



Training Your Caregiver

Bedsores: Care, Prevention, and Treatment

For anyone involved with the long-term care of an older or infirm veteran, understanding how to treat and prevent bedsores can be paramount to their health and comfort. Bedsores can become a painful, life-threatening condition for anyone who spends prolonged amounts of time at rest. Thankfully, all it takes is a little knowledge about the condition to make treatment manageable and to prevent your loved one from enduring any unnecessary suffering.

Bedsores Explained

Bedsores are skin pressure ulcers that occur due to immobility, most commonly among the elderly and bedridden. According to the University of Washington’s School of Rehabilitation Medicine, bedsores, sometimes known as “pressure sores,” usually develop on areas of the body where there is little padding, especially over bone, commonly including the lower back, shoulder blades, and hips. In some cases, it takes only twelve (12) hours of immobility to cause a bedsore.

Bedsores are typically the result of a reduction in blood supply to areas of skin under pressure for extended periods of time, but can also occur when friction forces the skin to move in one direction and the underlying bone in another. Additional risk factors include age, smoking, malnutrition, or pre-existing medical conditions like diabetes and dementia.

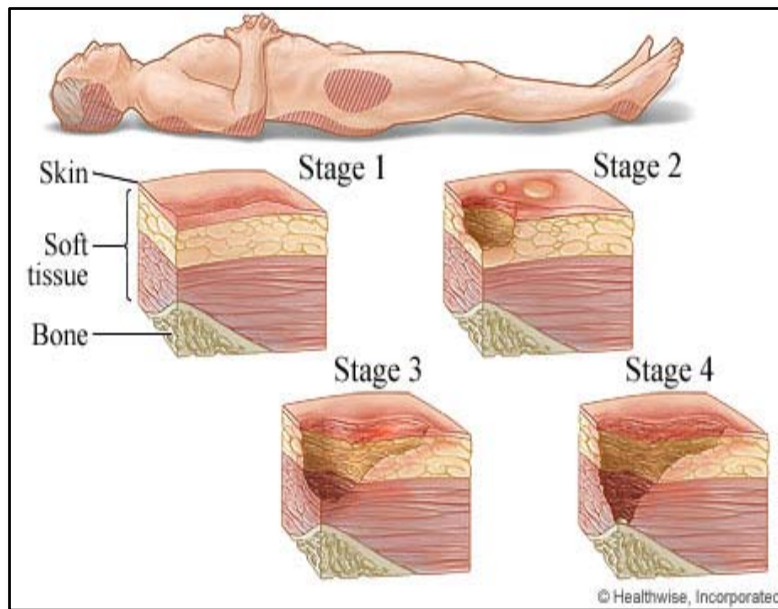
Risks and Symptoms

Bedsores are a progressive condition with four stages.

Stage 1

In **Stage 1**, the affected area shows up as red skin that resembles a rash and the sore may feel warm or hard to the touch. Stage 1 sores will heal quickly if promptly treated by removing the source of pressure. To check for Stage 1 bedsores, the Northwest Regional Spinal Cord Injury System at the

University of Washington recommends pressing on the reddened area with your finger. The area should turn white. Remove your finger and it should return to its reddened state within a few seconds, indicating good blood flow. Darker skin may not have visible blanching even when healthy but may exhibit other signs of damage (e.g. color changes or hardness). Check blanching 45-60 minutes after pressure has been relieved from the area in question. This level of bedsore may be treated by family members or a VDHCBS Caregiver under state of Texas law.



For most Stage 1 bedsores, the following first aid steps can be used to treat the bedsore and prevent it from becoming a life-threatening condition:

1. **Relieve pressure on the Stage 1 bedsore area.** Use foam cushions, special pillows, special forms of bedding, or sheepskin to help alleviate pressure on the bedsore. The elderly patient may also be moved to sit or lay in a position which does not directly apply pressure to the Stage 1 bedsore.
2. **Avoid further friction or bedsore injury to the affected area.** There are special medical supplies that may be used to prevent friction for a patient who is immobile. In addition, the patient's bedding may be powdered lightly to avoid rubbing of the injured skin.
3. **Clean the Stage 1 bedsore.** Cleaning processes may vary depending on the severity of the

bedsore. Most Stage 1 bedsores are rinsed with salt water to remove the patient's loose or dead skin tissue. Be gentle, as this will be painful for the patient. After the salt rinse, the patient's Stage 1 bedsore is typically covered with a special type of gauze. This type of gauze dressing is made specifically for bedsores. Properly cleaning and dressing a Stage 1 bedsore will help prevent infection.

4. **Ensure that the patient is well-nourished.** Elder patients are frequently malnourished. To heal a Stage 1 bedsore, it is important to ensure that the patient is getting adequate nutrition, with a healthy diet and plenty of water.

When in doubt, talk to the doctor. There are new medications available that may help promote skin recovery after a Stage 1 bedsore has developed. In addition, some bedsores may falsely appear as Stage 1 bedsores because they are not open wounds. However, that does not mean that the infection has not progressed deeper into the patient's skin tissue. If left untreated, the sores will develop into **Stage 2**, and become open sores that resemble blisters or abrasions. It can look very shallow, dry, or be an open sore with a red or pink wound bed. Alternately, it may look like an intact or ruptured (open fluid sac) liquid-filled blister. There will not be bruising. These open sores also pose a high risk for infection.

Stage 2

The treatment for a Stage 2 pressure ulcer or bedsore must be done under the direction of a medical doctor and is usually provided by a skilled nurse visit several times a week. As a consumer-directed



caregiver, you should never try to treat a Stage 2 bedsore without direct supervision of a nurse or physician.

The treatments may include changing the position of the body throughout the day, debridement, wound care, and antibiotics. As a caregiver, you may be asked to apply antibacterial creams and change the patient's position throughout the day. However, you should remember this is a very serious issue and **must be** supervised by a physician or a skilled nurse.

Stage 3

In Stage 3, the sores extend through several layers of skin and begin to damage muscle tissue. Sores in Stage 3 are exceptionally painful, difficult to treat, and can permanently destroy tissue. The depth of this ulcer will vary by location. For example, the wound may progress all the way to the subcutaneous fat layer in some areas of the body, other areas have no subcutaneous fat and have only a thin layer of skin such as the bridge of the nose, the ear, and certain portions of the foot. Because of this the Stage 3 ulcers may be very shallow by contrast other areas like the buttocks and thighs may have very deep ulcers.



At this stage, treatment is often performed in a hospital or through a wound care center under the care of a wound care specialist. The Stage 3 bedsore has progressed through the dermis and the epidermis but not into the muscle, tendon, or bone. The medical treatment will usually include debridement, constant changing of the dressing, proper wound care, electrical stimulation, a wound vac machine, and possibly even surgery.

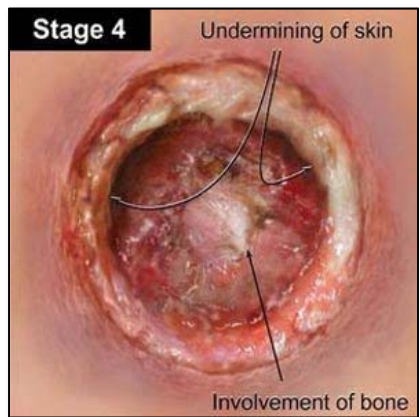
In a home setting, the home caregiver may, using gloves and infection control protocols and at the physician direction, apply clean dressings when dressings have been soiled.

However, treatment of this level of bedsore must be performed and documented by a skilled nurse, wound care specialist or the primary care physician.

Stage 4

Finally, in Stage 4, bedsores can do permanent damage to muscle, joints, bones, tendons, and may even be fatal. Because of the severity of later stage symptoms, prevention is crucial, and early treatment can truly be a matter of life or death.

In most cases, a Stage 4 Bedsore is treated in a hospital or continuing care hospital. If your veteran is returned to home with a Stage 4 bedsore, there should be regularly scheduled visits by a wound care nurse specialist to provide care and monitoring.



Stage 4 bedsore is a continuous battle with infection, and the patient may never fully recover. Common infections affiliated with Stage 4 bedsores include cellulitis or sepsis. A Stage 4 bedsore is frightening in appearance and can be deadly. It should be treated under a physician or wound care specialist's treatment plan. Stage 4 ulcers leave bone, tendon, or muscle exposed. Slough or eschar (a second type of dead tissue that is often dark in color with a thick hard consistency) may be present in part of the wound. The depth of the ulcer varies by location.

In a home setting, the home caregiver may, at the physician's direction, apply clean dressings when dressings have been soiled.

However, treatment of this level of bedsore must be performed and documented by a skilled nurse, wound care specialist or the primary care physician.

PREVENTION

The best way to treat a bedsore is prevention so that it does not occur.

One of the best ways to prevent a bedsore is to routinely change resting positions to help reduce the stress on the skin. For bedridden patients, it is ideal to reposition once every two hours. For those using a wheelchair, switching seating positions at least once an hour can help relieve the additional pressure placed on the skin by remaining upright. There are also several types of specially-designed bedsore aid cushions available that can help relieve pressure and reduce friction from repositioning.

Having the correct positioning in bed can also reduce the risk of developing a bedsore. Legs should be supported with a cushion from the center of the calf to the ankle. It is important to avoid applying prolonged pressure to high-risk areas like the hipbones and shoulder blades. It is also a good idea to routinely inspect for sores, because they are much easier to treat in the early stages.

Because malnutrition increases the risk of developing a bedsore, it is a good idea to get all the nutrients necessary for maintaining skin health. This includes Vitamin A, Vitamin C, Iron, and Zinc. Vitamin C and Zinc are particularly important for their anti-inflammatory properties, and should be taken with food to prevent an upset stomach.

Prevention and Treatment

It is important that you report all skin changes to the veteran's primary care provider or the provider's nurse if you see any of the following:

- A red pressure area that does not become normal after 20 minutes without pressure.
- A skin area that is warm or hot to touch.
- Swelling or opening in the skin.
- Blisters, tears, craters, rashes, holes, scrapes, or other abrasions.
- Drainage or weeping from the skin.

As a home caregiver, you play a critical part in such problematic developments, so never underestimate the importance of your observations. In addition, the following steps during care delivery can help protect your veteran from developing new ulcers and preventing existing ones from worsening:

- Reposition at-risk veterans often.
- Use incontinent skin barrier products for veterans with incontinence.
- Use draw sheets to lift and turn veterans who are bed-ridden.
- Apply moisturizers regularly, including after veteran bathes, to trap water in the epidermis.
- Avoid applying any lotion to bony prominences or reddened areas, as this may soften or irritate the skin, increasing breakdown.
- Keep the veterans bed free of crumbs and wrinkles, both of which can irritate the skin.
- Check the skin under medical devices and apply padding to prevent irritation.
- Encourage and assist the veteran to eat well, drink plenty of fluid, and exercise several times daily.

If you have a veteran who is in a chair or wheelchair most of the day, here are specific actions you can take that will reduce the risk of pressure ulcers development in your veteran:

- Encourage or assist with standing, walking, or shifting weight every 15 minutes.
- Teach the veteran how to perform chair pushups with their arms.
- Help them to sit up with their knees at the same level as their hips with thighs horizontal to the chair. This will distribute their weight along their thighs and away from pressure points.

For veterans who are in bed most of the time:

- Teach them how to use side rails and the trapeze to change position frequently. (If they do not have the right equipment, these are available through either a prescription from their VA primary care physician.)
- When you are assisting a veteran with changing position, move the veteran carefully so you do not create friction and shearing of the skin.
- The head of the bed should be raised as little as possible and no more than 30 degrees to prevent sliding or pressure on bony areas. If the head must be raised higher when eating, it should be lowered one hour after eating.
- If your veteran has a special chair cushion or mattress overlay pads, check to be sure the pads are thick enough to do the job. Place your hand under the pad while the resident is on top of it. If you can feel the veteran's body through the cushion, the pad is too thin and this information needs to be relayed to the VA primary care physician for further evaluation and action.
- Relieve pressure from the heels when the veteran is in bed by positioning pillows or using other devices provided for that purpose.

Be especially alert when you are caring for veterans who do not move around much or have poor nutrition. Veterans with little or no feeling in parts of the body, such as stroke victims, often fail to change position when they should because they cannot feel the pressure spots.

Once injury and wound healing have occurred, the skin may never regain its original strength. Therefore, when a veteran has developed a pressure ulcer (bed sore), he/she is at an even higher risk of breakdown in that area after the initial wound heals. It must be remembered that pressure ulcers are open wounds and subject to infection. An infected pressure ulcer may have increased swelling, pus, pain, fever, and a change in odor.

Infected pressure ulcers can be deadly! Notify the VA primary care physician or the VA team nurse immediately when infection is noted.

Exam Follows on Next Page



Training Your Caregiver

Bedsores: Care, Prevention & Treatment Test

Employee Name: _____

Date: _____

Mark the correct response:

1. Which of the following body functions does the skin help facilitate?
 - a. Sensation.
 - b. Regulation of body temperature.
 - c. Vitamin D production.
 - d. All of the above.

2. Older people are at a risk for pressure ulcers because:
 - a. They eat too much.
 - b. Disease processes common among elders prevent skin break down.
 - c. Skin becomes more fragile with age.
 - d. Bones get sharper with age.

3. Which of the following is NOT a common risk factor for pressure ulcers?
 - a. Urinary incontinence.
 - b. Exercise.
 - c. Friction and shearing.
 - d. Dehydration.

4. Slough is a type of necrotic tissue that is typically:
 - a. Yellow.

- b. Black.
 - c. Red.
 - d. White.
5. Which stage of pressure ulcer/bedsore can leave bone, tendon, or muscle exposed?
- a. Stage 1.
 - b. Stage 2.
 - c. Stage 3.
 - d. Stage 4.
6. Which of the following skin conditions should be reported to a VA physician immediately?
- a. The skin blanches when touched.
 - b. The skin area feels warm or hot to touch.
 - c. Swelling.
 - d. Both b and c.
7. When sitting in a chair, the veteran should:
- a. Sit with his/her knees higher than hips.
 - b. Get up or shift weight every 15 minutes.
 - c. Avoid shifting weight in chair too much.
 - d. Stay seated as long as possible.
8. People who are in bed most of the time should keep the head of their bed raised as high as possible.
- a. True.
 - b. False.
9. People who have had strokes will most likely change positions when they should.
- a. True.
 - b. False.

10. Which of the following is NOT a typical sign of an infected pressure ulcer?
- a. Pus.
 - b. Fever
 - c. Swelling
 - d. Granulated Tissue.

In order to receive your state-required home caregiver CEUs, you must mail this test along with your signed FORM 1732 Management and Training of Service Provider (on the next page) to:

**CTADVRC – VDHCBS
PO Box 729
Belton TX 76513**

Score: _____ of 10

Pass – Fail



Consumer Directed Services Management and Training of Service Provider

Service Provider Name (Employee)	First Day of Work	Annual Evaluation Due Date
Name of Individual Receiving Services	Program	Services Delivered
Name of Consumer Directed Services Employer		

I. Purpose

Initial Orientation Ongoing Training

Evaluation

30-Day 3-Month 6-Month Annual Other _____

Supervision

Verbal Warning: First Second Third Other _____

Written Warning: First Second Third Other _____

Conflict Resolution Other _____

II. Documentation of Topics Covered at Initial Orientation or Ongoing Training: (Initial orientation must include training related to the individual's condition and the tasks the service provider will perform as well as any required training described in an applicable addendum to Form 1735, Employer and Financial Management Services Agency Service Agreement.)

Training your Caregiver

Bedsore: Care, Prevention & Treatment from the CTADVRC website with test attached.

III. Documentation of Abuse, Neglect and Exploitation Training: (Initial orientation must include training on acts that constitute abuse, neglect or exploitation of an individual.)

IV. Evaluation/Performance Review:

V. Corrective Action Plan (if applicable):

Date for follow-up on corrective action plan: _____

VI. Service Provider Comments:

Signature of Service Provider Date

This document has been reviewed with the service provider listed above.

Signature of Employer Date Signature of Witness Date

Date sent to FMSA: _____

Date received by FMSA: _____