adhesive bandages, nonadhesive dressings, and contact dressings. Nonadhesive dressings that will not stick to wound surface, minimize disruption of new cells.
- What to do:
  - Measure wound depth, diameter, and length.
  - Dress the wound with a sterile dressing, avoiding contact with nonadhesive dressing until it has adhered to the wound surface.
  - Apply a dry, sterile, +4 x 4 pad to protect wound from contamination.

Stage Four
- Stage 4: There is full-thickness tissue loss with exposed bone, tendon, or muscle. Slight or severe injury may be present on water parts of the wound. There are many types of dressings to prevent infection and protect the area until skin granulation occurs. These dressings may be applied under tension and/or exposed to wounds. These types of pressure were usually have a crater-like appearance due to increased damage to the tissue below the skin's surface.
- What to do:
  - Follow the steps above.
  - Keep the wound area free of exudates and drainage.
  - Do not increase the size or drainage of the wound.

Common Locations of Pressure Ulcers

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 it becoming softer.
- Some bleeding may be present. This shows that there is good blood circulation to the area, which helps healing.

Conclusions
- A pressure ulcer usually occurs over a bony prominence as a result of pressure, 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 prevent infection and protect the area until skin granulation occurs. It is important to prevent pressure ulcers in any part of the body. Checking the whole body every day for signs, color changes or other signs of illness will help maximize healthy skin.

References

BY CHRISTINA MADURA
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