

## Protect your skin

Avoid massage of your skin over bony parts of the body. This can damage the tissues under the skin and make you more likely to get pressure injuries.

Limit pressure by changing positions frequently – if you are in bed, at least every 2 hours; if in a chair, at least every hour.

Pillows or wedges can be used to keep knees or ankles from touching each other. Avoid lying on your hip bone when lying on your side. If possible (subject to medical condition) do not raise the head of your bed too much. This will reduce the “sliding down” motion which can damage skin & underlying blood vessels.

## Eat Well

Eat a well balanced diet. Protein and calories are very important. Drink adequate fluids. A dietician may visit you to discuss your dietary requirements.

## Increase your Activity

You may be seen by a physiotherapist or occupational therapist to enhance your activity levels and assist your mobility.

## Be Active in your Care

This brochure tells how to reduce your risk of getting pressure injuries. Not all steps apply to every person at risk. Your nurse and doctor will tailor a program best for YOU.

**Ask questions, understand what and why things are being done and know what is best for you.**



**Ramsay**  
Health Care

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# Pressure Injury Prevention

Patient Information



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## Purpose of this brochure

Pressure injuries are serious. Anyone who is confined to bed, chair or wheelchair because of illness or injury can get a pressure injury. Fortunately, most pressure injuries can be prevented or if present, they do not have to get worse. This brochure explains where pressure injuries form and how to tell if you are at risk of getting a pressure injury, and what steps you can take to minimise the risk of getting a pressure injury.

## What are pressure injuries?

A pressure injury is caused by unrelieved pressure that damages the skin and underlying tissue and can range in severity from mild (minor skin reddening) to severe (deep craters down to muscle and bone).

Unrelieved pressure on the skin squeezes tiny blood vessels, which supply the skin with nutrients and oxygen. When skin is starved of nutrients and oxygen for too long, the tissue dies and a pressure injury forms. Skin reddening that disappears after pressure is removed is normal and not a pressure injury.

Other factors cause pressure injuries too. If a person slides down in the bed or chair, blood vessels can stretch or bend and cause pressure injuries. Even slight rubbing or friction on the skin may cause minor pressure injuries.

## Where pressure injuries form

Pressure injuries form where bone lies close to the skin and tissue and squeezes them against an outside surface. In persons who must stay in bed (or do not move around) most pressure injuries form on the lower back below the waist, the hip bone, and on the heels and elbows. In people in chairs or wheelchairs, the exact spot where pressure injuries form depends on the sitting position.

Pressure injuries can also form on the knees, ankles, shoulder blades, back of the head, ears and spine.

Nerves normally tell the body when to move to relieve pressure on the skin. People unable to move (or where nerves are disrupted through surgery, medication etc) may get pressure injuries after as little as 1–2 hours.

Persons who sit in chairs and who cannot move can get pressure injuries in even less time because the force on the skin is greater.

## Your risk

Confinement to bed or a chair, being unable to move, loss of bowel or bladder control, poor nutrition, and lowered mental awareness are all factors that can contribute to the development of a pressure injury. Your risk results from the number and seriousness of the risk factors that apply to you.

Fortunately, you can lower your risk. Following the steps in this brochure can help you and your nurse reduce your risk of developing pressure injuries.

## Key steps

The following steps for prevention are based on research, professional judgement and practice. These steps can also keep existing pressure injuries from getting worse. Some steps apply to all prevention efforts; others apply only in specific conditions. Your nurse or doctor will be happy to discuss which steps are right for you.

### Take care of your skin

Inspect your skin at least once a day (or have someone inspect difficult to see areas for you) – pay special attention to reddened areas that remain after you have changed positions and the pressure has been relieved.

Your skin should be cleansed as soon as it is soiled. A soft cloth or sponge should be used to reduce injury to skin. When bathing or showering, warm (not hot) water and a mild soap should be used. Use barrier creams or oils to prevent and protect dry skin, and avoid cold or dry air. Minimize skin exposure to urine, stool, perspiration or wound drainage. Use/wear pads or briefs that have a quick drying surface, or creams and ointments to protect the skin from moisture exposure.