



A guide to...

Repositioning (Pressure ulcer prevention) *Patient Information*

Pressure Ulcers

“Pressure ulcers (also known as pressure sores or bedsores) are injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin.”

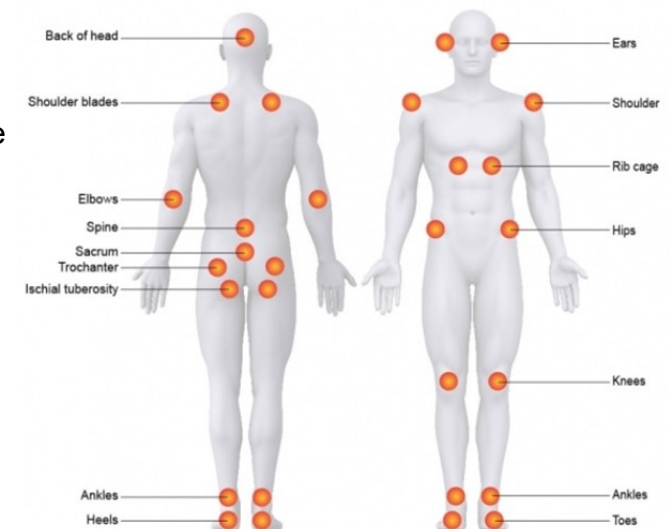
These can develop in **anyone**, but there are some people who are at higher risk of developing them including people:

- With significant reduced mobility
- With medical conditions affecting blood flow
- Over the age of 70 years old
- With poor nutrition or dehydration
- Who have issues with memory/understanding

Pressure ulcers can become very serious without the correct care and can cause pain or increase the length of stay in hospital. Severe pressure ulcers can take a very long time to heal and can cause bad damage to muscle or bone underneath the skin.

Where do they develop?

Pressure ulcers are common on bony prominences (where your bones are close to the skin) such as the heels, bottom and lower back, but they can also develop in other areas where any devices are present for example the nose from an oxygen mask.

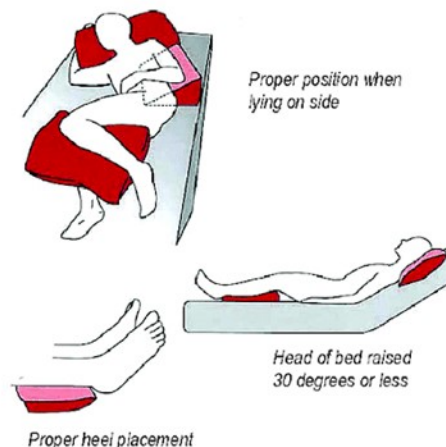


How do I prevent a pressure ulcer?

There are a number of things that can be done to stop you developing a pressure ulcer, but the best way to prevent them is to reduce or relieve pressure.

This is done by moving around and changing position, that is 'repositioning'. This means changing your position regularly. If you can't do this yourself, staff will offer you help to do this. Whilst in hospital, people at 'high risk' should reposition every two hours in bed, or every hour if sat out in the chair or lying on your back.

Positioning

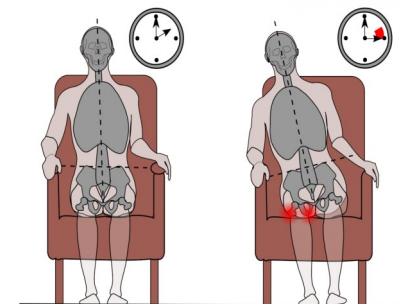


Keep an eye out for extra pain or any changes in skin temperature, texture, sensation or colour and let your healthcare provider know if you notice any of these.



How do I reposition myself?

If you are independent, whilst in bed shift your position from lying on your left to right or if sat in the chair stand up to relieve pressure. If standing is a struggle, you can use the arms of a chair to tilt and lift the side of your bottom off the chair for a few seconds. If you need support to stand, you can ask for help to reposition. If you can't move yourself, staff will offer to reposition you.

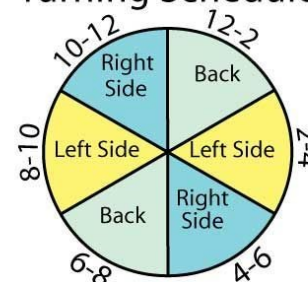


Equipment

There are different types of equipment that can be used in addition to repositioning, including air mattresses or pressure-relieving cushions. Staff will ensure that you are on the correct surface dependent on your risk of damage or current skin conditions. They may also use sliding sheets and pillows to reposition you safely without causing further damage.



Turning Schedule

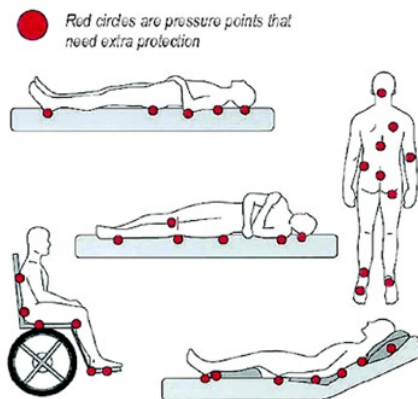


If you have pressure damage or are high risk, you may need to limit your time in the chair or directly on your back. However, dependent on your condition, staff can advise you on time schedules for repositioning.

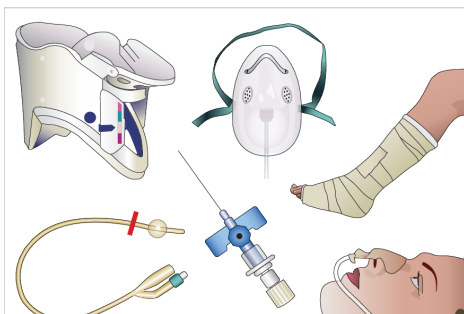
Skin checks

Staff will also carry out a skin check of your pressure areas to make sure there is no evidence of skin damage or to monitor a sore that has already developed. It is important you allow the staff to carry out these checks to prevent damage early and manage pressure ulcers.

Pressure Points



It is especially important to remember that pressure ulcers can be developed from devices, as well as over bony prominences. Keep an eye where there is a device present—this could be medical devices such as oxygen tubing, catheters and splints or alternatively this could be your own devices such as glasses and hearing aids. These need regular checks and repositioning too, speak to your nurses to assist with any device-related pressure relief.



Other factors to consider

There are other things that can be done to prevent pressure ulcers including ensuring you are eating and drinking adequate amounts, managing incontinence, and assessing your mobility.

If you develop a pressure ulcer or come into hospital with them, the nurses will assess your skin and discuss a plan for treatment with you.

Depending on the severity of the damage, they may refer you to our Tissue Viability Team who will come and put a specialist plan into place.

There are also other healthcare providers who you may be referred to depending on your history and the type of damage for example the continence nurses, safeguarding team or the diabetic foot team etc.



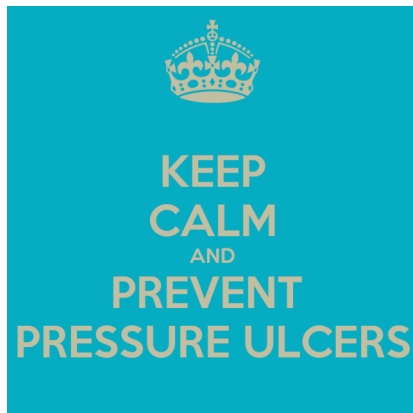
What about when I am discharged?

Once you are ready to be discharged, if you need ongoing care, you will be referred either to the district nurses or you will be advised to see your practice nurse. The discharge team and occupational therapists will ensure you have the correct equipment at home and a care package if you need help with repositioning prior to discharging you.

More information about pressure ulcers and resources to support prevention and management on discharge can be found online including NICE Guidance 'Helping to prevent pressure ulcers'. Here you can find more details to assist you at home and after your stay in hospital.

Final thoughts

- ⇒ Don't forget, ANYONE can develop a pressure ulcer.
- ⇒ The best way to prevent them is to keep moving and repositioning!
- ⇒ Inform your healthcare provider if you feel any pain or changes to your skin—particularly over a bony prominence or where a device is present
- ⇒ If you have any more questions, please do not hesitate to ask a member of staff and we will be happy to assist.



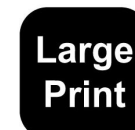
West Hertfordshire Teaching Hospitals NHS Trust

Watford General Hospital

Vicarage Road
Watford
Herts
WD18 0HB

Tel: 01923 244366

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Author	Hayley Norton
Department	Harm Free Care
Ratified / Review Date	Sept 2023 / Sept 2026
ID Number	49/2154/V3

