

D is for decubitus ulcers.

Decubitus ulcers have many names including pressure sores or bed sores. Have you ever wondered why the term bed sores is no longer used? What image comes to your mind when you hear the term bed sores? Not a pretty picture, I bet. Health care professionals are encouraged not to refer to these ulcerations as bed sores, but instead pressure ulcers or decubitus ulcers.

Decubitus, from the Latin decumbere, means “to lie down”. Decubitus ulcer therefore does not adequately describe ulcerations that occur in other positions, such as prolonged sitting. In addition, not all wounds are caused by pressure and thus the need for additional terms.

Pressure ulcers have been addressed in scientific writings since the 1800s. Presently, the cost of treatment of pressure ulcers in the U.S. is estimated to be in excess of \$1 billion annually.

Pressure is exerted on the skin, soft tissue (fat), muscle, and bone by the weight of the individual against a surface beneath. These pressures are often in excess of capillary filling pressure, approximately 32 mm Hg. When external pressures are greater than filling pressures, the blood supply to the skin and underlying tissues is cut off and the tissues begin to die due to lack of oxygen and nutrients transported in the capillaries.

Most healthy individuals feel the growing pressure and shift their position prior to any irreversible damage. Individuals who are unable to avoid long periods of uninterrupted pressure over bony prominences are at a greater risk for skin ulceration due to unrelieved pressure. These individuals include the elderly, neurologically impaired, mobility impaired, and the acutely ill hospitalized patient.

Malnutrition, hypoproteinemia (low protein), and anemia reflect the overall status of the patient and can contribute to vulnerability of tissues and delays in wound healing. Vascular disease, if severe, can also impair blood flow to the region of ulceration (such as diabetic foot ulcerations). Moisture from urinary or fecal incontinence can contribute to poor skin health and can delay wound healing. Other factors contributing to the risk of decubitus ulcers include mental status, co-morbidities, and smoking history.

Decubitus ulcers can even occur in health individuals during surgery. The OR circulating nurse must ensure the individual is not correctly positioned and body prominences padded. Tissue death may occur after as little as 2 hours of uninterrupted pressure

External traumatic forces other than pressure can also contribute to the development of decubitus ulcers, such as shearing or friction. Those forces are often the result of poor patient handling when sliding a patient from a bed to a chair, or sliding a patient up in bed.

The scrapping of skin against rough sheets or wrinkles in sheets can cause tissue trauma. Even the friction of an oxygen nasal cannular has been shown to contribute to skin damage and ulceration of the nose or ears.

Although most pressure sores occur over bony prominences such as the hips, sacrum, ankles and heels, no surface of the body can be considered immune to the effects of pressure.

Methods for management and treatment of decubitus ulcers will be addressed in future newsletters. In the meantime, for more information go to the National Pressure Ulcer Advisory Panel website at: <http://www.npuap.org/>