Angel Companions

3rd and 7th Years of Service CNA Inservice Training

- Nutrition and Feeding Tubes
- Swallowing Impairments
- Falls and Fall Prevention
- Pressure Injuries

Nutrition and Feeding Tubes

NUTRITION

Approximately 85% of people with dementia and chronic illness are cared for exclusively in their own homes, and one major worry for caregivers can be ensuring that their client is eating healthfully. Good nutrition is important for managing chronic conditions like diabetes and heart disease, preserving stamina and independence, and maintaining a strong immune system that can fend off illnesses. However, special dietary needs, reduced ability to eat independently or recognize hunger, reduced appetite, difficult behaviors, and other issues all can make providing a healthy diet challenging, and malnutrition is a real risk.

The following ideas may help meals go more smoothly:

- Offer one food at a time. Too much food on a plate can be confusing and overwhelming.
- Eat with your client if appropriate. Model eating behavior and have pleasant conversations during meals. Talk about the smell and enjoyment of each food.
- If chewing or swallowing are a problem, prepare soft, chopped or smaller bite sizes like cottage cheese, scrambled eggs, and applesauce, for example. Watch for choking hazards like small hard objects (grapes, raw carrot pieces, hot dogs). Make sure dentures are in place and fit well.
- Keep table settings simple to avoid distractions. Don’t worry about messy eating.
- Serve finger foods like sandwiches (in quarters), carrot or cheese sticks, fruit slices.
- Optimize appetite for meals by offering opportunities for physical activity and avoid constipation with plenty of fluids and fiber.
- Offer small, frequent meals rather than three large meals.

Malnutrition in Older Adults

As many as 1 in 2 older adults are at risk for malnutrition. Many cases of malnutrition in older adults go undetected because the signs are subtle, those at risk are often difficult to recognize, and the symptoms may look like a normal part of aging. Caregivers play an important role in identifying clients who are impacted by this hidden epidemic.

WHO is at RISK?

1 – Older adults - Dietary needs change with age and older adults are particularly vulnerable because of physical and social factors such as:

- Dental/oral problems
- Appetite-reducing medications
- Social isolation
- Disability
- Financial challenges

2 – People with chronic diseases - Chronic diseases like cancer, diabetes, heart disease, chronic pain, GI disease, dementia, and depression can:

- Reduce appetite
- Make it physically difficult to shop, cook, and eat
- Make it hard to remember to eat
- Change metabolism and digestion
- Require the use of appetite-reducing medications

IF YOUR CLIENT IS AT RISK FOR MALNUTRITION:

- Monitor their weight and eating habits and notify family/doctor if needed
- Try including oral nutritional supplements as part of their diet if possible, such as Ensure, Carnation Instant Breakfast, and other similar products.

The 2 most common signs of malnutrition:

1. Sudden, unintended weight loss
2. Loss of appetite and decreased food intake

Other signs of malnutrition include:

- Fatigue
- Poor concentration
- Difficulty breathing
- Trouble staying warm
- Fluid accumulation
- Dizziness
- Weakness, poor grip strength, muscle wasting
- Constipation, diarrhea
- Slow wound healing, frequent illness with long recovery
- Inability to complete daily activities

FEEDING TUBES

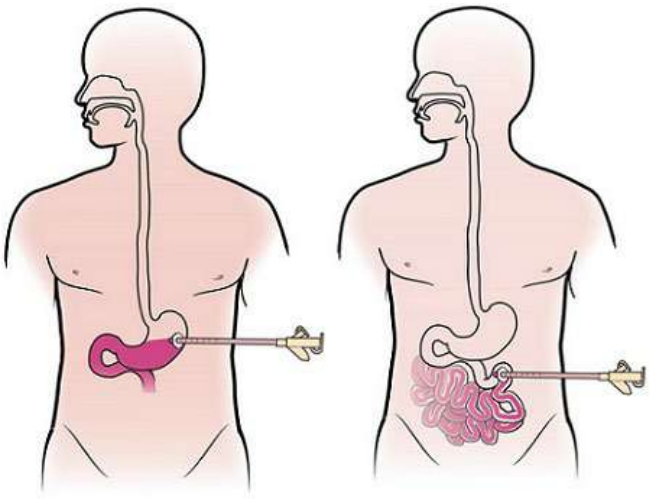
WHAT IS A FEEDING TUBE?

- Tube feeding is used to provide liquid food (nutrition), water (hydration) and medications
- Some reasons for a feeding tube are:
  1. Difficulty swallowing
  2. Having a type of surgery after which a person cannot eat
  3. A way of providing extra calories to keep one's strength
  4. Treatments like radiation which make it difficult to eat
- Tube feeding can provide extra nutrition and hydration even if a person is able to eat and drink
- The length of time someone may require tube feeding can vary from weeks to many months or years

TYPES OF FEEDING TUBES:

Gastrostomy tube (known as G-TUBE or PEG-TUBE) - the tube goes through the stomach wall and the tip of the tube is in the stomach (shown on the left).

Jejunostomy tube (known as J-TUBE) - the tube goes through an opening in the skin of the abdomen and the tip of the tube is in the first part of the small intestine called the jejunum (shown on the right).



CARING FOR THE FEEDING TUBE:

- Tube is marked at skin level at baseline for later comparison.
- Monitor length of tube; notify client's primary contact if the tube has become longer or shorter.
- If the tube slips out a little or completely, DO NOT eat by mouth or use the tube.
- DO NOT TRY TO PUSH THE TUBE BACK INTO THE STOMACH!
- If the tube starts to leak, stop using it and notify client's primary contact.
- Check insertion site for skin breakdown, irritation, redness.
- Flush feeding tube with water as directed by the client's primary contact or doctor. This will help keep the tube open.
- Flush the feeding tube before starting your feeds and when your feeds are done.
- Flush the feeding tube before and after medication
- DO NOT LET THE CONNECTOR TOUCH ANY DIRTY SURFACE!

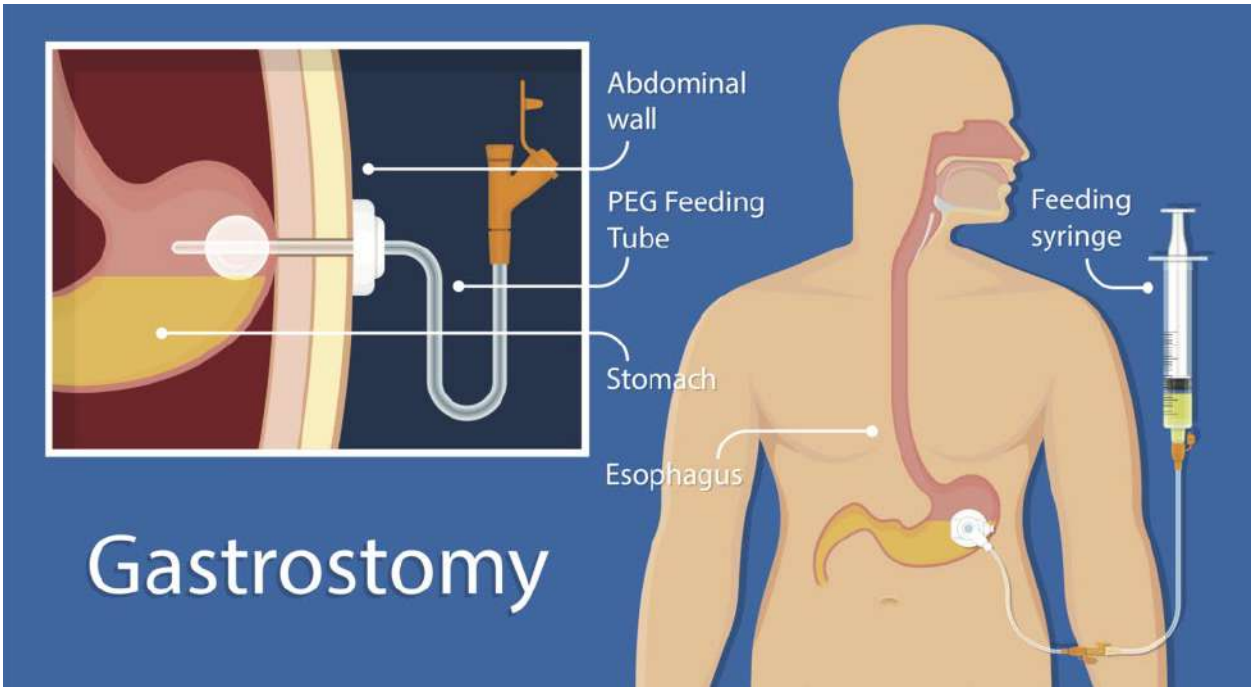
POSITIONING DURING FEEDING:

- DO NOT lie the client flat when feeding
- For night feeds – **minimum** 30^{o} propped up if sleeping (2 pillows)
- The client may sit up in a chair or propped up in bed at 45^{o}
- Stay upright for at least **30 minutes** after a feed is finished
- If the client starts coughing, choking or have difficulty breathing, stop the feed, raise the client's head/head of bed, and call the client's primary contact or the doctor.

CALL THE FAMILY OR DOCTOR IF ANY OF THE FOLLOWING OCCURS:

- IF THE TUBE FALLS OUT, PLACE A CLEAN DRY GAUZE OVER AREA AND GO TO EMERGENCY. IT IS NOT LIFE THREATENING.
- Your client's tube is clogged and you cannot unclog it
- Your client's tube is longer or shorter than usual
- Your client's feeding tube site changes in color, is warm to touch, or is oozing liquid
- Your client has any abdominal pain
- Your client has nausea and vomiting for 1 day

- Your client has diarrhea for more than 2 days
- Your client has constipation for more than 3 days
- Your client has a temperature of more than 101°F
- Your client has difficulty breathing



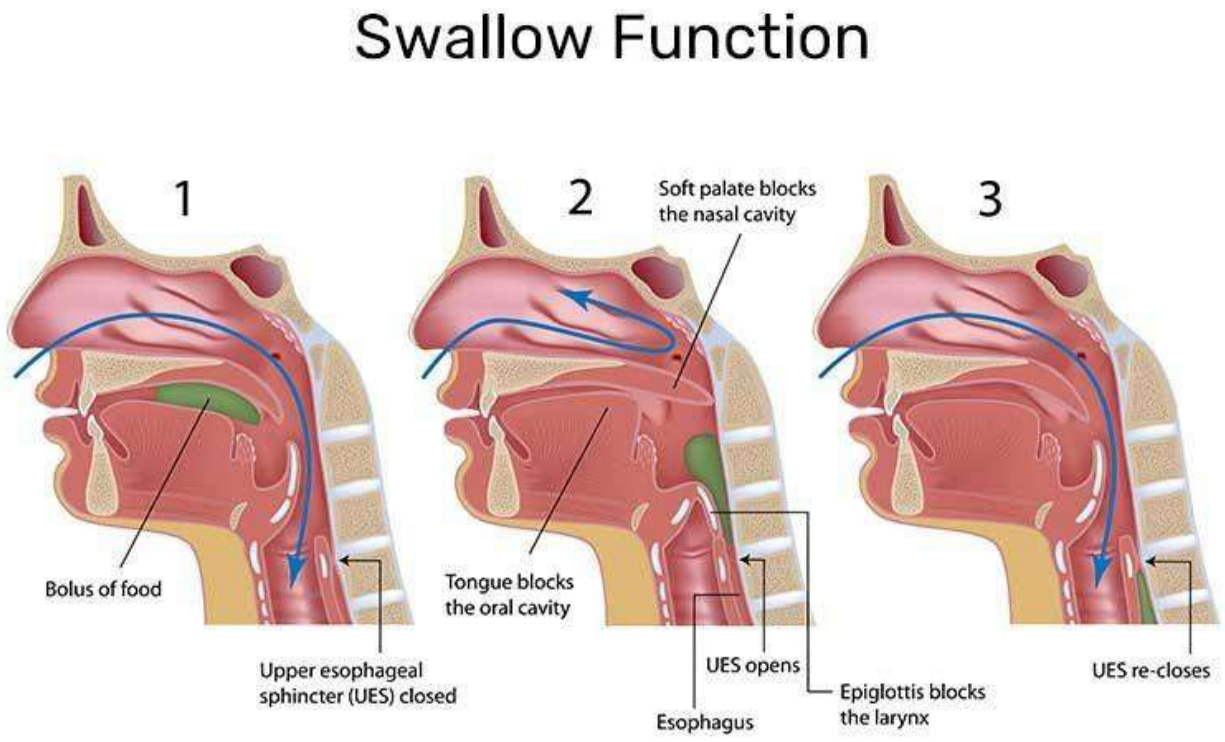
Swallowing Impairments

Chewing and swallowing problems

Chewing and swallowing problems (also called dysphagia) can be life threatening for elderly people and people with diseases such as stroke, cerebral palsy, Parkinson's disease, muscular dystrophy, multiple sclerosis and dementia. The muscles of the mouth and throat may no longer be working properly, so bits of food and liquid are at risk of being aspirated or drawn into the lungs. Other factors that can contribute to chewing and swallowing problems are: level of consciousness, medications, distractions and eating patterns.

If a client's airway becomes blocked, they can begin to choke. For frail, elderly people, a choking fit can be fatal. If food and/or fluids are aspirated into the lungs, aspiration pneumonia can result. Repeated bouts of aspiration pneumonia will weaken a person's system and may eventually cause death.

Chewing problems, specifically, may be related to missing teeth and poor fitting dentures. Better dentures, proper oral hygiene before and after meals, and regular dentist visits may help minimize the problem.



Signs of chewing and swallowing problems

- Extra effort chewing or swallowing
- Eating very slowly
- Packing food into the cheeks
- Swallowing several times for a single mouthful of food
- Shortness of breath during eating
- Coughing or choking while eating or drinking
- Drooling
- Fluid leaking from the nose after swallowing
- A wet-sounding voice after eating
- Increased congestion in the chest after eating
- Repeated bouts of pneumonia

If a client is coughing or choking when eating and you are getting worried, ask the following questions and record your answers to discuss with their family/doctor:

- What type of food or fluid was he eating when the choking occurred?
- If the person wears dentures, were they in at the time?
- Was the person walking around with food in his mouth?
- Was he laughing or talking?

Swallowing tests

If choking and drooling become excessive for your client, ask the family to contact a speech pathologist or speech therapist to arrange for a swallowing test through their physician or home care.

Tests can include:

- X-ray with a contrast material (barium X-ray)
- Dynamic swallowing study
- A visual examination of your esophagus (endoscopy)
- Fiber-optic endoscopic evaluation of swallowing (FEES)
- Esophageal muscle test (manometry)

- Imaging scans

Once a cause is found for your client's swallowing issue, their doctor may treat the problem in several different ways, including: prescribing swallowing techniques training and swallowing exercises, performing dilation of the esophagus, performing specialized surgery, prescribing medications, or changing your client's diet.

Special dietary modifications

Special dietary modifications may be recommended following a swallowing test.

- **Thick Liquids**
    a. Grade 0: Thin liquid is level 0.
    b. Grade 1: Slightly Thick – thinner than Nectar Thick and similar to V8 juice, Ensure.
    c. Grade 2: Mildly Thick – the same level of thickness as Nectar Thick. Smoothies and Nectar Juice such as Mango Nectar juice can be used.
    d. Grade 3: Moderately Thick – the same level as Honey Thick. Using a blender with fruit and yogurt can make a naturally thick smoothie for a mildly to moderately thick liquid. Boost, Carnation Instant Breakfast, protein powders, etc. can improve taste and caloric content.
    e. Grade 4: Extremely Thick – the same level as Pudding Thick.

- **Challenging Foods**
    a. **Peas and corn**-can roll to the back of the throat before the person is ready to swallow; must be prepared properly before use.
    b. **Meat**-may be hard to chew, cause significant fatigue, or get stuck in the throat or esophagus; must be properly prepared before use.
    c. **Rice**-may get stuck in the throat and fall into the airway. May be used if prepared appropriately.
    d. **Ice Cream**-can be considered a high-risk food because as it melts, the consistency changes and for someone who requires a certain level of thickened liquids, it may become too thin to be safe.
    e. **AVOID** bread and peanut butter.

- **Diet Textures**

Food consistencies are now described as textures A through D.

1. **Texture A (Dysphagia soft and bite sized)** is a soft diet where food is naturally soft like a ripe banana or may be cooked or cut to alter its texture. Soft foods can be chewed but not necessarily bitten. Minimal cutting is required; can easily be broken up with a fork. Food is moist or served with a sauce or gravy to increase moisture content.

2. **Texture B (Dysphagia ground diet)** is a diet where food is soft, moist, and easily mashed with a fork. Food should easily form into a ball. The tongue, rather than teeth, can break up the small lumps in this texture. There are no hard or sharp lumps.

3. **Texture C (Dysphagia pureed diet)** is smooth, moist and lump free similar in consistency to a commercial pudding. It may have a grainy quality but should not contain lumps. It is moist and cohesive enough to hold its shape on a spoon. When placed side by side on a plate, these consistencies should maintain their position and not "bleed" into one another.

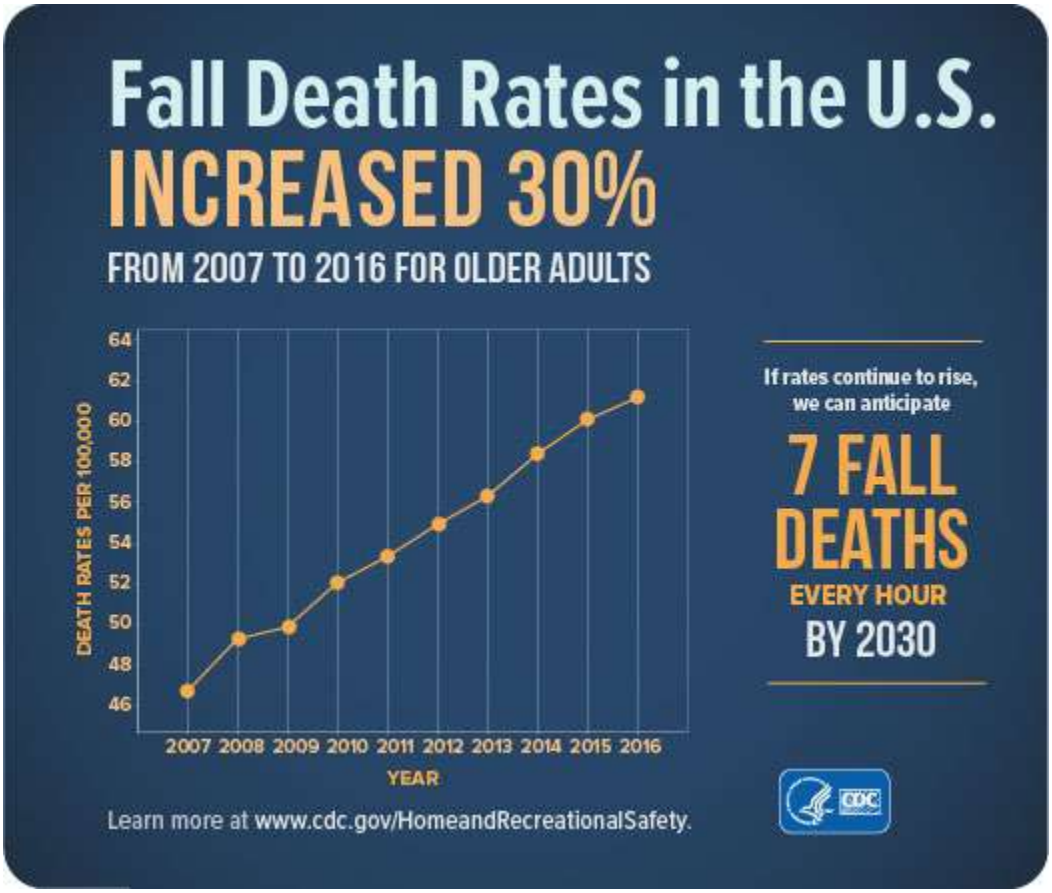
4. **Texture D (Dysphagia liquidized diet)** is smooth with a uniform consistency that can be poured. The food has been pureed and strained to remove any particles. Food does not hold its shape on a plate and is generally served in a bowl. It cannot be eaten with a fork but can be taken through a wide straw.

Falls and Fall Prevention

Facts About Falls

Each year, millions of older people - those 65 and older - fall. In fact, more than one out of four older people falls each year, but less than half tell their doctor. Falling once doubles your chances of falling again.

Falls Are Serious and Costly



- One out of five falls causes a serious injury such as broken bones or a head injury.
- Each year, 3 million older people are treated in emergency departments for fall injuries.
- Over 800,000 patients a year are hospitalized because of a fall injury, most often because of a head injury or hip fracture.
- Each year at least 300,000 older people are hospitalized for hip fractures.

- More than 95% of hip fractures are caused by falling, usually by falling sideways.
- Falls are the most common cause of traumatic brain injuries (TBI).
- In 2015, the total medical costs for falls totaled more than $50 billion. Medicare and Medicaid shouldered 75% of these costs.

What Can Happen After a Fall?

Many falls do not cause injuries. But one out of five falls does cause a serious injury such as a broken bone or a head injury. These injuries can make it hard for a person to get around, do everyday activities, or live on their own.

- Falls can cause broken bones, like wrist, arm, ankle, and hip fractures.
- Falls can cause head injuries. These can be very serious, especially if the person is taking certain medicines (like blood thinners). An older person who falls and hits their head should see their doctor right away to make sure they don't have a brain injury.
- Many people who fall, even if they're not injured, become afraid of falling. This fear may cause a person to cut down on their everyday activities. When a person is less active, they become weaker and this increases their chances of falling.

What Conditions Make You More Likely to Fall?

Research has identified many conditions that contribute to falling. These are called risk factors. Many risk factors can be changed or modified to help prevent falls. They include:

- Lower body weakness
- Vitamin D deficiency (that is, not enough vitamin D in your system)
- Difficulties with walking and balance
- Use of medicines, such as tranquilizers, sedatives, or antidepressants. Even some over-the-counter medicines can affect balance and how steady you are on your feet.
- Vision problems
- Foot pain or poor footwear
- Home hazards or dangers such as:
    - broken or uneven steps, and
    - throw rugs or clutter that can be tripped over.

Most falls are caused by a combination of risk factors. The more risk factors a person has, the greater their chances of falling.

Caregivers can help cut down a person's risk by reducing the fall risk factors listed above.

What You Can Do to Prevent Falls

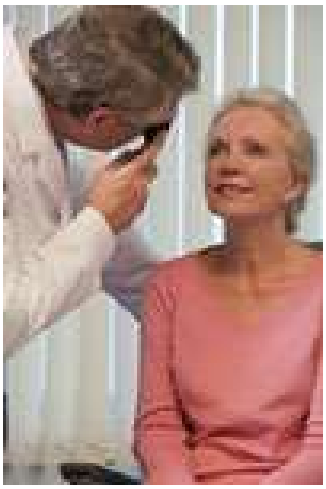
Falls can be prevented. These are some simple things you can do to keep your client from falling.

Talk to Their Doctor

- The family can ask their doctor or healthcare provider to evaluate his or her risk for falling and talk with them about specific things you can do.
- The family can ask their doctor or pharmacist to review their medicines to see if any might make them dizzy or sleepy. This should include prescription medicines and over-the-counter medicines.
- The family can ask their doctor or healthcare provider about taking vitamin D supplements.

Do Strength and Balance Exercises

- Assist them with doing exercises that make their legs stronger and improve their balance. Tai Chi is a good example of this kind of exercise.



Have Their Eyes Checked

- Ask the family to have your client's eyes checked by an eye doctor at least once a year, and be sure to update their eyeglasses if needed.
- If they have bifocal or progressive lenses, they may want to get a pair of glasses with only their distance prescription for outdoor activities, such as walking. Sometimes these types of lenses can make things seem closer or farther away than they really are.

Make Their Home Safer

- Get rid of things your client could trip over.
- Ask the family to add grab bars inside and outside their tub or shower and next to the toilet.
- Ask the family to put railings on both sides of stairs.
- Make sure their home has lots of light and if needed, ask the family to add more or brighter light bulbs.
- Keep items they use often in cabinets they can reach easily without using a step stool.
- Use non-slip mats in the bathtub and on shower floors.

How to Safely Pick a Client Up After a Fall

(by Anne-Marie Botek)

Falls are a common occurrence for seniors, and, as many caregivers know, they can be very frightening. Once the initial shock wears off, caregivers are often left wondering how to get a client up off the floor and back on their feet.

Who to Call When an Elderly Person Falls

First and foremost, caregivers need (or should request) help with handling senior falls. Unfortunately, deciding whose help you need isn't always easy. The answer to this question depends on a variety of factors, the most important of which is whether the senior was injured in the fall. It is always safest to call 911 for emergency help.

Even if medical assistance isn't required, first responders can provide the muscle to get a client off the floor safely and the expertise to confirm whether they need to go to the hospital for testing and/or treatment.

It is extremely common for a panicked caregiver to hurt themselves while trying to pick up a client after a fall. This can have long-lasting consequences and prevent one from seeing to their caregiving duties for days, weeks or longer, depending on the severity of the injury. Taking matters into your own hands also puts your client at risk of being dropped or maneuvered incorrectly. If there is any doubt that you and client cannot handle the situation safely, call your local non-emergency police and fire number to request that EMTs or the fire department come out for what is called a "lift assist."

Below are some general guidelines that can help you get a client upright, without hurting them (or yourself) in the process. Keep in mind that these strategies should

only be used when you know your client hasn't sustained an injury. Excess movement can cause further harm.

What to Do if a Client Falls Down

1. Stay calm and help your client to remain calm by encouraging them to take slow, deep breaths.
2. Examine them for injuries like bruises, bleeding, possible sprains and broken bones.
3. Ask them if they are experiencing any pain, where it is located and how severe it is.
4. If they have a serious injury (e.g., a broken bone, bleeding), then don't move them. Call 911 and keep your client as warm, comfortable and still as possible until help arrives.
5. If they aren't hurt and they want to get up, proceed slowly. Stop at any point if they become stuck, experience pain or become too tired to get all the way up.
6. Find two sturdy chairs. Place one next to their head and the other down by their feet. Keep in mind that your client must be capable of doing the physical work required to get up. Your role is to help guide them through these steps and keep them steady, **not lift their weight**. If they cannot do this, then call to request a lift assist.
7. Help your client roll over onto their side and assist them in getting onto their hands and knees. If they suffer from sore knees, place a towel beneath them to make this step more comfortable.

8. Move the chair closest to their head directly in front of where they are so they can rise up to place their hands evenly on the seat and assume a kneeling position.
9. Ask them to lean forward on the seat as they bring their strongest leg forward, leading with the knee to place their foot flat on the floor. The senior should look like they are in a kneeling lunge at the end of this step.
10. Move the second chair directly behind your client, then ask them to use both their arms and legs to push themselves up and sit back into this chair. You can use your hands to keep your client steady, but keep your back upright and make sure they are doing the physical work to lift themselves.
11. Keep them seated until you're confident they can stand and continue moving around without hurting themselves or falling again.
12. Immediately notify their family or doctor that they've had a fall and keep an eye out for emerging pain and signs of injury.

Falls Should Never Remain Secret

Even though one in every four adults aged 65 and older experiences a fall each year, the Centers for Disease Control and Prevention (CDC) reports that fewer than half of these individuals tell their physician about it. Seniors often consider falls embarrassing indicators of their decline and impending reliance on others for assistance. It's natural to want to downplay these incidents, but doing so may actually limit an older adult's independence in the long run because it prevents them from receiving proper support and learning about fall prevention measures. In fact, research has shown that falling once doubles a senior's chances of falling again. Repeated falls are indicative of an underlying problem that requires medical attention and should not be ignored. Frequent falls increase the risk of incurring a

fall-related injury, such as a broken hip or a head injury, and often lead seniors to limit their everyday activities out of fear.

Awareness of this problem gives family members the opportunity to improve home safety measures and allows doctors to work with their patients to find solutions. This is crucial if falls are becoming more frequent. Small efforts like reducing clutter, installing grab bars, using a mobility aid, altering prescription medications, participating in physical and/or occupational therapy, and purchasing a medical alert system can make all the difference.

When your client experiences a fall, it's essential to notify the family and/or their doctor about the event. He or she can make sure no injuries were sustained and suggest ways to prevent future tumbles.

Pressure Injuries

Pressure Injuries (PIs)

Pressure injuries – also know as pressure ulcers, bed sores, pressure sores, or decubitus ulcers - are wounds caused by constant pressure on the skin. They usually develop on body parts such as the elbow, heel, hip, shoulder, back, and back of the head. They can form when your skin and soft tissue press against a harder surface, such as a chair or bed, for a prolonged time. This pressure reduces blood supply to that area. Lack of blood supply can cause the skin tissue in this area to become damaged or die.

A client may have a risk of developing a pressure ulcer if they:

- Spend most of their day in a bed or a chair with minimal movement
- Are overweight or underweight
- Are not able to control their bowels or bladder
- Have decreased feeling in an area of their body
- Spend a lot of time in one position

You will need to take steps to help prevent these problems in your client.

Client Care

As the caregiver, you need to check your client's body every day from head to toe. Pay special attention to the areas where pressure ulcers often form. These areas are the:

- Heels and ankles
- Knees
- Hips
- Spine
- Tailbone area
- Elbows

- Shoulders and shoulder blades
- Back of the head
- Ears

Call your client's family or health care provider if you see early signs of pressure injuries. These signs are:

- Skin redness
- Warm areas
- Spongy or hard skin
- Breakdown of the top layers of skin or a sore

Treat your client's skin gently to help prevent pressure ulcers.

- When washing, use a soft sponge or cloth. DO NOT scrub hard.
- Use moisturizing cream and skin protectants on your client's skin every day.
- Clean and dry areas underneath their breasts and in their groin.
- DO NOT use talc powder or strong soaps.
- Help your client to not to take a bath or shower every day unless it's absolutely necessary. It can dry out their skin more.

Nutrition:

- Help your client eat enough calories and protein to stay healthy.
- Use supplements if needed (ask family or client's doctor).
- Help your client to drink plenty of water every day.

Clothing:

- Avoid clothes that have thick seams, buttons, or zippers that press on their skin.
- DO NOT let them wear clothes that are too tight.
- Keep their clothes from bunching up or wrinkling in areas where there is any pressure on their body.

Perineal hygiene:

- If your client is incontinent, clean the area right away. Dry well.
- Use provided skin barrier creams to help protect their skin in this area.

Wheelchair Clients:

Make sure your client's wheelchair is the right size for them.

- Ask the family (if needed) to have a doctor or physical therapist check the fit once or twice a year.
- If your client gains weight, ask their family to have a doctor or physical therapist to re-check how they fit their wheelchair.
- If they complain of feeling pressure anywhere, ask their family to have their doctor or physical therapist check their wheelchair.

Make sure the client sits on a foam or gel seat cushion that fits their wheelchair. Natural sheepskin pads are also helpful to reduce pressure on the skin. DO NOT let your client sit on donut-shaped cushions.

You or your client should shift their weight in their wheelchair every 15 to 20 minutes. This will take pressure off certain areas and maintain blood flow:

- Lean forward
- Lean to one side, then lean to the other side

If you transfer your client (move to or from their wheelchair), assist them to lift their body up with their arms. DO NOT let them drag themselves. If you are having trouble assisting them with transferring into their wheelchair, ask for help in learning the proper technique.

When your client is in bed:

Use a foam mattress or one that is filled with gel or air. Place pads under their bottom to absorb wetness to help keep their skin dry.

Use a soft pillow or a piece of soft foam between parts of their body that press against each other or against their mattress.

When they are lying on their side, put a pillow or foam between their knees and ankles.

When they are lying on their back, put a pillow or foam:

- Under their heels. Or, place a pillow under their calves to lift up their heels, another way to relieve pressure on their heels.
- Under their tailbone area.
- Under their shoulders and shoulder blades.
- Under their elbows.

Other tips are:

- DO NOT put pillows under their knees. It puts pressure on their heels.
- Never drag them to change their position or get in or out of bed. Dragging causes skin breakdown. Get help if you need it to move them in bed or in getting them in or out of bed.
- Lift your client or use a draw sheet (a special sheet used for this purpose) to move them.
- Change their position every 1 to 2 hours to keep the pressure off any one spot.
- Sheets and clothing should be dry and smooth, with no wrinkles.
- Remove any objects such as pins, pencils or pens, or coins from their bed.
- DO NOT raise the head of their bed to more than a 30 degree angle. Being flatter keeps their body from sliding down. Sliding may harm their skin.
- Check their skin often for any areas of skin breakdown.

When to call the family or doctor:

- If you notice a sore, redness, or any other change in your client's skin that last for more than a few days or becomes painful, warm, or begins to drain pus.
- If your client's wheelchair does not fit.

Up to 95% of PIs are thought to be PREVENTABLE!!

Treating Pressure Injuries (PIs)

Pressure sores are grouped by the severity of symptoms. Stage I is the mildest stage. Stage IV is the worst.

- Stage I: A reddened, painful area on the skin that does not turn white when pressed. This is a sign that a pressure ulcer may be forming. The skin may be warm or cool, firm or soft.
- Stage II: The skin blisters or forms an open sore. The area around the sore may be red and irritated.
- Stage III: The skin now develops an open, sunken hole called a crater. The tissue below the skin is damaged. You may be able to see body fat in the crater.
- Stage IV: The pressure ulcer has become so deep that there is damage to the muscle and bone, and sometimes to tendons and joints.

There are two other types of pressure sores that don't fit into the stages.

- Sores covered in dead skin that is yellow, tan, green, or brown. The dead skin makes it hard to tell how deep the sore is. This type of sore is "unstageable."
- Pressure sores that develop in the tissue deep below the skin. This is called a deep tissue injury. The area may be dark purple or maroon. There may be a blood-filled blister under the skin. This type of skin injury can quickly become a stage III or IV pressure sore.

Caring for a Pressure Sore

Stage I or II sores will often heal if cared for carefully. Stage III and IV sores are harder to treat and may take a long time to heal. Here's how to care for a pressure sore for your client:

- Relieve the pressure on the area.

- Use special pillows, foam cushions, booties, or mattress pads to reduce the pressure. Some pads are water or air filled to help support and cushion the area. What type of cushion you use depends on your client's wound and whether they are in bed or in a wheelchair. Their family or health care provider will decide what choices would be best for them, including what shapes and types of material.
- Change positions often. If your client is in a wheelchair, try to change their position every 15 minutes. If they are in bed, they should be moved about every 2 hours.
- Care for the sore as directed by their family or provider. Keep the wound clean to prevent infection. CNAs are not allowed to clean wounds, but can change the soiled dressing and apply barrier creams as prescribed.
- For a stage I sore, you can wash the area gently with mild soap and water. If needed, use a moisture barrier to protect the area from bodily fluids.
- Stage II pressure sores should be cleaned by a wound care provider. Often, they will use a salt water (saline) rinse to remove loose, dead tissue. Or, they may use a specific cleanser.
- Hydrogen peroxide or iodine cleansers should not be used. They can damage the skin.
- Keep the sore covered with a special dressing. This protects against infection and helps keep the sore moist so it can heal.
- Depending on the size and stage of the sore, a film, gauze, gel, foam, or other type of dressing may be being used.
- Most stage III and IV sores will be treated by a wound care specialist. Ask about any special instructions for maintaining the dressing.
- Avoid further injury or friction.
- Avoid slipping or sliding as you move your client's positions. Try to avoid positions that put pressure on their sore.
- Care for healthy skin by keeping it clean and moisturized.
- Check your client's skin for pressure sores every day.
- If the pressure sore changes or a new one forms, tell your client's family or doctor.
- Do not massage the skin near or on the ulcer. This can cause more damage. Do not use donut-shaped or ring-shaped cushions. They reduce blood flow to the area, which may cause sores.

When to Call the Doctor

Call your client's family or doctor (if approved) if your client develops blisters or an open sore.

Call immediately if there are signs of infection, such as:

- A foul odor from the sore
- Pus coming out of the sore
- Redness and tenderness around the sore
- Skin close to the sore is warm and/or swollen
- Fever