# 1.13 Pressure Ulcers

## Key Points

1. Pressure ulcers cause pain for patients and distress for family, and they negatively impact both quality and quantity of life.

2. Prevention is the key for effectively managing pressure ulcers.
   Evaluate all patients frequently and follow an active plan for both prevention and treatment. Consult with a skin-care nurse for management advice.

3. Stage 1 pressure ulcers present as changes in intact skin and require prompt attention to prevent skin breakdown and ulcer development.
   Visual evidence is discoloration, redness, and bogginess of intact skin. Sensory evidence is pain, warmth, and itchiness.

4. Stage 2 pressure ulcers present as epidermal loss forming shallow crater, abrasion, or blister. Stage 2 pressure ulcers can quickly progress to Stage 3.
   With treatment and removal of pressure, Stage 2 ulcer may heal over a 7–10 day period.

5. Stage 3 pressure ulcers present as full-thickness tissue loss to facia with a deep crater. Stage 3 pressure ulcers require debridement and special dressing. Healing from viable skin on edges of the wound can take weeks to months and may never occur in severely debilitated patients at Life's End.

6. Stage 4 pressure ulcers present as full-thickness loss of skin with visible bone, muscle, or tendons. Stage 4 pressure ulcers impact negatively on survival.
   Stage 4 ulcers may be associated with osteomyelitis and undermining of skin and sinus tracts.

7. Prevention is the key to managing pressure ulcers at Life's End.
   Screen all patients for presence of ulcers. Scan all skin surfaces with special attention to high-risk sites: sacrum, heels, ankles, hips, knees, elbows, and ears. Record stage of ulcers, risk of progression, and plan of care.
   Control physical symptoms to help keep patient mobile and to reduce risk of ulcer development.

Pressure Ulcers

The Palliative Response

## Impact

### Incidence

- High risk for all patients at Life's End

### Suffering

- Pain for patients
- Distress for family
- Negative impact on quality and quantity of life

## Pressure Ulcers: The Palliative Response

Prevention is the key to care for pressure ulcers at Life's End.

## Intervention

- Evaluate all palliative patients frequently
- Prevent and treat with active plans
- Consult skin-care nurse for management advice

## Pressure Ulcers Stage 1

### Evaluation

- Visual evidence
  *Discoloration, redness, bogginess of intact skin*
- Sensory evidence
  *Pain, warmth, itchiness*

### Treatment

- Address promptly in effort to prevent breakdown and development of ulcer

## Pressure Ulcers Stage 2

### Evaluation

- Skin no longer intact
- Epidermal loss forms shallow crater, abrasion, or blister

### Prognosis with Treatment

- Can progress to Stage 3 in 24–48 hours
- May heal over 7–10 days with treatment and removal of pressure

## Pressure Ulcers Stage 3

### Evaluation

- Deep crater—full-thickness tissue loss to fascia

### Treatment and Prognosis

- Debridement and special dressing for comfort and to prevent progression
- Healing from viable skin on edges of wound can take weeks to months
- Ulcers may never heal in severely debilitated patients at Life's End

## Pressure Ulcers Stage 4

### Evaluation

- Visible bone, muscle, and/or tendons—full-thickness loss of skin
- May be associated with osteomyelitis and undermining of skin and sinus tracts

### Prognosis

- Often cause tremendous suffering

## Pressure Ulcers Considerations

### Evaluation

- Determination of staging may require debridement if necrotic tissue (e.g., eschar) present

### Treatment

- Selected patients may benefit from surgical treatment
- Most palliative care patients are not candidates for flaps or other plastic surgery procedures

## Screen for Pressure Ulcers

Screen all skin surface at Life's End

High-risk sites:

- Sacrum
- Heels
- Ankles
- Hips
- Knees
- Elbows
- Ears

## Record Pressure Ulcers

- Stage of ulcer
- Risk of progression
- Plan of care

## Control Symptoms

Control of physical symptoms helps keep patient mobile and reduces risk of ulcer development.

## Risk Factors: Mobility and Activity

### Lower risk

- Patients who are up and out of bed

### Higher risk

- Bedridden patients
- Patients whose mobility in bed is restricted (restraints, compression devises on legs, oxygen)
- Patients who tend to move less (secondary to pain or other poorly controlled symptoms)

## Risk Factors: Moisture from Incontinence

### Intervention for prevention

- Change diapers and pad as needed
- Clean linens
- Cleanse skin
- Apply moisture barrier ointments
- Use bladder catheter if necessary—avoid if possible

## Risk Factors: Sensory Impairment

- Decreased level of consciousness or sensory impairment due to neuropathy or cord injury
- Prevents normal response of sensing pressure and changing position to relieve pressure and protect skin integrity

## Risk Factors: Declining Nutrition

### Palliative response

- Assess barriers to adequate oral intake
- Treat anorexia
- Avoid invasive nutritional support

  *Does not seem to improve outcome*

  *Does not seem to prevent ulcers*

  *May complicate care with reduced mobility*

  *May increase moisture from diarrhea/ urinary output*

## Risk Factors: Skin Shear

### Evaluation

- Fragile skin damaged by friction and tearing with movement

### Treatment

- Use draw sheet and other devises to protect skin with movement
- Employ protective devices (padding, wedges, heel protectors)

## Pressure Ulcers: The Palliative Response

### Prevention is the key.

Control physical symptoms to help keep patient mobile and reduce risk of ulcer development at Life's End.

## Selected Readings

Hess, C. T. "Fundamental Strategies for Skin Care: A Comprehensive Understanding of Skin and Topical Products Is Essential in Maintaining a Patient's Skin Integrity." Ostomy/Wound Management 43 (1997): 3–41.

Walker, P. W. "Update on Pressure Ulcers." In Principles and Practice of Supportive Oncology edited by A. M. Berger, R. K. Portenoy, and D. E. Weissman. New York: Lipincott Williams & Wilkins Healthcare 3 (2000): 1–11.