
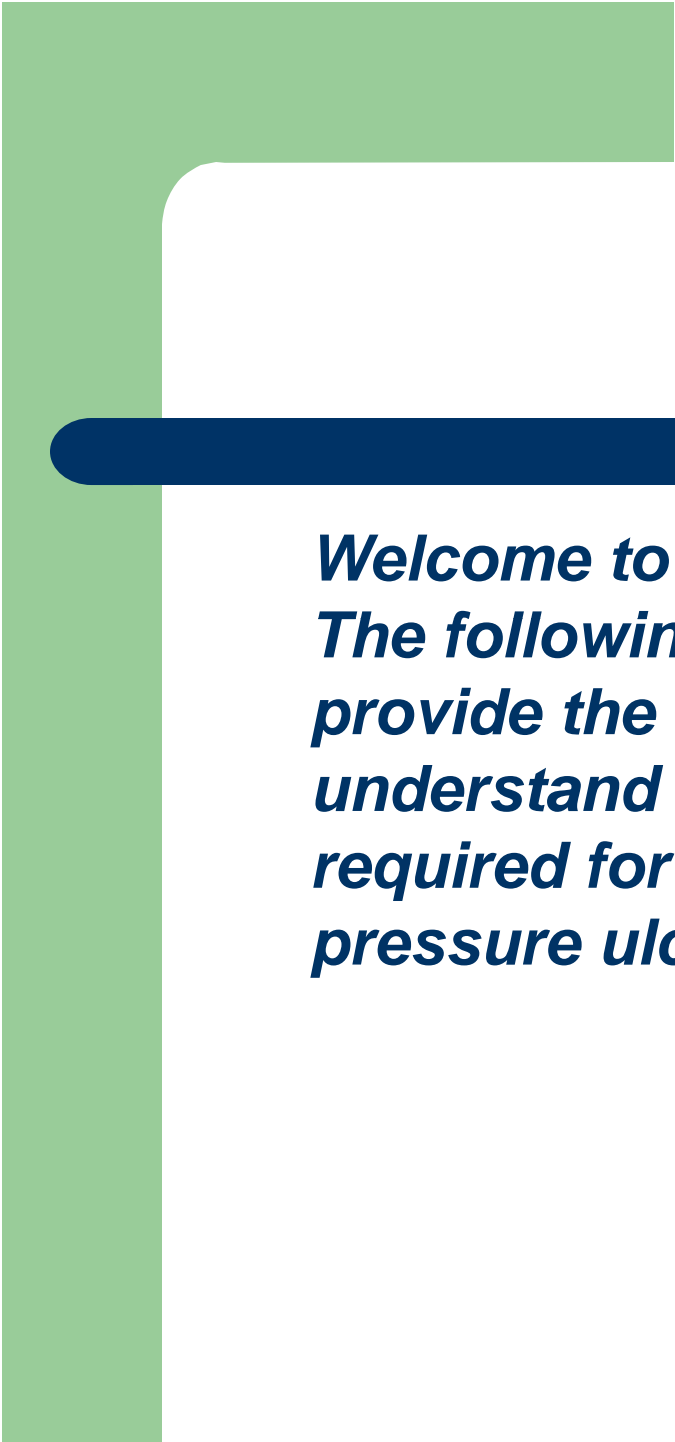


PRESSURE ULCERS (DECUBITUS ULCERS)

A Program Developed and Presented
by the Offices of Assisted Living and
Long Term Care Licensing
in response to the
Governor's Executive Order 2007-01:
“Ensuring Quality in Long Term Care”



***Welcome to this online educational offering.
The following slide presentation is designed to
provide the viewer with information needed to
understand the prevention of and care
required for pressure sores, also known as
pressure ulcers.***

DECUBITUS ULCERS

Decubitus or pressure ulcers (pressure sores) are completely avoidable.

Presence of pressure ulcers indicates that a resident's needs are not being met and changes must be made.

This program is intended to assist caregivers in knowing what to do and when to do it.

A Pressure Ulcer

- Is an area of skin that breaks down, usually over an area where bones are close to the skin (a bony prominence),
- when a person is in one position for too long without moving or shifting their weight to relieve pressure.

A Pressure Ulcer

- Begins as an area of reddened skin, and if pressure is not relieved, will progress to an open sore, and then become a crater.

How Pressure Damages Skin

- Constant pressure against the skin reduces the blood supply to that area, which deprives the skin/tissue of nutrients and oxygen, and prevents toxins from being removed.
- Without nutrients and oxygen, and with build up of toxins, the tissue dies and a pressure ulcer forms.

Contributors to Pressure Ulcers

- **Shear**

- Occurs when skin moves in one direction, and the underlying bone moves in another. This type of movement stretches and tears cell walls and small blood vessels.
- When a person sitting up begins to slide down and is dragged upright, shearing forces may damage the cells of the skin, making it vulnerable to pressure.

Contributors to Pressure Ulcers

- **Friction**

- Occurs when the body resists motion to change position, and top layers of skin are rubbed off, as when a resident moves heels, elbows, or head against fabric or a rough surface.
- Even slight rubbing or friction on the skin may cause minor pressure ulcers.

Contributors to Pressure Ulcers

- **Moisture**

- Excessive perspiration or incontinence can irritate or soften the skin and contribute to the development of pressure ulcers
- Residents must be kept clean and dry.

What are the causes and contributors to pressure ulcers?

- *Review slides #5 TO #9*



Pressure Ulcers

STAGING

Staging

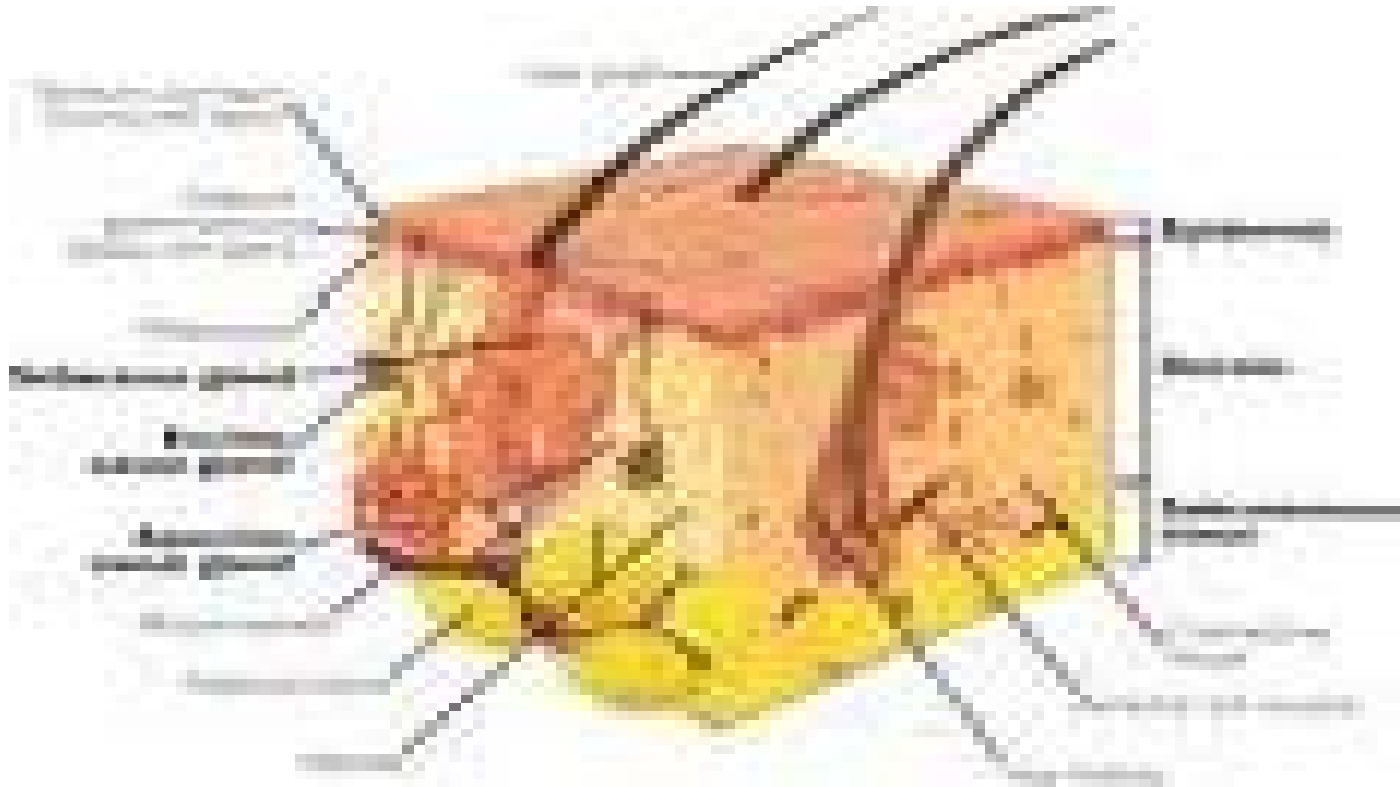
- Pressure sores are categorized by severity, from Stage I (first sign: usually redness) to Stage IV (worst: wound open to bone or beyond)

Stage I

Intact skin, areas of redness, does not turn white when pressed (non-blanchable), usually over a bony prominence.

Individuals with dark pigmented skin may not have visible redness or blanching: the area may appear dusky or darker than red.

STAGING



Stage I

- Redness of the skin is the body's first reaction to pressure. Dilated capillaries in the area increase blood flow to send more nutrients and oxygen to the damaged tissues.

Stage I

- If an area is red and blanches, turn or move that part of the body to remove pressure from the area. Redness will fade in 1 to 2 hours.
- If redness does not blanch, it is a Stage I pressure sore. If a reddened area does not blanch, it will take longer to fade. Keep the pressure off of the area until it is no longer red. (*See following 2 slides*)

Stage I



Stage I



Stage II

In Stage II pressure ulcer there is partial thickness loss. The epidermis or topmost layer of the skin is broken, presenting as an abrasion or shallow open ulcer with a pink/red wound bed, without necrotic (dead) tissue. The ulcer may also present as an intact or open blister.

Stage II

- Partial thickness loss of epidermis (that is, the top layer of skin is gone), without dead tissue (*so it is red, moist, may bleed*), is a Stage II pressure ulcer. (*See next slide*)

Stage II



Stage III

In full thickness tissue loss, damage to the tissue extends through the dermis (second skin layer) into the subcutaneous and fat tissue. Slough (necrotic yellow or gray tissue that is separating from living tissue) may be present. (*See next slide*)

Stage III



Stage IV

In full thickness tissue loss, damage to the tissue extends into the muscle and can extend as far down as the bone. Slough or eschar (thick, black or dark brown leather-like necrotic tissue) may be present on some parts of the wound bed. (*See next slide with fascia showing*)

Stage IV



Unstageable

- Tissue loss in which the base of the ulcer is covered by slough and/or eschar cannot be staged because the layers are not visible.

Unstagnable



Unstagnable



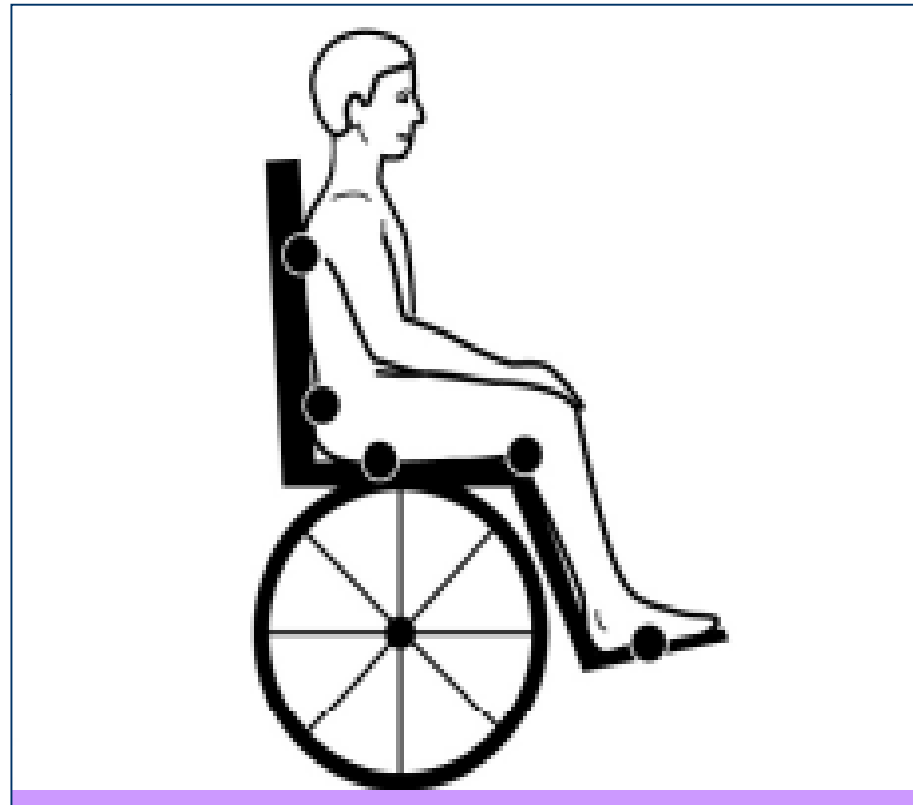
What are the Stages of Pressure Ulcers?

- *Review Slides 11 through 27*

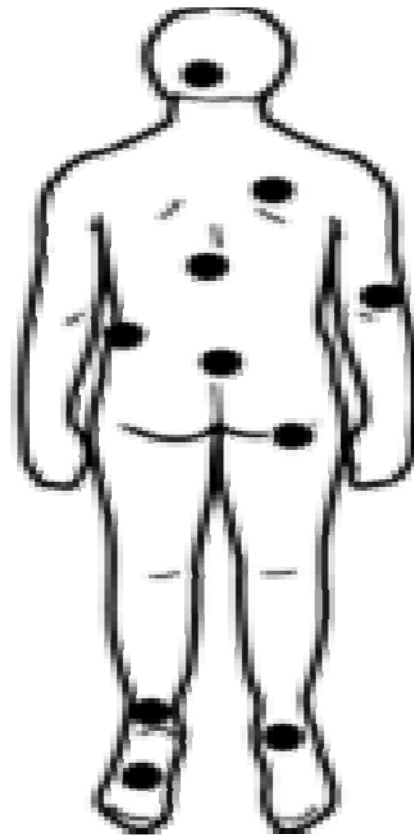
Where do pressure ulcers occur?

- Pressure ulcers most commonly develop over bony prominences such as:
 - elbows, heels, hips, ankles, sides of the knee, shoulder blades, back, and the back of the head.

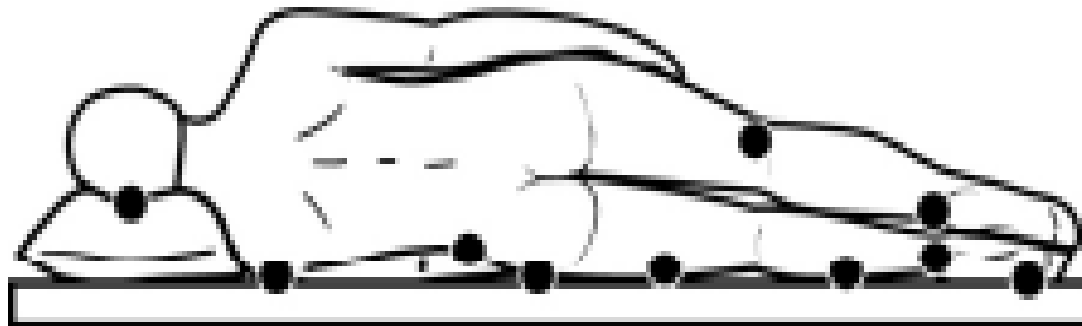
Pressure Areas



Pressure Areas



Pressure Areas



Identifying Who is at Risk

- Residents are at greatest risk who are:
 - bedridden
 - in a wheelchair most or all of the time
 - unable to move certain parts of their body without assistance
 - incontinent of bowel and/or bladder
 - malnourished
 - obese

Identifying Who is at Risk

- Residents are also at risk who have:
 - dementia, Alzheimer's disease or other mental disabilities
 - Diabetes
 - a history of pressure ulcers
 - vascular disease (poor blood flow)
 - fragile skin

Preventive Measures

- Reposition residents at least every two hours to relieve pressure.
- Use items that can help reduce pressure -- pillows, sheepskin, foam padding under bony prominences.
- Provide healthy, well-balanced meals. Assist to eat.
- Assist with daily range-of-motion exercises for residents with limited mobility.
- Limit moisture: residents who are incontinent should be kept clean and dry.

Preventive Measures

- Residents who have any of the risk factors should be checked for pressure sores every day. Look for reddened areas that when pressed, do not turn white, and look for blisters and sores. Heels should be felt gently – if soft or jelly-like there may be a pressure sore forming inside.

What can you do to prevent Pressure Ulcers?

- *Review Slides 29 through 36*

Contact a Medical Professional

- When an area of skin:
 - turns red and does not blanch
 - develops blisters
 - forms an open sore

The physician must be notified so that treatment may begin.

The family should also be notified.

This information should be documented.

Contact a Medical Professional

- When:

- a foul odor from an ulcer is first noticed,
- redness and tenderness around the ulcer is noticed,
- skin close to the ulcer is warm or swollen, or
- color or amount of drainage from the ulcer changes,

The ulcer is likely infected and treatment must be started.

Rules related to Pressure Ulcers

- The Arizona Administrative Code contains Rules which apply to prevention of pressure ulcers in Assisted Living facilities.
- Some of these rules are shown in the following slides. (*Emphasis has been added*)

R9-10-722.C.1 AND -723.D

- C. A licensee shall provide to each resident receiving **personal** care services:
- 1. Skin maintenance to prevent and treat bruises, injuries, **pressure sores**, and infections;

This rule also applies to residents at the **directed** level of care.

R9-10-722.A.4/723.B.3

- An Assisted Living licensee may not accept or retain a resident who has a stage 3 or stage 4 pressure sore, unless:
- A written authorization for residency or continued residency is signed and dated by the resident or representative and

R9-10-722.A.4/723.B.3 (Con't)

- The resident's primary care provider examines the resident, then signs and dates a statement authorizing residency at the facility
- Physician authorization must be done every six months and documented.

R9-10-722.A.4/723.B.3 (Con't)

- The resident's service plan must be revised to include the resident's increased need for services
- The resident must be under the care of a nurse, licensed home health agency or licensed hospice agency
- The facility must meet the resident's needs
- The facility must document the services provided

Questions



Questions? Contact

- Surveyor of the Day
- Office of Assisted Living Licensing
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