



DEPARTMENT OF ECONOMIC SECURITY

*Your Partner For A Stronger Arizona*

DIVISION OF DEVELOPMENTAL DISABILITIES

*Sent on Behalf of DES/Business Operations*

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From the DES/DDD Quality Management Unit

TRANSMITTAL DATE: November 2, 2015

**HOT TOPICS VENDOR BLAST**

**Pressure Ulcers/Bedsores**

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*Please direct any questions / comments regarding the Hot Topics Vendor Blast to:*

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*Thank you*

# PRESSURE ULCERS / BEDSORES

DIVISION OF DEVELOPMENTAL DISABILITIES  
Quality Assurance Unit • 602-771-8122

**PRESSURE ULCERS / BEDSORES:** Open wounds that form when pressure is applied to the skin for long periods of time. The pressure causes blood flow to decrease and the skin tissue and sometimes tissues below the skin to die and peel off.

## SOME FACTS

- Bedsores are called pressure ulcers, decubitus, and/or pressure sores.
- These wounds form because pressure remains at points on the skin - especially over bony areas - cutting off the blood supply. The damaged flesh then dies and slowly peels away.
- Open bedsores can allow bacteria into the blood stream causing serious infection.



## RISK FACTORS (Alerts)

Recognition of the following conditions will help alert you to potential risks:



- Elderly/advanced age
- Individual cannot move without assistance
- Poor nutrition
- Poor fluid intake/dehydration
- Chronic disease (such as Diabetes)
- Infections
- Injuries
- Wearing braces or casts
- Limbs that are red and swollen with fluid (edema)
- Friction
- Moisture
- Poor circulation

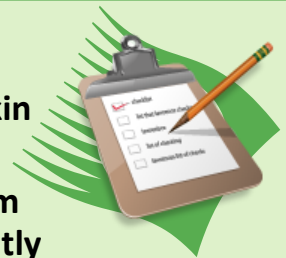
## WHAT TO WATCH FOR

- SKIN DISCOLORATION (redness or black areas)
- BREAKS IN THE SKIN
- PAIN OR DISCOMFORT
- AREAS OF SKIN THAT ARE PEELING



## WHAT TO DO • PREVENTION

- Identify and be aware of individuals with the above risks: check their skin for redness or discoloration.
- Individuals who spend long periods of time in bed should be moved from right-side to back to left-side on an every two (2) hours or more frequently as recommended for the individual.
- Reposition individuals in wheelchairs every thirty (30) minutes.
- Maintain good nutrition and fluid intake.
- Moisturize dry skin.
- Avoid vigorous or hard rubbing when bathing, drying, or applying lotion.
- Avoid dragging or pulling when moving individuals (avoid friction); lift them.
- Keep skin clean and dry; moist skin is more easily damaged.



## WHAT TO DO

### If you suspect a bedsore or pressure area?

• **CALL THE DOCTOR for an appointment**



If the doctor finds a pressure ulcer or bedsore, orders may be written for the following:

**SKIN CARE:**

- Medications, creams, lotions, and/or dressings
- Type & length of treatment
- Wound clinic or wound specialty home health nurse (if needed)

**NUTRITION:**

- Tube feeding or special diet
- Type, amount, and frequency of tube feeding or supplements
- Special drinks, vitamins, or supplements

**EQUIPMENT & SUPPLIES:**

- Special cushions, boots, mattresses, and/or hospital bed
- Feeding tubes, dressings, tape, creams/lotions, and other items as needed

• **CALL THE DDD SUPPORT COORDINATOR & DISTRICT NURSE**

The District Nurse, in collaboration with Support Coordination, will assess risk factors and develop an intervention plan to heal the current pressure ulcer and prevent reoccurrence of new pressure ulcers.

## EMERGENCY

Immediately call 9-1-1 when any of the following conditions occur:

- |  |                         |
|--|-------------------------|
| • <b>DIFFICULTY BREATHING</b>                            | • <b>BLEEDING</b>       |
| • <b>LOSS OF CONSCIOUSNESS</b>                           | • <b>EXCESSIVE PAIN</b> |
| • <b>CHANGE IN ALERTNESS OR ABILITY TO PAY ATTENTION</b> |                         |



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# Hot Topic: Pressure Ulcers- Bedsore

## PREVENTION:

- ❖ **IDENTIFY** members at risk such as those who need assistance with mobility (turning, transfers, etc.)
- ❖ **LIMITED MOBILITY** – members who spend most or all their time in bed or a chair need to be turned or repositioned every two (2) hours or more frequently as recommended for the individual.
- ❖ **WHEELCHAIR** – members using wheelchairs for mobility should be repositioned every thirty (30) minutes.
- ❖ **HEALTH & NUTRITION** – good nutrition and hydration (enough fluids) helps maintain healthy skin and blood flow.
- ❖ **MOISTURIZE SKIN** – dry, flaky skin is more likely to breakdown; moisturize dry skin often.
- ❖ **GENTLE CARE** – avoid rubbing or scrubbing hard when providing baths and general care. Always lift members carefully without pulling or dragging them across sheets and other surfaces.

## SIGNS of a POSSIBLE BEDSORE:

### ❖ MOST COMMON SYMPTOMS:

- **Discolored skin** – redness, blanching, or black scabbed areas
- **Breaks or opening in the skin including peeling:** tailbone and other bony areas (ankles, hips, shoulder blades, etc.) are more at risk for pressure ulcer/bedsore development.
- **Pain or Discomfort:** visually check any areas where the member has pain/discomfort.

## ACTION ITEMS

- ❖ Call the member's doctor for an appointment whenever you suspect a pressure ulcer/bedsore or area where one might be starting to develop.
- ❖ Insist on an appointment within 3-5 days – not a month later or at the next check-up
- ❖ After the appointment, implement any and all follow-up appointments or recommended treatment immediately.
  - Specialty or Wound Clinic referrals
- Nutrition and fluid recommendations including dietician consults if ordered
  - Special Skin Care – start all recommendations/orders immediately including lotions, creams, dressings, cushions, or other special equipment such as mattresses.
- ❖ Notify the DDD Support Coordinator and/or DDD Nurse whenever a pressure ulcer-bedsore is identified.

**Call 9-1-1 immediately for any of the following conditions:**

- |                                |                            |
|--------------------------------|----------------------------|
| ◆ <i>Shortness of breath</i>   | ◆ <i>Bleeding</i>          |
| ◆ <i>Loss of consciousness</i> | ◆ <i>Inability to move</i> |
| ◆ <i>New confusion</i>         | ◆ <i>Excessive pain</i>    |