Lecture 11

Subject

Pressure Ulcer

Theoretical

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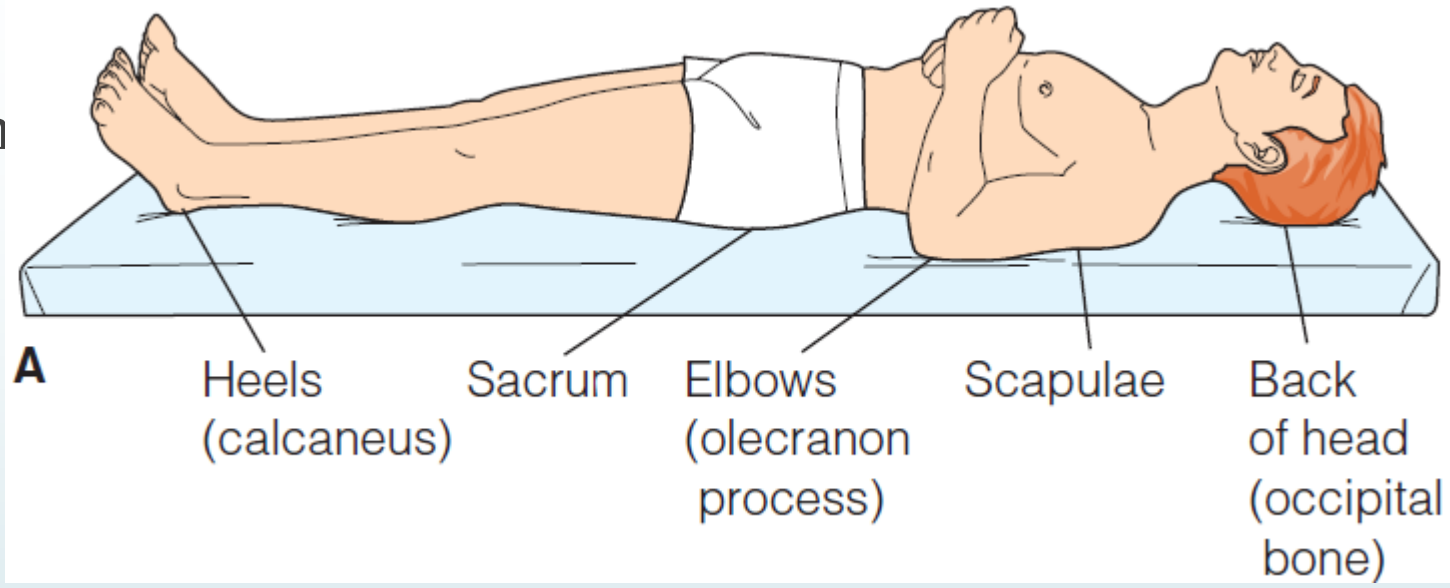
Pressure Ulcers

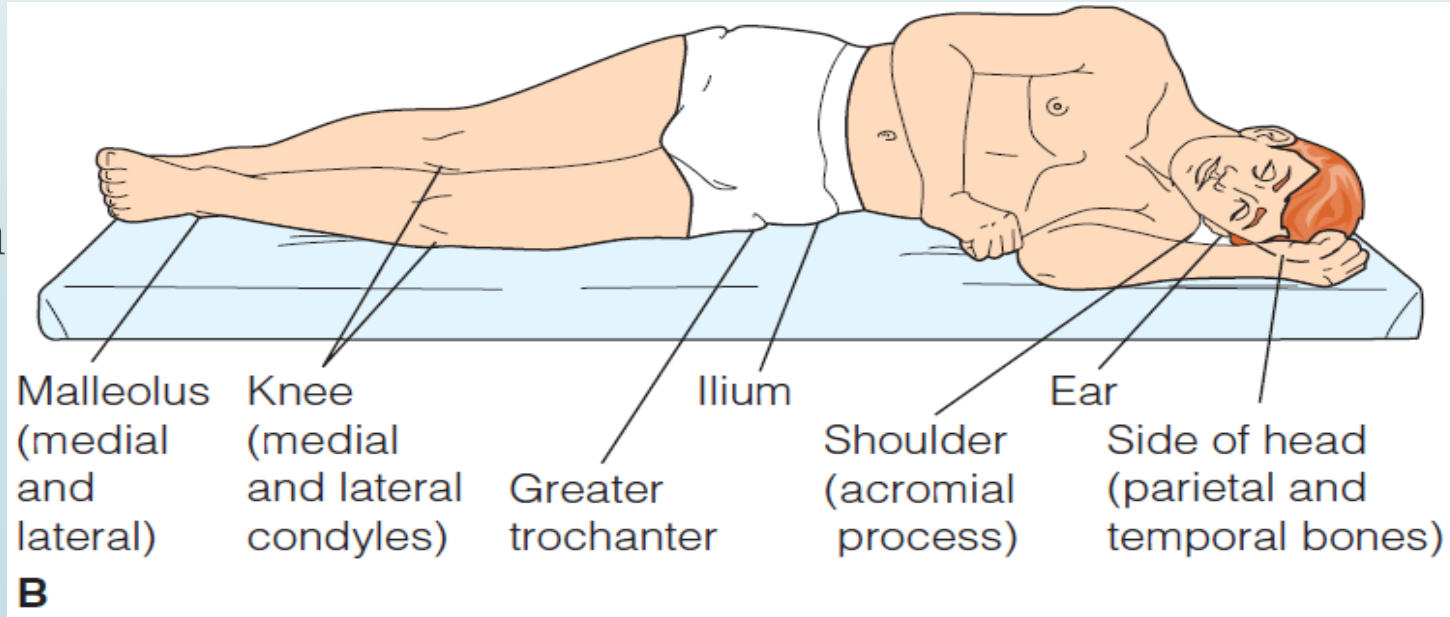
- Pressure ulcers consist of injury to the skin and/or underlying tissue, usually over a bony prominence, as a result of force alone or in combination with movement.
- Pressure ulcers were previously called decubitus ulcers, pressure sores, or bedsores.

Assessing Common Pressure Sites

A. supine position

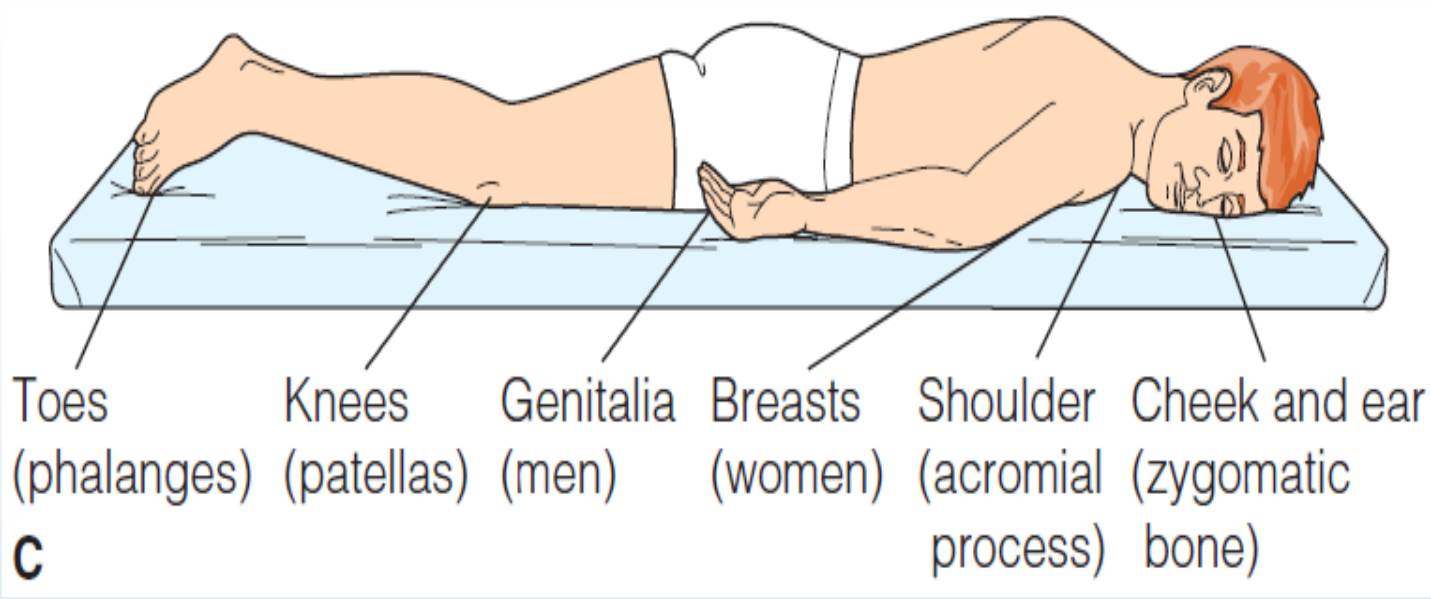


B. lateral position

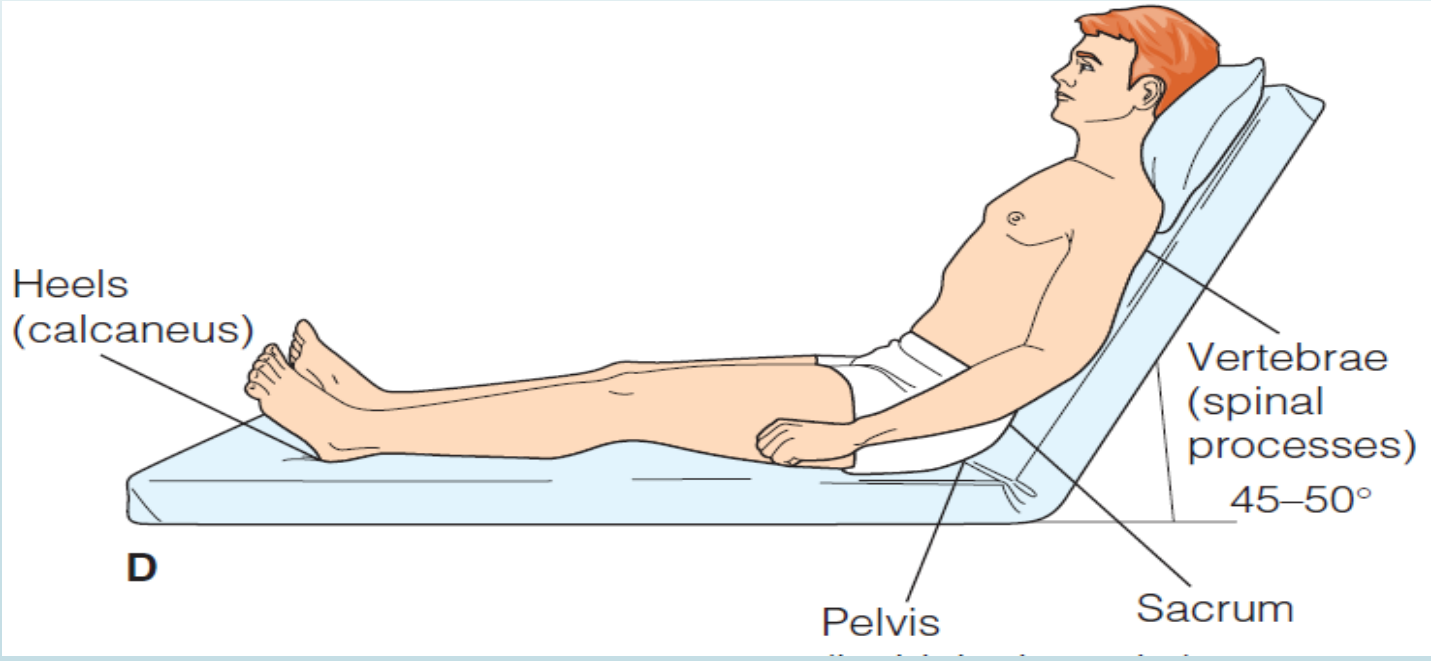


Assessing Common Pressure Sites

C. Prone position



D. Semi-fowler position



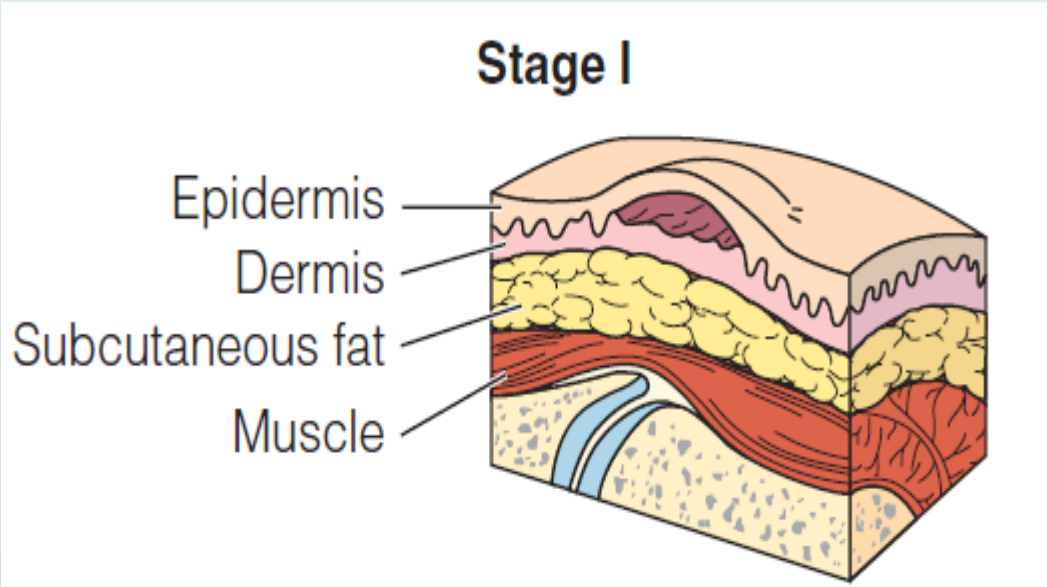
Risk Factors

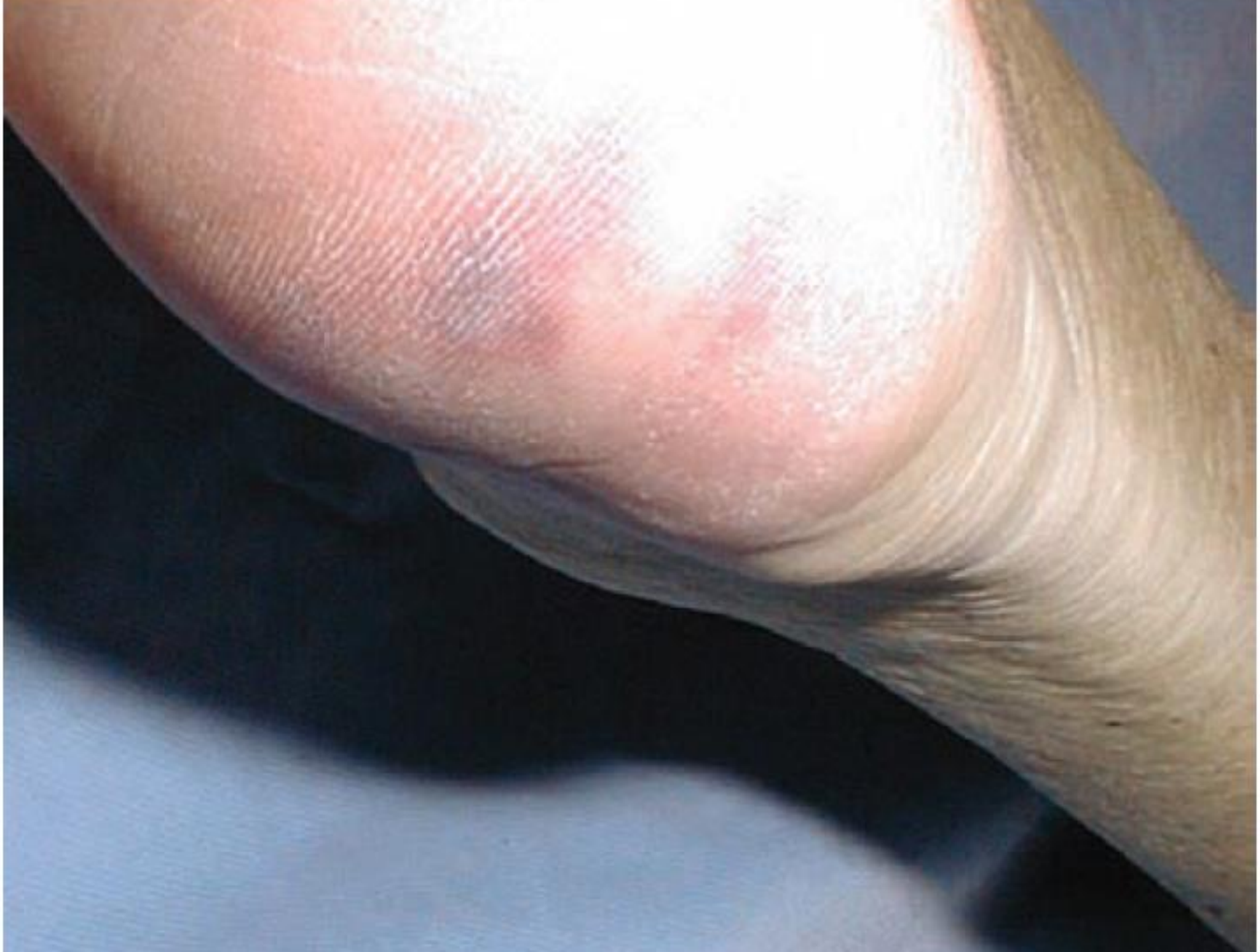
1. Friction.
2. Immobility.
3. Inadequate nutrition.
4. Fecal and urinary incontinence.
5. Decreased mental status
6. Diminished sensation
7. Excessive body heat
8. Advanced age
9. Chronic medical conditions

Stages of pressure ulcer

Stage I

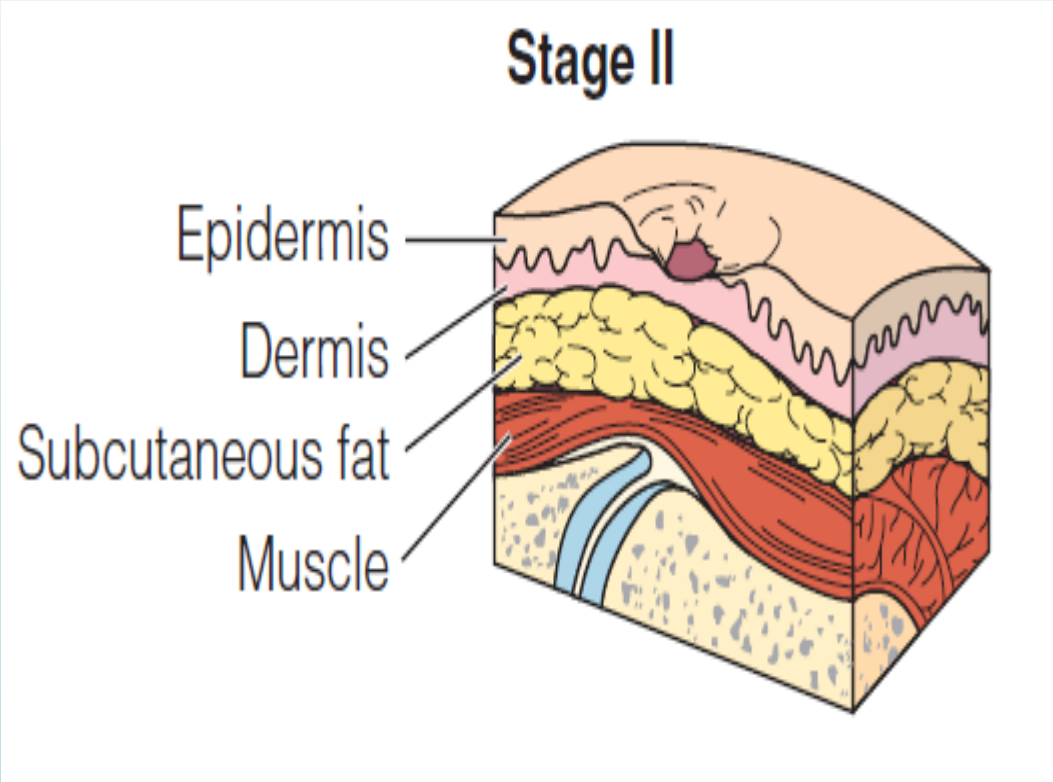
1. Redness of a localized area.
2. Intact skin.
3. Area may be painful, firm, soft, and warmer

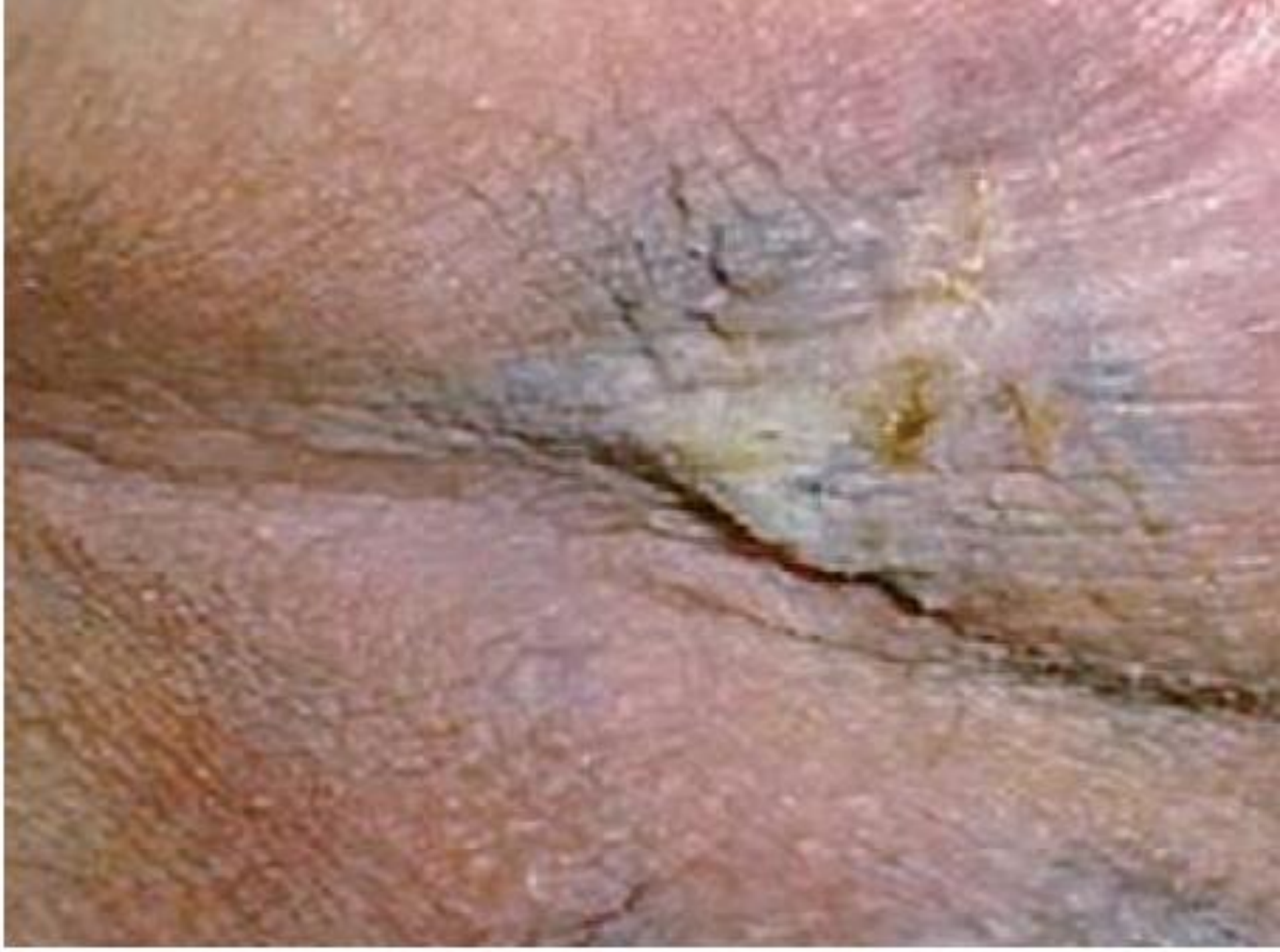




Stage II

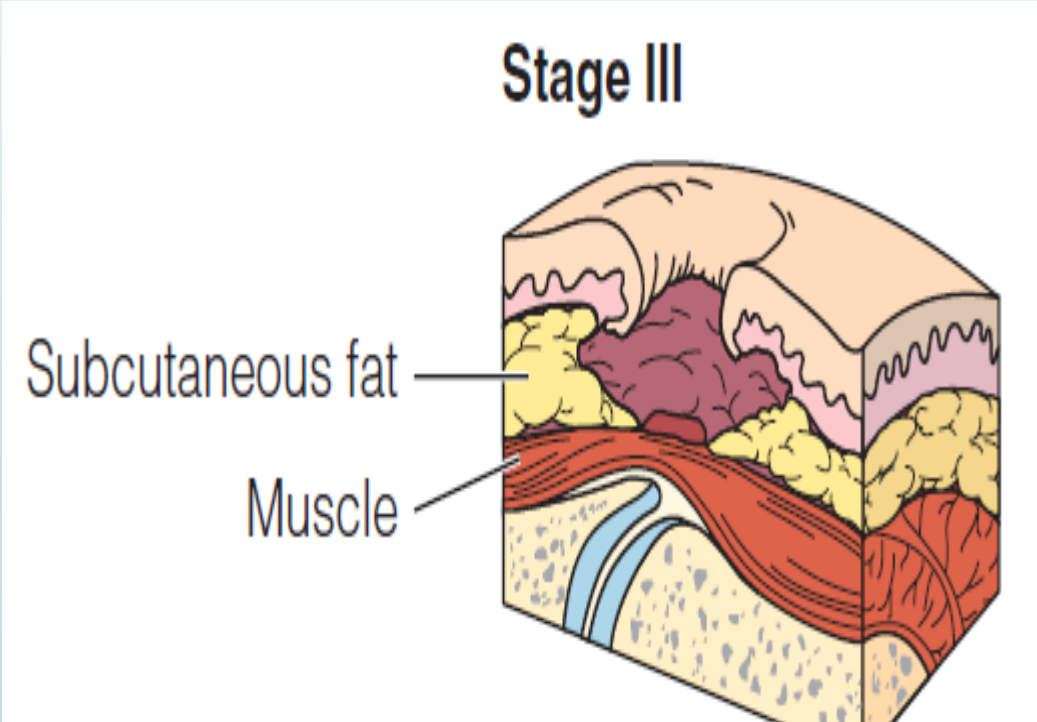
1. Partial thickness loss of dermis.
2. A shallow open ulcer.
3. Red-pink wound
4. May present as an intact or open serum-filled blister

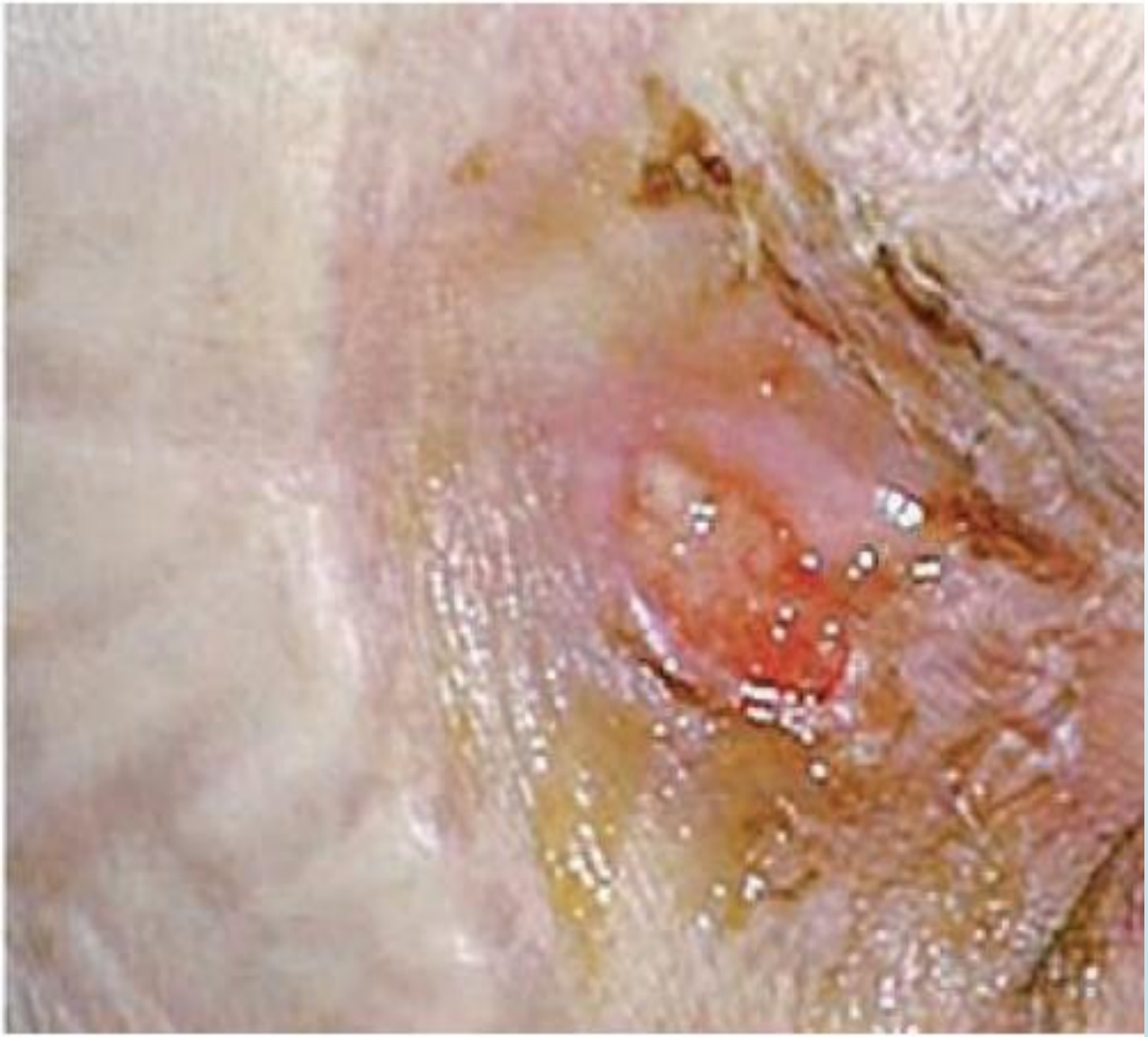




Stage III

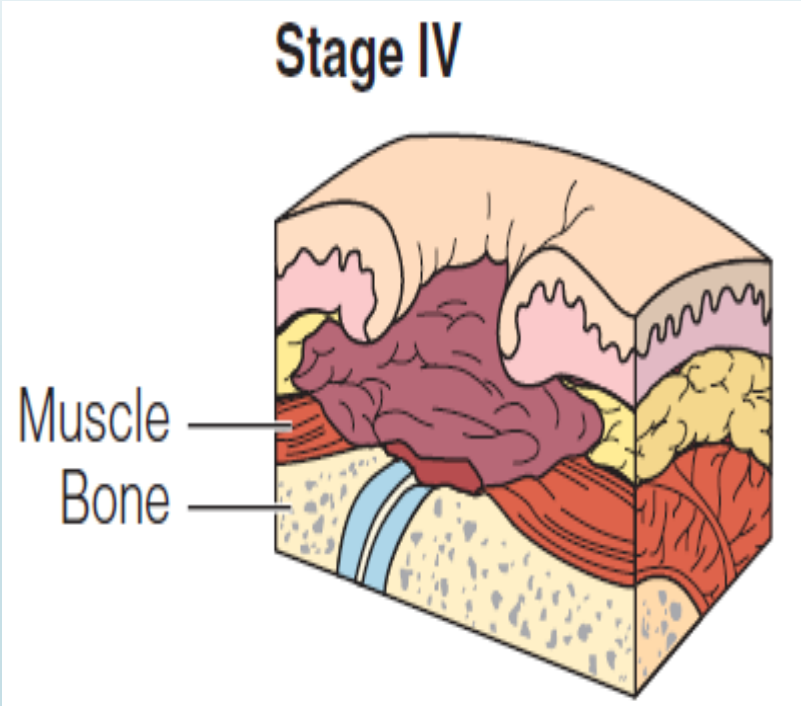
1. Full-thickness tissue loss.
2. Subcutaneous fat may be visible.
3. Slough may be present.

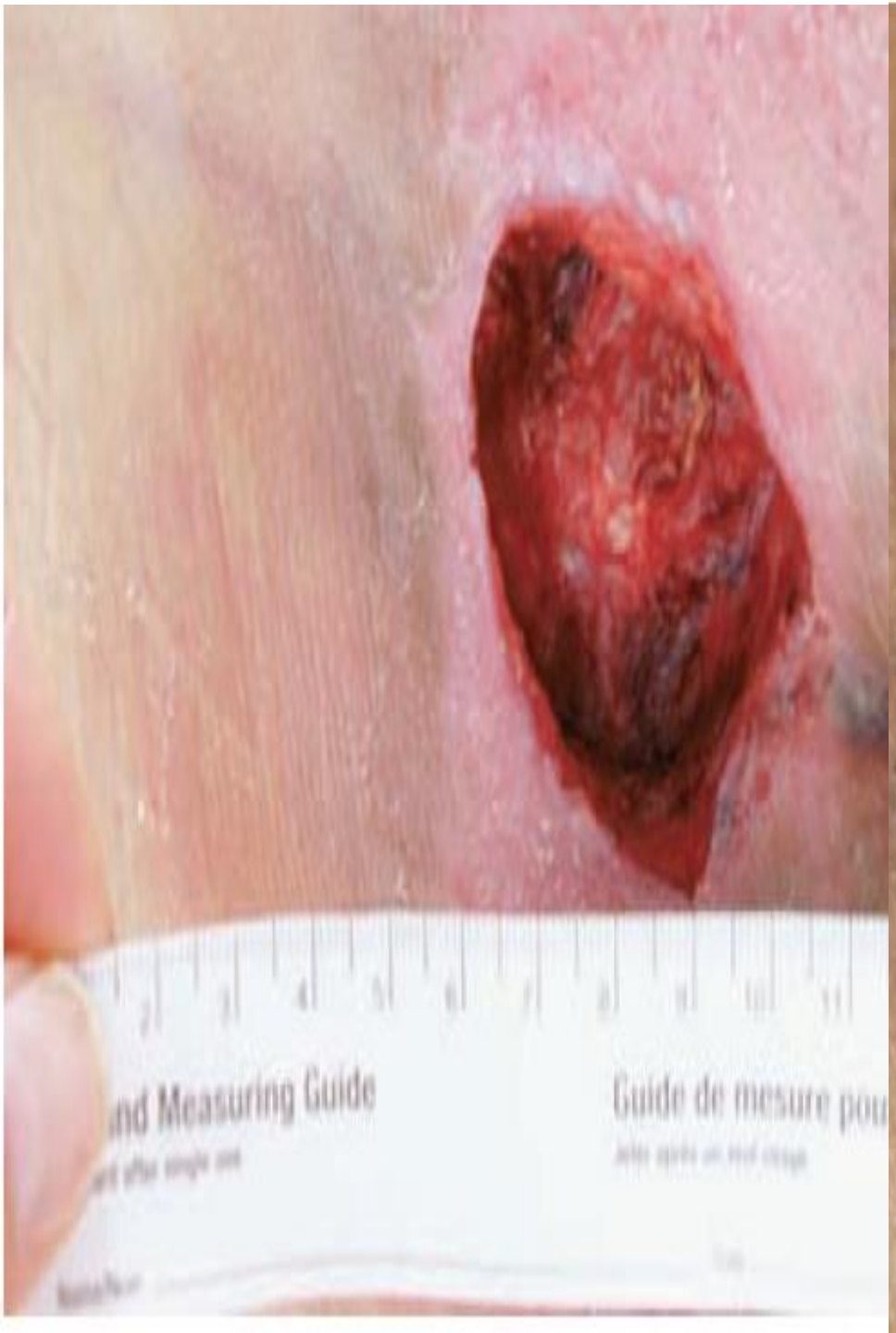




Stage IV

1. Full-thickness tissue loss
2. Exposed bone, tendon, or muscle.
3. Slough present on some parts of the wound.
4. Exposed bone/tendon is visible or directly palpable.

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❖Nursing management

1. Minimize direct pressure on the ulcer.
2. Schedule reposition the client at least every 2 hours.
3. Provide devices to minimize pressure areas.
4. Use solutions such as isotonic saline to clean or irrigate wounds.
5. Use **gauze squares** and avoid using cotton because shed fibers onto the wound surface.
6. Improvement nutritional status for patient.

Figure 36–7 ■ Heel protector.

Figure 36–8 ■ Low-air-loss bed KinAir IV.

THANK YOU