



## Guide to Bedsores

### What is a bedsore?

A pressure sore, also known as a bedsore, is an injury to the skin and the tissue under it. The damage from a pressure sore will range from slight discoloration of the skin to open sores that go all the way to the bone.



### How does a bedsore develop?

Bed sores develop as a result of unrelieved pressure to an area of the body. This means that the blood supplying the tissue with oxygen and nutrients is cut off, and the tissue which is no longer receiving oxygen and nutrients, dies. The oxygen and nutrients are essential to maintain healthy tissue. Sitting or lying in the same position for a prolonged

period of time can start the process of tissue breakdown.

### Which type of people would be prone to bedsores?

The elderly and immobile are particularly vulnerable eg those paralyzed by brain injury/ those in intensive care are particularly vulnerable to developing bed sores.

People who smoke are at an increased risk of developing a pressure sore, as are those who are overweight or diabetic.

### How do you know if you have developed bedsores?

If you have been paralyzed, you may not feel a pressure sore developing therefore it is essential to change your position on regular intervals to allow the circulation of blood throughout pressured areas. Normally in an able bodied person, if you are uncomfortable in your seating position, messages from nerves in the skin will be sent via your spinal cord to the brain to indicate discomfort.

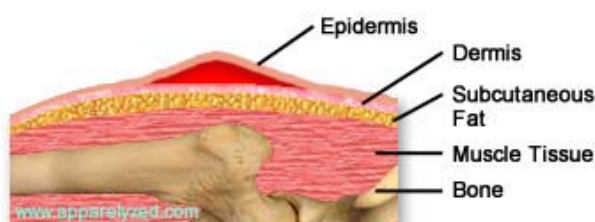
[www.simpsonmillar.co.uk](http://www.simpsonmillar.co.uk)  
Telephone 0800 195 8464

However in a person with a spinal cord injury, these messages are blocked at the level of injury, and the disabled person may not even be aware at the level of potential damage the skin is in.

## Stages of bedsores

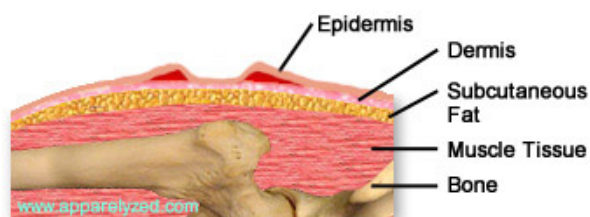
### STAGE ONE

How to recognize: Skin is not broken but is red or discolored. The redness or change in color does not fade within 30 minutes after pressure is removed.



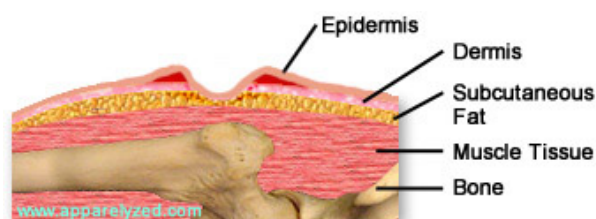
### STAGE TWO

How to recognize: The epidermis or topmost layer of the skin is broken, creating a shallow open sore. Drainage may or may not be present.



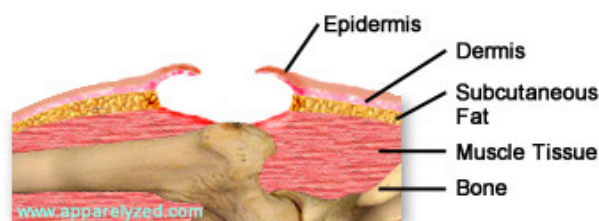
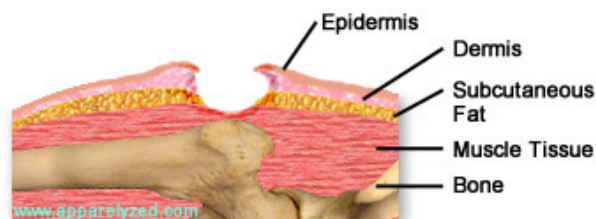
### STAGE THREE

How to recognize: The break in the skin extends through the dermis (second skin layer) into the subcutaneous and fat tissue. The wound is deeper than in Stage Two.



### STAGE FOUR

How to recognize: The breakdown extends into the muscle and can extend as far down as the bone. Usually lots of dead tissue and drainage are present.



## What complications can arise from bedsores?

Bedsore most commonly arise on the buttocks, coccyx and heels of feet. If left untreated, they can lead to complications such as cellulitis (a bacterial infection) or autonomic dysreflexia (muscle spasms,

narrowing of blood vessels which can lead to stroke, seizures or death).

## How can a bed sore be prevented?

Pressure sores can be prevented by:

- Keeping skin clean and dry
- Changing position every two hours
- Using pillows and products that relieve pressure
- Proper nutrition

Infection is one of the greatest delays in the healing of a bed sore. Preventing infection is a key step to the treatment of all wounds, sores and ulcers.

## Who is responsible for preventing bed sores?

The nursing staff at a hospital is primarily responsible for looking after and monitoring a patient. The development of bed sores during a patient's stay in hospital might suggest that they were not looked after and monitored properly by those caring for them.

*A patient should, on admission to hospital, expect a reasonable level of care which aims "to prevent pressure sore formation, to heal existing pressure sores and to improve quality of life" [Clinical Evidence 2001].*

*A patient at risk would normally be turned 2 to 3 hourly [although the frequency can be*

*altered depending on the condition of the patient]. All vulnerable patients should receive as a minimum provision, a high specification foam mattress and the ulcer should be closely observed for deterioration [NICE 2005].*

A patient should be assessed on admission and if they are at risk of developing pressure sores this would or should be documented within a patient's care plan and care should then be planned accordingly. In order to reduce the likelihood of skin integrity becoming compromised the patient would have to be turned, usually from side to side 2 to 3 hourly. Skin pressure sores are a devastating medical complication and are apt to occur due to lack of movement and sensation and to changes in circulation.

**If you have gone into hospital and have developed bed sores you might have a claim for compensation so why not call us now to arrange a free consultation on 0800 195 8464.**

This guide contains information on current legal issues applicable at the time of printing. Note there may have been changes subsequently which have not been incorporated in to the material. This guide is intended for information purposes only and its content should not be applied to any particular set of facts or relied upon without legal or other professional advice. For further information on how we can help you please contact:

Margarita Tyne or Peter Stefanovic  
Partner  
Tel: 0800 195 8464