



# Cayuga Medical Center Pressure Ulcer Initiative

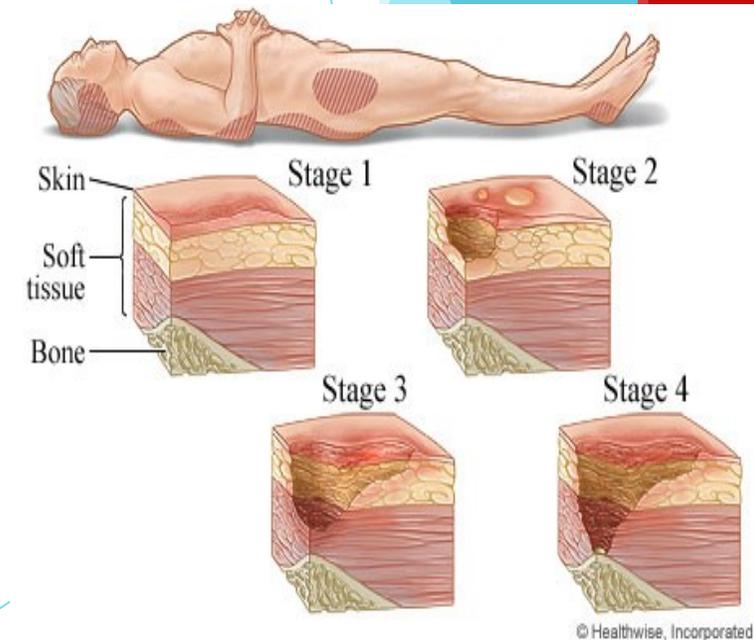
(Not to be taken as Doctors instructions)



**Cornell University**  
Cornell Institute for Public Affairs

# What are Pressure Ulcers ?

- ▶ Pressure Ulcers form because of “skin pressure reducing blood flow to an area of the body. Without enough blood flow, the skin and the tissue the skin beneath die, and if the dead tissue is not quickly removed it can cause additional problems and pain for the patient”.
- ▶ There are several factors that put one at risk of pressure ulcers, and these conditions are often difficult or impossible to treat. A typical pressure ulcer patient suffers from “mobility problems, is an older adult, has a spine or brain injury or disease such as multiple sclerosis, has a disease or condition that affects mental status, has fragile skin, has urinary incontinence or bowel incontinence or does not get enough nutrition”



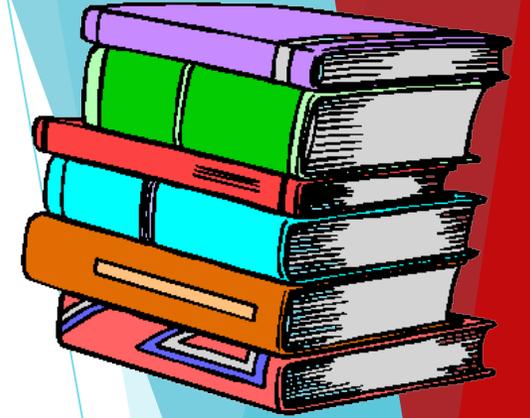
# Pressure Ulcer Stages and Recognition

- ▶ **Stage I:** A reddened area on the skin that, when pressed, does not turn white. This is a sign that a pressure ulcer is starting to develop.
- ▶ **Stage II:** The skin blisters or forms an open sore. The area around the sore may be red and irritated.
- ▶ **Stage III:** The skin now develops an open, sunken hole called a crater. There is damage to the tissue below the skin.
- ▶ **Stage IV:** The pressure ulcer has become so deep that there is damage to the muscle and bone, and sometimes to tendons and joints. This is the most severe stage of ulcer.

# **What to do if you think you have a pressure ulcer.**

- ▶ Inform your doctor or care provider as soon as possible, do not wait!
- ▶ Position the person with the ulcer on in such a way that they are not laying directly on the ulcer(s). Pillows may be used to prop the person up on their side. In a hospital or nursing home setting this is called turning.
- ▶ If skin is broken or if the ulcer is past stage two then bring the person to the Hospital or make an appointment with the CMC Wound Center as soon as possible.

# Medical Data



- ▶ It is estimated that 1.3 million to 3 million adults have at least one pressure ulcer, with an estimated cost of \$500 to \$40,000 per ulcer. The incidence of pressure ulcers varies greatly by clinical setting. Incidence rates of 0.4% to 38.0% for hospitals, 2.2% to 23.9% for long-term care, and 0% to 17% for home care have been reported. Incidence rates of less than 2% are ideal. However, the optimal incidence rate may vary depending on patient case mix, severity of illness, and other contextual factors.
  - ▶ Journal of the American Medical Association (JAMA)
  - ▶ Journal for Prevention and Healing

# Common Hospital and Nursing Home Protocols

- ▶ Skin and Pressure Ulcer risk assessment upon arrival.
  - ▶ Braden Scale, “four eyed assessment”, mirrors
- ▶ Turning schedules during shifts and skin checks
  - ▶ Hourly turning and daily skin checks for those most at risk
- ▶ Nutrition
- ▶ Wound VAC. (vacuum assisted closure)



# **Common Hospital and Nursing Home** **Protocols continued**

- ▶ Saltwater, honey and oxygen treatments
- ▶ Physical therapy and massage (where possible)
- ▶ Cleansing agents, bathing schedules (avoiding overly hot or abrasive means)
- ▶ Special mattresses, cushions, pads, pillows etc...
- ▶ Moist dressings that will not tear or harm skin when changed

# Preventing Ulcers at Home

- ▶ Ask your doctor or care provider about products such as special pressure mattresses or cushions that prevent ulcers from forming.
- ▶ Nutrition; people with vitamin rich diets are shown to have fewer ulcers than those who do not. Protein supplements in particular have been shown to be important in mitigating risk.
- ▶ Turning schedules: in hospitals and other care facilities, severely at risk patients will be repositioned every 2 hours during the day so that ulcers do not form. Repositioning a loved one from their most comfortable position may be tough, but it is for the best.
- ▶ Early recognition of a loved one who is at risk or of an already formed ulcer is essential. Therefore care providers must check the bodies of their patients for ulcers that cannot be seen.