



ADVANCING EXCELLENCE

IN LONG-TERM CARE COLLABORATIVE

What is a pressure injury?

Pressure injuries, sometimes called; pressure sores, deep tissue injuries, pressure ulcers, bed sores, or decubitus ulcers, occur when skin is subjected to an injury from prolonged pressure or shear (dragging injury) that eventually damages the skin and underlying tissue. Pressure injuries occur most commonly over bony parts of our bodies, like the buttocks, hips, knees, heels, elbows, and the back of the head. They can also be caused by medical devices that put pressure in one spot for too long (wheelchair straps, leg stockings, glasses on the bridge of the nose, or in the nostrils from oxygen tubing). Pressure injuries advance through several stages. There are changes in the skin surface in very early pressure injuries. Skin often then breaks or blisters. As the injury progresses, it affects deeper and deeper tissues and can eventually cause very deep wounds that are difficult to heal and can lead to serious infections.



Who is at risk for a pressure injury?

Pressure injuries occur most frequently in people who are confined to bed, wheelchair, or chair, usually in people who are not very mobile or who are quite debilitated. Other things that put people at risk of developing a pressure injury are: poor diet (low in protein or vitamin C), any condition that impairs blood flow (diabetes, anemia, vascular disease causing poor circulation). Pressure injuries, particularly advanced injuries, are more common and more serious in people with dark skin.

Why is it important to prevent pressure injuries from progressing?

Pressure injuries are often very painful, can have strong unpleasant odors, lead to decreased mobility, decreased quality of life and can lead to death. Pressure injuries can



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also cause death from infections. Over a ten-year period, from 1990 to 2001, pressure ulcers contributed to the deaths 114,380 people in the U.S.

Do people with dark skin have greater risk of developing serious pressure injuries?

People with dark skin are more likely to develop pressure injuries, are more likely to have early-stage pressure injuries missed by their caregivers, are more likely to have advanced/severe pressure injuries (Bates et al), and are 4 times more likely to die from a pressure injury than White people of the same age

(Redelings, M., Nolan, L., & Sorvillo, F. (2005) Pressure Ulcers: More Lethal Than We Thought? *Advances in Skin and Wound Care*, 18 (7) 367-372))

Why are pressure injuries in people with dark skin often missed?

Most of us have been taught to watch for reddened areas on the skin, especially if the reddened area does not blanch (turn white) with very mild pressure from your fingertip. These early indicators of pressure injury, that we have all been taught to look for, will not identify pressure injuries in people with darker skin. This means that pressure injuries are often noticed for the first time, **after** progressing to a later stage, after skin breakdown has already occurred. The later the stage of pressure injury, the more likely to cause pain and the more difficult it is to heal. Unfortunately, many caregivers are not aware that early pressure injuries in people with darker skin can look like a bruise, a purplish color or any change in color from the surrounding skin.

Skin color changes are not the only sign of a pressure injury. You might notice an area on the skin that seems a bit warmer or colder, or even more firm or squishy, than the surrounding tissue. Or you might notice that an area is painful to touch.

(Rutherford, C., Brown, J., Smith, I., McGinnis, E., Wilson, L., Gilberts, R., Brown, S., Coleman, S., Collier, H. and Nixon, J.(2018) A patient-reported pressure ulcer health related quality of life instrument for use in prevention trials (PU-QOL-P): psychometric evaluation. *Health and Quality of Life Outcomes*, 16(227) 1-11.
<https://hqlo.biomedcentral.com/articles/10.1186/s12955-018-1049-x>)

What can direct care workers do to prevent pressure injuries?

Pressure injuries are often, but not always, preventable. There is a lot you can do to prevent pressure injuries from developing. Keeping the person's skin cool and dry, assisting them to shift their weight frequently to relieve pressure, and avoiding 'shear' (friction between the patient's skin and the material that comes into contact with their skin (for example, sheets) all help prevent pressure injuries. You can avoid shear by making sure the person lifts or is lifted and is not dragged across a surface when changing



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positions. Other things that put people at risk of developing a pressure injury are: poor diet (low in protein or vitamin C), any condition that impairs blood flow (diabetes, anemia, vascular disease-causing poor circulation) and dark skin. Paying attention to diet, encouraging consumption of protein and vitamin C could also be helpful.

(Kottner J, Black J, Call E, Gefen A, Santamaria N. Microclimate: a critical review in the context of pressure ulcer prevention. *Clin Biomech* (Bristol, Avon) 2018;59:62-70)

The nursing staff can work with dietary on incorporating and encouraging foods high in vitamin C such as: Citrus fruits, tomatoes, pineapple, bell peppers and cruciferous vegetables.

Why are direct care workers so important in identifying early pressure injuries?

Direct care workers, PCWs, CNAs are vital to identifying pressure injuries at an early stage. As you are observing a patient's skin or simply helping people with daily care, you are in a good position to identify possible early pressure injuries. Identifying pressure injuries at an early stage, before a breakage in the skin, is important and will prevent suffering. Health care workers who are in close, frequent contact, who are able to observe the skin of someone at risk of a pressure injury, can have a tremendous impact on preventing progression of the pressure injury to a more serious stage.

If I am caring for someone who develops a pressure injury, does that mean I caused it?

No. Although reducing pressure on bony areas of the body, shifting weight frequently to relieve pressure, and keeping people dry will help prevent pressure injuries, they cannot always be prevented. Even if you believe you or other caregivers could have done more to prevent the development of a pressure injury, the best thing you can do for your patient is to report anything that might be a pressure injury. Preventing progression will reduce suffering and will also make your work easier.

Edsberg, L. E., Black, J. M., Goldberg, M., McNichol, L., Moore, L., & Sieggreen, M. (2016). Revised National Pressure Ulcer Advisory Panel Pressure Injury Staging System: Revised Pressure Injury Staging System. *J Wound Ostomy Continence Nurs*, 43(6), 585-597. doi:10.1097/won.0000000000000281

Resources and Educational Video

Additional resources and educational video are available on the Advancing Excellence in Long Term Care Collaborative [website](#).