

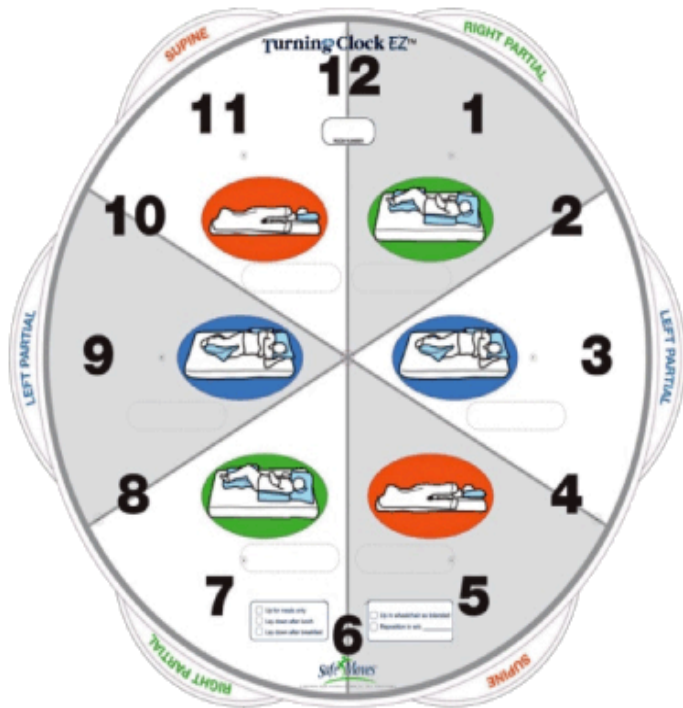





## PREVENTION

NO	INTERVENTION	RATIONAL
1	Promoting skin intact & hygiene: Apply moisturize to dry skin.	Prevent skin from too dry or moist.
2	Reposition: <ul style="list-style-type: none"> <li>On bed: maximum every 2 - 3 hours.</li> <li>On wheel chair : every 15 minutes.</li> </ul>	Reduce pressure <div style="display: flex; justify-content: space-around; align-items: center;">   </div>



Www.safemoves.ca(2013)

## PREVENTION

NO	INTERVENTION	RATIONAL
3	Ensure linen free from any creases and food debris.	Reduce pressure
4	Apply pressure relieve device e.g. ripple mattress and wheel chair cushion. <div style="display: flex; justify-content: space-around; align-items: center;">    </div>	Reduce pressure
5	Consume balance diet/ optimize nutrition	Low protein and dehydration may increase risk of pressure ulcer
6	Observe skin for early signs of pressure ulcer / Do skin check	To detect stage 1 and get early treatment

### Prepare by:

Pressure Ulcer Committee

Tel : 03-7949 2162

### Any enquiry to call:

Perkembangan Kejururawatan, Tingkat 8, Menara Utama

Pusat Perubatan Universiti Malaya, 59100 Kuala Lumpur

Tel : 03-79492376/ 2931/ 2798/ 2412

Hak milik Pusat Perubatan Universiti Malaya 2013

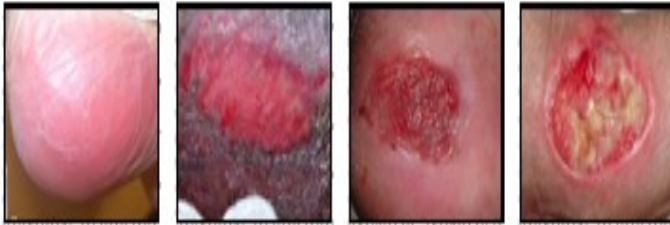


# PRESSURE

# ULCER

## PRESSURE ULCER

An ulcer occur due to unrelieved or prolonged pressure at the skin. The skin may appear red, blue or purple hues at early stage. Then, follow with blister and skin break. Ulcer can become bigger and deeper if not treated.



effectivehealthcare.ahrq.gov(2013)

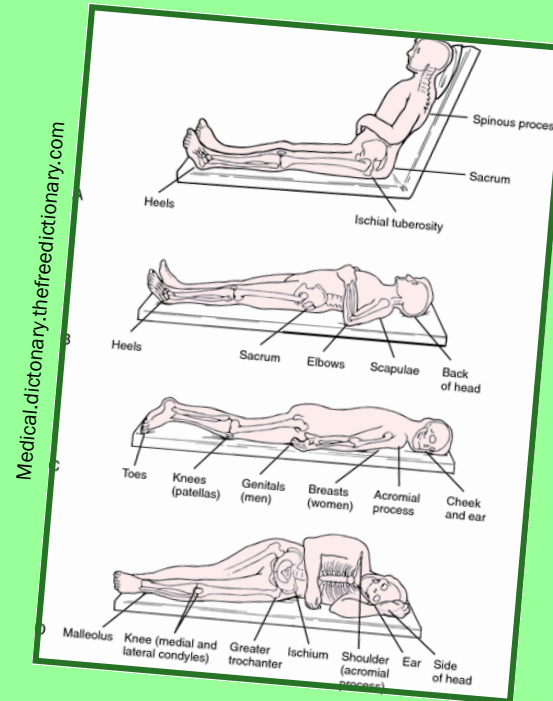
## RISK FACTORS

Pressure ulcer develop because:

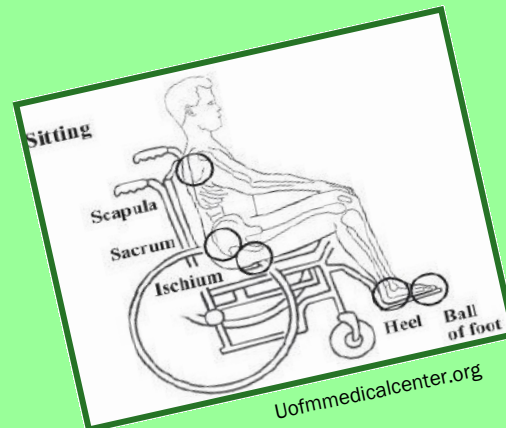
- Prolonged unrelieved pressure
- Skin are too dry or moist
- No proper skin care
- Malnutrition
- Dehydration

## RISK AREAS

Bony Prominences have higher risk to develop pressure ulcer as shown in the below picture

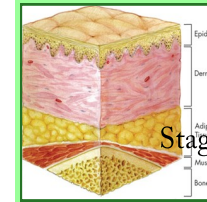


Medical.dictionary.thefreedictionary.com



Uofmmedicalcenter.org

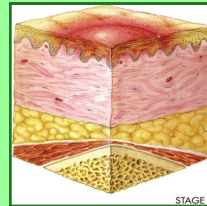
## STAGES



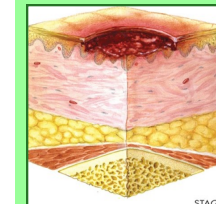
Stage 0—Normal

Stage 1

- The skin may appear red, blue or purple hues.
- Involve epidermis layer



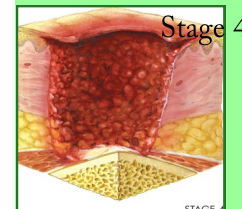
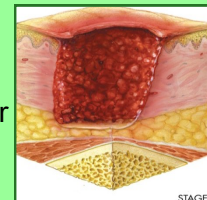
Stage 2



- Superficial ulcer as an abrasion, blister or shallow crater and involving dermis layer.

Stage 3

- A deep crater involve adipose layer

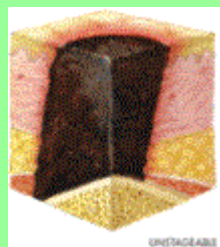


Stage 4

- Extensive ulcer involve muscle and bone

Stage 5 (unstageable)

- Suspected deep tissue Injury



www.npuap.org

UNSTAGEABLE