

When do I need to have someone look at my wounds?

If you are suffering from a pressure ulcer you may benefit from the advice of a professional trained in the care of these types of ulcers.



If you have a wound that you do not know how you got.

If you notice a sore area with increased warmth and redness.

You notice a blister formation or purplish discoloration

If your wound does not show significant signs of healing or gets worse after the pressure is

ProCare Healing Centers, LLP

We have the answers you are looking for!

Insert Hospital Name or logo here



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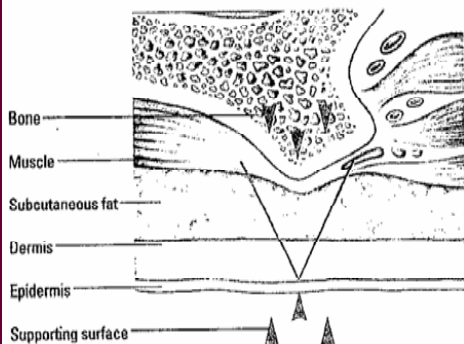
A Patient guide to Pressure Ulcers

ProCare Healing Centers, LLP

Specializing in Outpatient Wound Care & Hyperbarics

What is Pressure Ulcer?

A pressure ulcer is caused by the prolonged exposure of increased pressure to the skin. These commonly appear over bony prominences (tailbone, hips, heels), but can appear anywhere there is an increase of external pressure exerted on the skin. Sheer injuries occur when the skin is held in place and the bony structures slide underneath. This repeated action can lead to skin breakdown and is often a precursor to pressure ulcers with tunnels or sinus tracts (deeper beneath the skin level). Other factors that increase the risk of pressure ulcer formation are moist or macerated skin from sweating, incontinence or wound drainage, improper or infrequent positioning, insufficient



support surfaces and inadequate nutritional support. A team approach to wound healing is imperative with pressure ulcers. You and/or your family are key members of this team.

What to look for & What to do

Signs and Symptoms of Pressure Ulcer formation

Pressure ulcers form over time. The severity of a pressure ulcer may not be known for days or even weeks. This is why some pressure ulcers get worse before they get better, depending on the extent of the underlying tissue damage. Below are a list of signs and symptoms that could indicate impending pressure ulcer formation.

Reddened skin that does not return to normal 30 minutes after the pressure is relieved (Erythema)

Reddened skin that does not turn white when a finger is depressed in it for 2-3 seconds then released (non-blanchable erythema)

Increased warmth

Bruise like appearance

Steps you can take

Inspect the skin daily (especially if bed bound)

Keep the skin dry. Excessive sweating can macerate the skin. Do not allow the skin to become overly dry, apply moisturizers as directed

If incontinent (inability to control bowel or bladder) wash the waste off as soon as possible, change under pads and clothing frequently, apply moisture barrier or skin sealant to skin as recommended

Use a mattress overlay or chair cushion to reduce the amount of pressure on the bony prominences

Avoid donut-shaped cushions as these typically

Pressure Reduction

increase pressure to surrounding tissues.

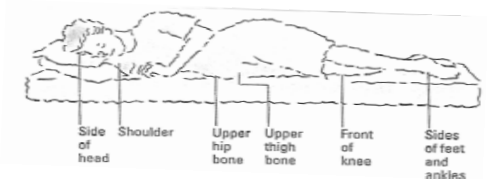
Get Moving!

Pressure reduction or relief is accomplished when the weight is shifted to another location of the body. If you are immobile (bed or chair bound) it is imperative that you shift your weight frequently. Below are some general guidelines for you and your family:

Change positions every two hours, keep a schedule during awake hours

Do not raise head of bed more than 30-40 degrees

Elevate heels off of the surface of the bed (do not place pillow under knees; position the pil-



low beneath the calves

Place pillow between knees when side lying

Use a lifting device or draw sheet when repositioning to avoid dragging

Keep skin clean of urine and feces

Keep skin appropriately moisturized

Have someone inspect your skin daily

Chair bound patients should shift their

