



Pressure Sores

A pressure sore develops when the blood supply to an area of the body is blocked because there is excessive and prolonged pressure on it. As a result, the skin in that area starts to die, leading to an open crater-like area or ulcer in the skin. These areas on the skin can be called **decubitus ulcers**, pressure sores, pressure ulcers, or pressure injuries.

A person who stays in the same position for a long time, for example, someone who is bedridden or always in a chair or wheelchair puts pressure on the same places much of the time. This reduces the blood flow to these places, making them more likely to develop pressure sores. These areas can be made worse when sheets rub against them or the patient is roughly pulled up in the bed or chair.

Common places for pressure sores to develop are the hips, buttocks, heels, elbows, shoulders, ears, and back of the head.

What to look for

- Cracked, blistered, scaly, or broken skin
- An open sore on the skin's surface or in the tissue under the skin
- Yellowish stains on clothing, sheets, or chairs (may be tinged with blood)
- Painful or tender "pressure points" (such as on the back of the head, ears, back of shoulders, elbows, buttocks, hips, heels, or any place a bony part rests on a surface)
- Red pressure points on the skin that don't go away even after the pressure is removed (can be an early sign that skin is about to break down or die)

What the patient can do

- Move around as much as you can and change positions frequently
- If you are in bed, change your position at least every 2 hours from your left side, to your back, to your right side.
- In a wheelchair, shift your weight every 15 minutes. Use special foam or gel seat cushions to reduce pressure.
- Choose clothing that isn't too tight or so loose that it bunches up under you.
- Protect other "pressure points" with pillows to help prevent new sores. If possible, use a pressure-reducing mattress or 3- to 4-inch foam layer over your mattress.
- Exercise as much as possible. Try to take a short walk 2 or 3 times a day. If you can't walk, pull up, and move your arms and legs up and down and back and forth.
- Eat foods high in protein (such as fish, eggs, meats, milk, nuts, or peanut butter).
- Increase fluids. (If you're not eating well, try high-calorie liquids such as milkshakes or canned liquid food supplements). Be sure to check with your cancer care team on how much fluid you can safely drink.
- Always protect the sore and the area around it with a foam wedge or pillow.
- Rinse any open sore with water very carefully and cover with a bandage that has been approved by your cancer care team. Do this every time the bandage gets soiled, or at least twice a day as instructed. If you're given ointments or creams, use them as directed. Report any [itching](#)¹, blistering, new drainage, or increase in size of the sore to your cancer team.

What caregivers can do

- Encourage the patient to move around as much as they can.
- Remind the patient to change positions often, or help the patient turn every 2 hours if they're in bed..
- If the patient can't control their bowels and bladder, change their underwear as soon as you notice soiling. After cleaning, apply an ointment (such as A+D ointment) to keep the area dry. Use underpads to keep the patient from soiling the bed and to make it easier to clean up. Don't use plastic underwear unless the patient is out of bed.
- If the skin has an open sore, ask about special dressings to help protect it.

If the patient can't get out of bed:

- If you notice a reddened "pressure area" (an area that stays red after pressure is

taken off it), keep the pressure off it as much as you can to try to prevent further breakdown. Use pillows and have the patient change position often.

- Check the patient's back and sides each day to be sure that the skin looks normal. Pay special attention to pressure areas such as the tailbone, hipbones, knees, ankles, heels, shoulders, and elbows.
- Keep the head of bed flat or no higher than a 30° angle.
- Keep the bottom sheets pulled tight to prevent wrinkles.
- If the patient has trouble staying on their side, ask about foam wedges to help hold positions.
- Ask your cancer team if you can get a home health nurse to visit and help you make a plan to care for and prevent further skin problems.
- Ask if you can get foam, gel, or air cushions for the bed and chairs. Find out about special beds that help reduce pressure.

Call the cancer care team if the patient

- Has a reddened "pressure area" that is not getting better after repositioning
- Has cracked, blistered, scaly, or broken skin
- Has a sore that's getting bigger
- Has a thick or bad-smelling liquid draining from the sore
- Needs help from a home care agency for wound care and supplies

Hyperlinks

1. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/skin-problems/itching.html

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