PRESSURE CARE AND MANAGEMENT OF PRESSURE SORES

**GRADE 1**: Redness of Caucasian skin or purplish tint of more heavily pigmented skin that does not fade in 30min

- **EDUCATION** for patient and his/her family about pressure sores and how to avoid these if the patient is/is not able to move him/herself.
- Inform the nursing staff that an in-patient is on pressure care by putting up an “ON PRESSURE CARE” sign above the patient’s bed and a turning chart next to their hospital file.
- Pressure relief ( inventive ways of positioning with saline bags/wedges/blocks/blankets)
- Strict pressure care (2 hourly turning chart) (Grade 2/3/4)
- Avoid positioning patient on existing pressure sore(Grade 2/3/4)
- Correct lifting techniques to minimise shearing (Grade 2/3/4)
- Bowel and bladder management to avoid soiled linen (Grade 2/3/4)

**GRADE 2**: Damage to epidermis and/or dermis (partial thickness, skin loss or blister)

- Cover shallow ulcer with DAILY Bettadine dressing or Flamazine dressings if patient is allergic to Bettadine. Always use sterile gloves, sterile gauze and saline to wash the wound.
- Pain management with analgesics (Grade 3/4)

**GRADE 3**: Full thickness skin loss involving damage/necrosis of subcutaneous tissue, not extending to underlying bone, tendon or joint capsule

AND

**GRADE 4**: Full thickness loss with extensive destruction and tissue necrosis extending to underlying bone, tendon or capsule

- NNB wound care and infection control. Intrasite gel can be used to put into the cavity. If intrasite is not available continue with DAILY Bettadine/Flamazine dressings using sterile gloves.
- Allevyn dressing can also be ordered from pharmacy if available. This dressing soaks up the pussy exudates. These are expensive (R100/dressing) so only use if Bettadine or Flamazine is not helping. Allevyn dressing only need to be changed every 2-3 days.
- Surgical intervention: debridement of necrotic tissue in theatre.
- Refer to dietician and monitor fluid intake. A Naso-gastric tube may need to be inserted