



PRESSURE ULCERS

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Pressure ulcers, also known as bedsores or decubitus ulcers, are due to prolonged and sustained pressure that leads to the cutting off of blood flow and oxygen of the underlying tissue. Commonly seen in those who are bedridden or have decreased mobility and are unable to re-position themselves. Their risk is increased when coupled with being incontinent of urine or stool. Other risk factors include diabetes mellitus, peripheral vascular disease, cerebrovascular disease, sepsis, and hypotension. Areas with bony prominence and decreased fat have a higher chance of ulcer formation (sacrum, heel).

The ulcer begins with redness at the site of pressure that progress to a "punched-out" ulcer, eventually resulting in skin breakdown if untreated. They are classified into 4 stages based on depth of injury. Stage I is characterized by nonblanchable redness. Stage II is a blister or ulcer extending into the skin. Stage III is once the ulcer extends into the underlying fat. Stage IV reaches the muscle, bone, tendon, or joint; which is often visible or able to be palpated. Sepsis, local infection, osteomyelitis, fistulas, and **squamous cell carcinoma** are all potential complications.

Diagnosis is made based on history and physical exam. Imaging may be useful when suspecting bone involvement to look for osteomyelitis. Treatment involves relieving pressure from areas through foam or air/liquid filled products. Debride wound and change dressing at least once a week, being mindful to keep the ulcer moist and the surrounding tissue dry. Prevent recurrence through re-positioning at a minimum every 2 hours.

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