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## Tips for Treating Pressure Ulcers

Caring for pressure ulcers is a challenge for both residents and staff. Some residents are admitted into facilities with an existing wound, often aggravated by existing medical conditions. Healing a pressure ulcer is a team effort and a plan of care for residents is vital to success.

Treatment of pressure ulcers will usually cover the following three areas: taking pressure off the wound, treatment of the wound itself and dietary management. The following tips for treating pressure ulcers are part of the [Road to Excellence](#) quality initiative.

### Pressure Relief:

Taking pressure off the wound or pressure area is the first step to pressure ulcer prevention and healing. Using pressure reducing cushions and mattresses plus proper positioning will aid in pressure relief.

### Treatment of the Wound:

All residents with pressure ulcers should be treated with consistent treatment protocols to aid in the healing process. Always work closely with a physician to individualize treatment. The following are suggested protocols:

**Stage 1 or Suspected Deep Tissue Injury:** Non-blanchable erythema of intact skin.

**Recommended treatment options:** Eliminate or reduce sources of pressure, friction and shear. Clean area of any contaminants, pat dry and apply moisturizer. Dressing is not usually needed; however applications of thin film or thin hydrocolloid dressing may be used for additional protection.

**Stage II:** Partial thickness loss of skin layers involving epidermis.

Treatment: Eliminate or reduce sources of pressure, friction and shear and obtain a doctor's order for the proper treatment option.

### Recommended treatment options:

If infected, notify doctor and obtain orders. If dry to minimal exudate: cleanse wound, pat dry, apply hydrogel dressing to wound and cover with moisture retentive dressing. If minimal to moderate exudate: cleanse wound, pat dry, apply hydrocolloid or foam dressing and change according to order, usually every three to four days or PRN if leakage occurs.

**Stage III:** Full thickness tissue loss extending through dermis involving subcutaneous tissue. Ulcer presents clinically as a deep crater with or without undermining or tunneling of adjacent tissue; eschar or slough may be present.

**Stage IV:** Full thickness skin loss with extensive deep tissue destruction extending through subcutaneous tissue into fascia and may involve muscle layers, joint and/or bone.

Treatment: Eliminate or reduce sources of pressure, friction and shear and obtain a doctor's order for the proper treatment option.

**Recommended treatment options for stages III and IV:** If infected, notify doctor and obtain orders. Clinical signs and symptoms of infection are induration, erythema, edema, malodorous exudate, increased white blood cells, bacteremia, sepsis and fever. If minimal to moderate exudate: cleanse wound, apply hydrogel-impregnated gauze and lightly pack cavity. Cover with moisture retentive secondary dressing and change dressing according to order.

If moderate to heavy exudate: clean wound, place calcium alginate or hydro fiber dressing into wound cavity, use rope form for packing dead space and sheet form for more superficial wounds, cover with ABD or use foam as secondary dressing for more excessive drainage.

### **Dietary Management:**

A large part of wound care is nutritional. Keep in mind that if someone is not taking in proper nutrition, it will be very difficult, if not impossible, to heal a wound. Encourage residents to eat at mealtime and take fluids as indicated.

### **A Pressure Ulcer Success Story:**

To read a story about an Illinois nursing facility that is treating pressure ulcers very successfully, go to: [Pressure Ulcer Success Story](#).

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## Facility Heals Resident's Pressure Ulcer Successfully

When Ada Bowen's 95-year-old mother was admitted to a nursing home this year, she suffered from a variety of medical conditions and was afraid to walk following a few falls at home.

Her condition had resulted in a large pressure ulcer on the back of her right leg. After a brief hospital stay, she was transferred to the Barry Community Care Center, one of several hundred nursing homes across Illinois participating in the [Road to Excellence](#) quality initiative program.

Bowen says the staff was prepared for treating her mother before she was even admitted.

"They were well prepared for her admission and her condition. Not only was a specialized mattress provided, but the staff had talked to her doctor, decided on her wound care and knew what plan of action to take to care for my mother," says Bowen, of Quincy. "I was impressed."

"It was very bad. I thought she might lose her leg or not survive," she says. "But the nursing home staff continued to care for her and she began to get better."

Bowen's elderly mother had developed the pressure ulcer while at home, because of her medical condition and the fact she was afraid to walk. "Walking is something that she can now do because of the high quality of care she has received. The care has truly been impeccable and the wound has decreased in size and depth and is healing," said Bowen.

Bowen's mother now calls her room at the facility her home. After two months of care, she continues to heal. The staff encourages Bowen and her brother to ask questions and gives them daily reports on their mother's condition.

Bowen's mother is just one of many residents who are often admitted to long-term care facilities with pressure ulcers, which are areas of injured skin and tissue, usually caused by sitting or lying in one position for too long, which places pressure on certain areas of the body.

Damage is believed to be caused by a combination of factors including pressure, shear forces (where the layers of the skin are forced to slide over one another or over deeper tissues, for example when patients slide down, or are pulled up in a bed or chair), friction and moisture. People who use a wheelchair or spend most of their time in bed are more likely to get pressure ulcers.

But with quality health care, residents like Bowen's mother not only recover, but learn to enjoy life again.

**Note: This feature article describes a success story of press ulcer treatment for one resident. Identifying and reducing residents' high-risk pressure ulcers and chronic care pain are important components of the [Road to Excellence](#) quality improvement campaign.**