

Hartman's

In-Service Education SourceBook Series



Prevention and Care of Pressure Sores

Jetta Fuzy, RN, MS



Prevention and Care of

PRESSURE SORES

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NOTICE TO THE READER

Though the guidelines contained in this text are based on consultations with health care professionals, they should not be considered absolute recommendations. The instructor and readers should follow employer, local, state, and federal guidelines concerning health care practices. These guidelines change and it is the reader's responsibility to be aware of these changes and of the policies and procedures of her or his health care facility/agency.

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■ Early Observable Phases (T) ■ Inspecting for Pressure Sores (H) ■ Inspect Every Person in Your Care (T) ■ Changes in Status (H/T) ■ Overview of Risk Assessment (H) ■ Five Risk Factors on the Norton Scale (T) ■ Caring for Low-Risk, Medium-Risk, and High-Risk Individuals (H) ■ Three Categories of Risk (T) ■ Six Areas of Concern (H/T) ■ Areas of Pressure (T) ■ Eleven Guidelines for Prevention (H/T) ■ Guidelines for Foot Care (H/T)
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Over 60,000 persons die each year due to complications arising from pressure-related wounds. Some 14-20% of hospitalized adults have some form of pressure ulcer, and 25% of adults with pressure sores are over the age of 68.

Statistics show that patients with pressure sores require 50% more care. In 1989, the National Pressure Ulcer Advisory Panel (NPUAP) did a three-year study, which estimates that one pressure ulcer can cost \$2,000 - \$30,000. Thus prevention is essential to cost-effective health care.

As long term care moves from hospitals and facilities to the home, more emphasis is being placed on preventative measures as described in this course. The aide can play an important role in prevention of pressure sores by offering excellent care and observing for skin breakdown.

The persons at greatest risk of developing pressure sores are the elderly bed-bound, paralyzed, incontinent, malnourished, diabetic, and those who have poor circulation. This includes many of the persons being cared for in facilities and at home. Whether in the home or in a hospital or facility, the nursing assistant or home health aide who is trained to observe and report early signs of pressure sores will be invaluable.

This in-service is designed to inform unlicensed assistive health care providers about their roles and responsibilities in the care and prevention of pressure sores.

You may wish to divide this in-service into two programs: one on prevention and assessment of pressure sores, and another on the aide's role in treatment of pressure sores.

To use the transparency masters, convert them to acetates for use with an overhead projector. If overhead projection is not convenient in your presentation area, copy the information from the transparency masters onto a chalk board or flip chart.

To use handouts, photocopy the number needed for your group. You might consider using different colors of paper to organize the different handouts or to make some stand out. Please note that limited permission is granted to photocopy the handouts for use at the site originally purchasing this in-service. Photocopying other parts of this in-service, including the lesson plan, is expressly prohibited.

Additional information can be obtained from the Agency for Health Care Policy and Research and the National Pressure Ulcer Advisory Panel. For your convenience, pre-printed information request cards are included with these in-service materials.

Happy Teaching!

Prevention and Care of Pressure Sores

Learning Objectives

At the conclusion of this in-service, participants should be able to do the following:

1. Define pressure sores by stages, healing factors, and early observable phases.
2. Describe a proper inspection for skin weakness and breakdown.
3. List three changes in status due to pressure sore complication.
4. Describe the five risk factors on the Norton Scale to predict pressure sores.
5. List three categories of risk and the care plan indicated for each.
6. List six main areas of concern in care of persons with pressure sores.
7. List the eleven guidelines from the Agency for Health Care Policy and Research.
8. List nine guidelines for foot care to prevent ulcers.
9. Describe postural support and positioning in pressure sore treatment and prevention.
10. Describe legal aspects of pressure sores and the importance of documentation.

Introduction and Assessment

Estimated Time: 5-10 minutes

Tools: Handout Intro-1 Assessment A (pg.25)
Handout Intro-2 Assessment A Answer Key (pg.26)
Handout Intro-3 Note-taking Worksheet (pg.27)

Learning Activity: **Discussion**

**Distribute
Handout Intro-1
Assessment A** This assessment will give the participants an idea of their pre-program knowledge of pressure sores. It is valuable to introduce the content and can be the basis for a discussion either in a large group or small groups of 3 or 4.

**Distribute
Handout Intro-2
Assessment A
Answer Key** Discuss the answers to the assessment.

**Distribute
Handout Intro-3
Note-Taking Worksheet** The participants can use this form to take notes during the program as a reference for later use.

Define pressure sores by stages, healing factors, and early observable phases

Estimated Time: 15-20 minutes

Tools: Handout 1-1 Definition of Pressure Sores (pg.30)
Transparency 1-1 Stages of a Pressure Sore (pg.32)
Transparency 1-2 Healing Factors (pg.33)
Transparency 1-3 Early Observable Phases (pg.34)

Learning Activity: **Lecture and Discussion**

Distribute Handout 1-1 Definition of Pressure Sores There are three ways to define pressure sores: stages of development, factors that affect the natural healing process, and early observable phases.

Display Transparency 1-1 Stages of Pressure Sores Pressure sores can be defined by stages of development:
Stage 1- red, or bluish-gray on persons with dark skin
Stage 2- blister
Stage 3- crater
Stage 4- muscle and tendon damage

Display Transparency 1-2 Healing Factors The second way to define pressure sores is by healing factors. Discuss each of the factors listed on the transparency and how it affects the natural healing process of pressure sores. Point out that the closer the wound is to the upper region of the body, the more likely it is to heal. Wounds in the elderly are often very slow to heal.

Display Transparency 1-3 Early Observable Phases A third way to identify pressure sores is by observable phases. Early observable phases range from red or blue-gray color, to blister, to a break in the skin.

Ask the participants to give a one sentence definition of a pressure sore. A good definition is, “An ulcer or lesion on skin resulting from pressure and causing damage to tissue.”

Ask the participants:

- Have you cared for someone with pressure sores? What stage?
- Do you have persons in your care with early observable signs of pressure sores? What does the area look like? Describe them.
- Do any of these people with pressure sores have problems that might affect how their sores heal? (Healing factors)