

# Nursing Assistant Educator For Long Term Care

## Instructor's Guide

### Helping to Reduce Pressure Ulcers

#### *Objectives*

This lesson should enable the nursing assistant to:

- describe 3 major causes of pressure ulcers
- list at least 3 factors that increase a resident's risk for developing pressure ulcers
- describe actions that can be taken to prevent pressure ulcers

#### *Content Outline*

- A pressure ulcer is an injury to the skin and/or tissues beneath the skin surface, common over bony prominences
- Major causes of pressure ulcers
  - pressure
  - shearing
  - friction
- Factors that increase risk for pressure ulcers
  - advanced age: thinner epidermis, less sensitive to feeling of pressure
  - moisture
  - immobility
  - poor nutrition
  - health conditions
- Actions to reduce pressure ulcers
  - identify residents who have risk factors
  - review care plan with nurse
  - change resident's position at least once q2h; be aware that some residents show signs of pressure after a shorter time and need more frequent repositioning
  - keep residents clean and dry
  - avoid shearing forces
  - check resident's skin status daily

## Test Answers

1. A 2. C 3. D 4. A 5. B 6. D  
7-10. Refer to bony prominences on diagram on page 2 of lesson

## Related Learning Activities

To reinforce knowledge presented in this lesson:

- Identify residents who have had pressure ulcers. Discuss the risk factors that may have contributed to this consequence.
- Review the care plans of residents who are at risk for pressure ulcers and discuss interventions that are used to assist.

## Resources

Below are resources to supplement what has been presented in this lesson.

Clinical Practice Guidelines for Prevention and Prediction and Treatment of Pressure Ulcers

Agency for Healthcare Research and Quality

<http://www.ahrq.gov>

Shared Tools Related to Pressure Ulcers:

Pocket Guide for Pressure Ulcers

Clinical Fact Sheet-Quick Assessment of Pressure Ulcers

Pressure Ulcer Jeopardy

Pressure Ulcer Framework

QualityNet

<http://www.qualitynet.org> (click MedQIK—>Browse by theme—>Pressure Ulcers)

The National Pressure Ulcer Advisory Panel has developed illustrations of the stages of pressure ulcers (Stage I-IV, suspected deep tissue injury, unstageable).

These illustrations can be downloaded from the NPUAP website directly to your computer at no cost, if for educational purposes. They also have a White Paper:

The Role of Nutrition in Pressure Ulcer Prevention and Treatment

National Pressure Ulcer Advisory Panel

<http://www.npuap.org/resources.htm>

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ISSN 1550-400X



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## Helping to Reduce Pressure Ulcers

Pain... infections... hospitalizations... surgeries... amputations... death. These are the serious outcomes that residents can face when they develop pressure ulcers.

In addition to pressure ulcers having serious effects for residents, they can cause many problems for the nursing home. Regulations governing nursing home care state that *a resident who enters the facility without pressure sores does not develop pressure sores unless the resident's condition makes them unavoidable*. The rating, reputation, and reimbursement of the nursing home can be damaged when residents develop pressure ulcers.

There are times when pressure ulcers cannot be avoided, however, in most cases, they can be prevented with proper care and attention. You play a large part in helping residents to avoid this serious complication.

### What is a Pressure Ulcer?

A pressure ulcer—also referred to as a decubitus ulcer or bedsore—is an injury to the skin and/or the tissues beneath the skin surface. Usually, a pressure ulcer develops over a bony prominence (see diagram on page 2).

### What Causes a Pressure Ulcer?

#### *Pressure*

The most common cause of a pressure ulcer is pressure. This can result when a person is in the same position for a long period of time.

Pressure to the tissues causes the small blood vessels in the tissues to collapse, which blocks blood flow to the area. Without circulation of blood to the area, the tissues do not get the oxygen and nutrients they need to survive.

The body is more sensitive to the effects of pressure

over bony prominences where bones protrude (stick out). The tissues are squeezed between the pressure of the surface of the outside source and the inner hard bone. The risk of skin breakdown in these areas is especially high.

### Shearing

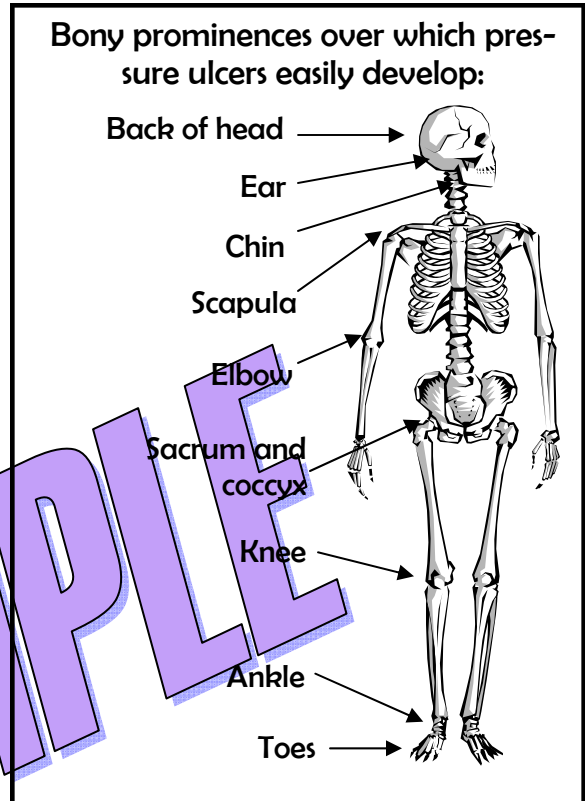
Shears, or scissors, work by one blade moving across the other in different directions. Shearing of body tissues works on the same principle. When a person is pulled up in a bed or chair without being lifted or slides down in a bed or chair, the outer layer of skin may stick to the surface while the deeper layer of the skin moves. The result is that one layer of skin slides in a different direction from another—shearing.



When shearing occurs, a force is created in the tissues that blocks the blood vessels from getting adequate circulation. The tissues are damaged as a result.

### Friction

Friction occurs when one object rubs against another. You may have experienced this yourself if you had a shoe rub against your foot and cause a blister or break in the skin.



When the skin breaks open due to friction, bacteria can enter and an infection can result. The tissues become weak from the open area and infection which allows pressure ulcers to develop more easily.

### What Increases the Risk for Pressure Ulcers?

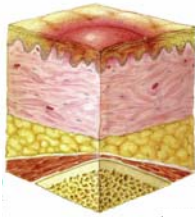
Certainly there are times when you may sit in the same position for several hours, slide down while sitting in your bed, or have something rub against your skin without developing an ulcer. The same is true for residents. However, there are some factors that cause people to be more susceptible to skin breakdown, many of which are present in nursing home residents. These include:

- **Advanced age:** Aging causes the upper layer of skin (epidermis) to thin, some loss of the blood vessels in the skin, and reduced ability to sense pressure.
- **Moisture:** Incontinence and heavy perspiration can cause the skin to be moist, which softens the skin. This process is

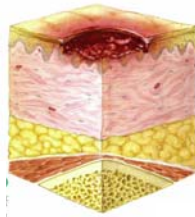
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ISSN 1550-400X

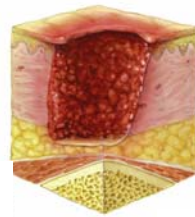
## Stages of Pressure Ulcers



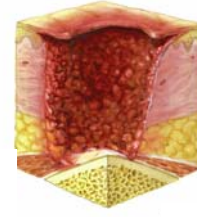
**Stage 1**  
Redness that remains when pressure is removed. No break in skin.



**Stage 2**  
Skin blisters, cracks, or peels. A small shallow crater may be seen.



**Stage 3**  
Skin is lost and tissue below skin surface exposed, showing crater.



**Stage 4**  
Open area. Muscle and/or bone may be exposed.

called maceration. Pressure ulcers are five times more likely to develop when the skin is moist.

- **Immobility:** People who are unable to move frequently or at all are at high risk for pressure to be a problem.
- **Poor nutrition:** People who are thin lack natural padding which can cushion pressure over bony prominences. People who are obese are likely to have skin that is moist from perspiration and to move less. Deficiencies of protein and other nutrients can reduce skin health and circulation.
- **Health conditions:** From Alzheimer's disease that reduces a person's ability to understand sensations, to heart failure that causes tissues to swell, there are many diseases that interfere with movement, circulation, and the ability to sense pressure.

### What Can Be Done?

There are many actions you can take to reduce pressure ulcers and their serious complications. These include:

- Identify residents who are at high risk for skin breakdown. These include people who are incontinent, malnourished, immobile, confused, or with a history of cancer, diabetes, circulation problems, or

who have had pressure ulcers in the past.

- Ask the nurse to review the actions for pressure ulcer prevention and care on residents' care plans.
- Make sure residents are not in the same position more than 2 hours. (Be aware that some residents show signs of pressure in less than one hour and may need repositioning more often.)
- Keep the skin dry. Be sure wet clothing and linens are changed.
- Wash residents skin after they have been incontinent to remove irritating urine salts.
- Use a turning sheet to lift and reposition residents to avoid friction and shearing forces.
- Assure residents' linens and clothing are dry and wrinkle-free.
- Avoid using harsh soaps, alcohol, and perfumed powders on residents.
- Aid residents in drinking plenty of water and consuming their meals.
- Check residents' skin daily. Report to the nurse immediately any signs of redness, irritation, blisters, discoloration or skin breaks.

Prevention and care of pressure ulcers requires close, careful efforts. You play an important role in helping residents have healthy skin that promotes comfort, health, and a high quality of life.

Name \_\_\_\_\_

Date \_\_\_\_\_

## Helping to Reduce Pressure Ulcers Test Questions

1. Some residents may need to have their positions changed more often than once every 2 hours.
  - a. True
  - b. False
2. A shearing force can occur when a resident:
  - a. bumps an elbow against a hard surface
  - b. gets a blister on the foot from tight shoes
  - c. slides down when sitting in bed
  - d. all of the above
3. Moisture causes the skin to:
  - a. discolor
  - b. develop a blister
  - c. tighten
  - d. soften
4. Using a turn sheet to reposition or lift a resident can help to prevent friction and shearing forces.
  - a. True
  - b. False
5. The aging process may result in older residents feeling pressure easier and earlier than younger people.
  - a. True
  - b. False
6. When tissues have pressure placed on them for a long time, which of the following occurs:
  - a. circulation of blood to the tissues is blocked
  - b. the tissues get less oxygen
  - c. the tissues do not get the nutrients they need to survive
  - d. all of the above
7. List four bony prominences over which pressure ulcers can easily develop:
- 8.
- 9.
- 10.