

## PREVENTION AND TREATMENT OF DECUBITUS LESIONS

"It is much better to prevent than to have to treat the stubbornness of a bed sore".

### PREVENTION:

#### 1. Cleanliness

- a. Bed linen must be scrupulously clean at all times, and changed however frequently may be necessary.
- b. Baths, with warm soap and water, should be given at least once a day, and oftener if the skin becomes soiled or if the patient perspires excessively. Baths should be followed by an alcohol rub and talcum to those areas which bear weight.
- c. Bed pans and urinals must be used with caution.
  1. Patients must be cleansed well following a bowel movement.
  2. Soiling of sheets must be avoided.
  3. Special care must be observed to avoid soiling the decubitus lesion with feces.
  4. No moisture on sheets or skin must result from use of the urinal. If necessary, mechanical aids must be kept in place to avoid all wetting from urine in the event of incontinence.

#### 2. Position

- a. The patient must be turned frequently to various positions in order to shift the weight-bearing surfaces from one area to another.
- b. Pillows should be used freely to prop the patient into comfortable positions without the need of straining or effort on his part.

#### 3. Mechanical aids.

- a. The sheets must be smooth and free of wrinkles at all times.
- b. The bed covers should be as light as practicable.
- c. Water mattresses (air mattresses as second choice) are a necessity in patients with cord lesions or whenever the patient must bear weight upon an anesthetic area. Such mattresses require special care in the matter of keeping the sheets smooth.
- d. Cotton "doughnuts", rubber rings, cradles, and other such devices are used to relieve pressure from weight-bearing surfaces.
- e. Dry heat locally for a few moments every day increases local circulation.
- f. Ultraviolet light to an area under suspicion is a most useful aid in keeping the skin in good condition.
- g. All weight-bearing surfaces should be massaged gently with cocoa butter at least two times daily, care being taken never to irritate or break the skin.

### Treatment:

#### 1. Increase local circulation.

- a. This can be accomplished by any of the aids mentioned under Par. 2 and 3, "Prevention".

#### 2. Local cleanliness.

- a. A sterile towel should be placed between the sheet and the lesion in those cases where the lesion is not surgically dressed.
- b. The skin surrounding the decubitus must be washed with soap and water, and carefully dried, whenever exudate collects from the lesion, and, in any event, the skin must be washed with special care around the lesion once a day.

- c. Urine and feces must never be allowed to contaminate a decubitus lesion. Soiling from these excreta may be avoided by prompt removal of the utensils, followed by thorough cleansing and drying of the parts.

3. Frequent attention to the lesion itself.

- a. Sterile excision of all necrotic tissue must be done frequently.
- b. The lesion should be cleansed with warm saline solution as often as necessary to keep it free of accumulated exudate. This will in most cases be at least once daily.
- c. If chemicals are used, they are used only for the purpose of deodorizing the lesion (Kakin's solution, hydrogen peroxide), and they are to be used with judgement and never in excess.
- d. Many small or otherwise minor decubitus ulcers are best left undressed and open to the air. Large ones, producing **exudate** or pus (if infected) should be dressed with a soft dressing, light enough to allow air to reach the ulcer. The dressing must never be air tight or dam back secretions. It must never exert pressure. If infected, the ulcer must never be dressed with oily preparation or with vaseline gauze.
- e. Plastic repair may be used for those ulcers too large to heal otherwise, but this may be done only when infection no longer exists.
- f. DO NOT meddle with the ulcer in any manner such as to infect it  
add strong chemicals "to promote healing"  
use new, unwashed, stiff linen  
use local heat to excess; especially distrust hot water bottles  
neglect preventative treatment to any weight bearing surface which looks irritated or red or otherwise likely to develop a decubitus ulcer.