



Name _____

Wound Healing:

Decubitus Ulcers

Decubitus Ulcer

- is a pressure sore or bedsore caused by prolonged confinement and immobility in bed. Protein malnutrition and deficiencies in vitamins, minerals, and trace elements all impair wound healing. Pressure sores are often caused by pressure or aggravated by heat, moisture, shearing, friction, and poor nutrition. A pressure sore is the localized area/s of tissue necrosis, tending to occur between underlying bony prominences and compressing surfaces such as chairs and beds. In other words, a pressure sore is the result of tissue death occurring when tissue is compressed between an external surface and a protruding bone.
- The most susceptible sites are: shoulder blades, sacrum, heels, elbows, back of head, crests of pelvis, inner and outer ankles, sides of the feet. If attention is given during routine care most pressure sores can be prevented with early detection and possible reversal.
- What should I do? Talk with the Director of Nursing and make sure the R.D. charts on monthly and goes over the recommendations with the Director of Nursing to talk with physicians about making sure the patient has the protein and calories needed to heal or prevent the decubitus ulcer.
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Stages of the Pressure Sore:

1. **Redness of the skin** which is not relieved by massage or removal of the area from pressure – (epidermis)
2. ***Superficial blood vessel and tissue damage*** involving blistering, abrasion, or a break in the skin- (epidermis, dermis and subcutaneous fat)
3. **The loss of outer skin**, with bloody fluid discharge, underlying tissue may also be involved.
4. ***Involvement of deeper tissue***, probably including muscle and bone.
 - Who are the residents at risk? Hospitalized residents, residents with spinal cord or neurological impairments, all nursing home patients who are bedridden, immobilized residents, residents with paralysis, coma, or heavy sedation, spinal cord injury, traction, depression, inactivity, pain, physical difficulty, poor intake at meal time, weight loss, low serum albumin levels, low total protein, reduced lymphocyte counts, anemia, malnutrition, weight loss, overweight or obesity, underweight residents, and other as identified.

Causes of Pressures:

- Pressure, blood vessels carrying oxygen, and nutrients to the site may become compressed and obstructed. With prolonged pressure lack of oxygen can lead to death of tissues, poor drainage as well as localized edema or swelling contributes to tissue breakdown. “Shearing Force” is when a patient reclines at a force greater than 30 degrees and is produced as the body slides downward due to gravity, while the skin adheres to the external surface. Shearing skin with bed sheets during bed changes, positioning, or transfers out of bed accelerate the development of pressures sores. The result is that tissues and blood vessels between the skin and underlying bones are stretched. Blood vessels may be blocked or tissues may be torn. Both can lead to pressure sores. Other factors contributing to pressure sores are: moisture, heat, irritation (as from wrinkled sheets, crumbs, etc...), friction (during turning, transfer, etc...) heavy sedation, radiation therapy, barbiturate sensitivity, sensory loss, physical handicaps, inadequate nutrition, inadequate fluid, calories, protein, vitamins, and minerals.
- ***Steps in Prevention:*** Follow identification of at risk patients and have the R.D. chart on monthly and meet with Director of Nursing and these recommendations to the FSS, Director of Nursing, and physician are followed. Explain to the patient and family what pressure sore are and educate all. Turn these patients at least every two hours. Gently massaging vulnerable sites can alleviate the effects of pressure.
- **Massage promotes circulation** therefore increasing the flow of nutrients to the site and the removal of wastes from it. Use positioning aides: heel protectors, pillows, and pads at sensitive sites as is needed. Use special mattresses, flotation pads, or sheepskin pads as is needed. Always keep the skin clean and dry, if the patient is incontinent then extra effort must be given. Make sure sheets are wrinkle free, minimize heat, promote ventilation of feet, ankles, and other sites; encourage physical exercise, patients in wheelchairs should do arm push-ups every 15 minutes to relieve pressure on the buttocks. GOOD NUTRITION, eat from the Basic 4 food group, drink plenty of fluids, have good eating habits, and make sure patient is getting the nutritional supplement as is needed.
- **Preventing pressure sores** involves a team approach to patient care in identifying the patient’s at risk:

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- _____ observe susceptible sites
- _____ *prevent and relieve pressure*
- _____ protect the skin surface
- _____ *encourage physical activity*
- _____ promote good nutrition

- **Pressure sores can be prevented** sparing the patient pain and distress is at the PCP the Director of Nursing, nursing staff, R.D., FSS, dietary staff, and physicians are involved. Share a common goal for the well-being of the patient, work together for the best possible results!!!
- **Foods to include to prevent** or heal decubitus/pressure sores: Meats, Cheeses, Peanut Butter, Eggs – give large servings at meal time to the patient and give also between meals as the patient will accept. Add a HN (high nitrogen) supplement. Carbohydrates- CHO- are made up of sugars and starches and have C (Carbon), H (Hydrogen), and O (Oxygen). Protein-Pro- are made up of C (Carbon), H (Hydrogen), O (Oxygen) and N (Nitrogen). Fats- are made up of C (Carbon), H (Hydrogen), and O (Oxygen). When these go in to the body it is as flour sifter and the Carbon, Hydrogen and Oxygen sift through, but the Nitrogen has waste products and does not go until the kidneys work extra hard and then the nitrogen goes through. The nitrogen is what the patients with pressure sores need- high protein and the supplement should be HN with the protein to heal the decubitus or to prevent the decubitus.



Wound Healing- Decubitus Ulcers

Quiz for Decubitus Ulcers

(TRUE or FALSE)

1. A pressure sore is redness on skin surface layer, deep sore, muscle/bone, and loss of skin.
2. *If a patient has a pressure sore you are to bandage it up and leave it alone.*
3. The labs of a patient with a pressure sore at higher than normal.
4. *The R.D. does not need to assess hospitalized patients because they are not at risk for a decubitus ulcer or pressure sore.*
5. A malnourished patient is at risk for a pressure sore.
6. *The lack of fatty tissue to cushion the skin can eventually cause a pressure if left unattended.*
7. An obese patient is at risk for a pressure sore.
8. *An underweight patient is at risk for a pressure sore.*
9. Carbohydrates have a lot of protein and can help heal the decubitus ulcer.
10. *A decubitus ulcer is a bedsore caused by prolonged confinement and immobility in the bed.*
11. There are five stages of a decubitus ulcer.
12. *Most elderly persons are prone to have pressure sores.*

Wound Healing- Decubitus Ulcers

Answers for Quiz:

(TRUE or FALSE)

1. A pressure sore is redness on skin surface layer, deep sore, muscle/bone, and loss of skin. **True**
2. If a patient has a pressure sore you are to bandage it up and leave it alone. **False**
3. The labs of a patient with a pressure sore at higher than normal. **False**
4. The R.D. does not need to assess hospitalized patients because they are not at risk for a decubitus ulcer or pressure sore. **False**
5. A malnourished patient is at risk for a pressure sore. **True**
6. The lack of fatty tissue to cushion the skin can eventually cause a pressure if left unattended. **True**
7. An obese patient is at risk for a pressure sore. **True**
8. An underweight patient is at risk for a pressure sore. **True**
9. Carbohydrates have a lot of protein and can help heal the decubitus ulcer. **False**
10. A decubitus ulcer is a bedsore caused by prolonged confinement and immobility in the bed. **True**
11. There are five stages of a decubitus ulcer. **False- 4 stages**
12. Most elderly persons are prone to have pressure sores. **True**

Wound Healing- Decubitus Ulcers

Education Record for Dietary Department

Date: _____ Time: _____ Instructor: _____

Title: Decubitus Ulcers Persons in Attendance-sign below- all employees*

Signatures:

- | | |
|-----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |

Special items reviewed in the In-Service Meeting, plus the quiz: Decubitus ulcers, pressure sores, prolonged confinement and immobility to bed, protein malnutrition, deficiencies, impaired wound healing, tissue necrosis, bony areas, turning patients every two hours, localized edema, stages of the pressure sore redness, tissue damage, loss of outer skin, involvement of deeper tissue, those patients at risk for a pressure sore or decubitus ulcer, inactivity, pain, weight loss, obesity, making sure no wrinkles in the sheets, low serum albumin levels and total protein levels, blood vessels carrying oxygen and nutrients, heavy sedation, inadequate nutrition, steps in prevention, talking with the patient, family, Director of Nursing, FSS, R.D., and Physician. Keep the skin clean and dry. Use sheepskin, pads, etc.. as is needed for the individual patient. Plenty of fluids, adequate nutrition including foods high in protein/nitrogen to heal or prevent the decubitus ulcer. Working as a team to identify the problem and solve before the patient has a decubitus ulcer, carbon, hydrogen, nitrogen, and oxygen. What to do when and if a patient has a decubitus ulcer or a pressure sore, how to identify and the steps to correct the problem.

Comments and Responses: _____

CERTIFICATE

1 HOUR ON – WOUND HEALING- DECUBITUS ULCERS

CERTIFICATE FOR: _____

DATE: _____

TITLE: WOUND HEALING- DECUBITUS ULCERS

BY: FOOD FITNESS FIRST, INC. TM

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