

# REACT iRED

*Pressure Ulcer Prevention*  
**Patient/Carer Leaflet**



# What are the Causes?

A pressure ulcer is an area of skin that is damaged when something keeps pressing, sliding or rubbing against it.

## For Example:

**Pressure** - a pressure ulcer can occur if you are sitting in one position and cannot move for a long period of time.

**Shear** - a pressure ulcer can occur if the skin is damaged by sliding off a chair.

**Friction** - a pressure ulcer can occur if your heels rub on a mattress.

**The first sign of damage to the skin is redness.**

# Could I get a pressure ulcer?

**You have more chances of getting a pressure ulcer if you can't move around and:**

- you spend a lot of time sitting or lying down
- your body does not have the right support when you are sitting or lying down
- you are incontinent
- you have a poor diet

Some diseases and illnesses, such as Diabetes, will also increase your chances of getting a pressure ulcer.

**You can talk to your GP or District Nurse if you are worried about getting a pressure ulcer.**

# Pressure Ulcer Prevention

Follow these five simple steps to help to lower the chances of getting a pressure ulcer

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## Make sure your body has the right support

If you cannot move around much and cannot change your own position then you need to have the right mattress and cushions.

### Cushions

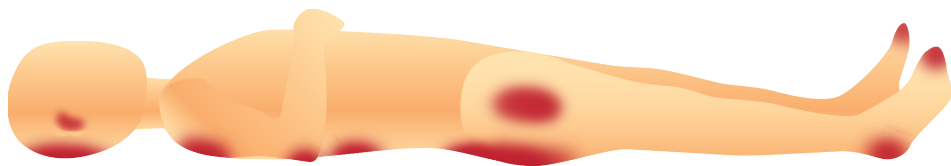
If you are not able to change position on your own when sitting, then you should have a pressure relieving cushion.

If you are in a wheelchair you should be seen by wheelchair services for a pressure relieving cushion.

### Mattresses

You should make sure you have the right type of mattress. If you are not able to change position in bed you should have an air mattress.

## Make sure your skin is checked regularly



### Where to look?

The red areas show the places which may be more likely to get a pressure ulcer.

Try and check these areas morning and night.

You can check your skin when:

- washing and dressing
- going to the toilet
- going to bed

### Other signs to look for:

- skin looking purple
- skin feeling too warm, cold or numb
- swelling
- hardness
- pain

# 3

## Keep active and change position regularly

**Keep moving is one of the best ways to prevent a pressure ulcer.**

Moving and changing position lets your blood flow to all areas of your skin. This will lower the chances of getting a pressure ulcer.

To help, try any of these hourly:

- standing up
- walking short distances
- walking on the spot for a few minutes
- changing your position when sat

# 5

## Keep yourself clean and dry

Your skin can get damaged if it is wet for a long time. This can be from sweat, leaking wounds, wee and poo.

Being incontinent increases the chances of getting a pressure ulcer. If not properly cleaned wee and poo can start to break down the skin.

### What to do?

1. Wash the area with the right products. (Your GP or District Nurse will let you know which products are best to use).
2. Pat dry, **DO NOT RUB**, as this can damage the the skin and be very painful.
3. Your GP will give you a cream or film to put on your skin. Follow the instructions to make sure you put it on correctly.

# 4

## Have the right diet and plenty of drinks

A healthy diet can lessen the risk of your skin being damaged.

If you have a poor diet, or you are underweight or overweight, you have a greater chance of getting a pressure ulcer.

Try to have 3 meals a day with lots of different fruit and vegetables.

Try to drink at least 6-8 cups of fluid a day (e.g. water/juice/tea/coffee)

If you are not very hungry then think about eating smaller meals but more often.

### Please inform your District Nurse or GP if:

- you are worried about your diet
- you notice a loss of appetite
- you are losing weight and don't know why

You can find out more from:

[www.facebook.com/eatwellnotts](https://www.facebook.com/eatwellnotts)

# REACT FIRE

We recommend that you follow the advice within this leaflet and provided by your healthcare provider, however if anything changes or you require further advice or support please refer back to your GP, District Nurse or Tissue Viability Nurse.

Originally Funded by:

**NHS**  
*Bassetlaw*  
*Clinical Commissioning Group*