



NHS

Royal Berkshire
NHS Foundation Trust



**#StopThe
Pressure**

Preventing pressure ulcers

Information for patients,
relatives and carers

This leaflet was developed to support patients in understanding pressure ulcers and how they can be prevented.

What is a pressure ulcer?

Pressure ulcers are sometimes called ‘bed sores’ or ‘pressure sores’. Pressure ulcers are caused by prolonged pressure, friction or shear forces, which can harm the skin and the underlying tissues, damaging cells and stopping blood flow. Pressure ulcers often form over bony areas and can be very painful. They appear as open wounds, as air or fluid filled blisters, or can look like a bruise.

How will know I have a pressure ulcer?

Pressure ulcers can feel painful. Your nurse may ask permission to press on any areas at risk to check whether there is good blood flow – you may hear this being referred to as ‘blanching test’.

Who is at risk of developing a pressure ulcer?

Anyone with poor mobility is at risk of developing a pressure ulcer. If you are not able to mobilise independently, you may need someone to assist you at least every 2-4 hours to encourage blood circulation to the skin.

Patients who do not eat well or drink enough fluids are at higher risk of developing a pressure ulcer, as tissues rely on good nutrition and hydration to remain healthy.

Other higher risk patients include those who had recent surgery, those with conditions that affect breathing, nerves

and circulation or those on high dose steroids.

What can I do to avoid pressure ulcers?

At the Royal Berkshire NHS Foundation Trust we remember key areas in pressure ulcer prevention using the acronym 'SKINS':

S	(Skin inspection) . We inspect your skin on admission then regularly check for signs of damage. We are looking for: redness, temperature changes, pain, swelling or blistering.
K	(Keep moving) . We will encourage you to move around or help you change position, at least every 2-4 hours.
I	(Incontinence management) . It is important that your skin is kept clean and dry, as urine (pee), faeces (poo) and perspiration (sweat) make skin vulnerable to pressure ulcers. We use pH balanced foam spray and will recommend barrier products to protect your skin.
N	(Nutrition and hydration) . It is really important for you to eat and drink well. Drink plenty of water and ask your nurse if you would like a snack or need help with feeding.
S	(Surface) . We have special mattresses in all our beds to help redistribute pressure and reduce shearing forces (where one surface moves over another) on those bony areas. We may offer you a cushion when you are sat in the chair – if you feel you need one, please ask your nurse.

What should I do if I suspect I have a pressure ulcer?

Tell your nurse as soon as possible and follow any advice that they give you.

Further information

Speak to your nurse if you have any questions or concerns.

Visit <https://www.nhs.uk/conditions/pressure-sores/>



To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Tissue Viability Team

Reviewed: November 2023

Next review due: November 2025