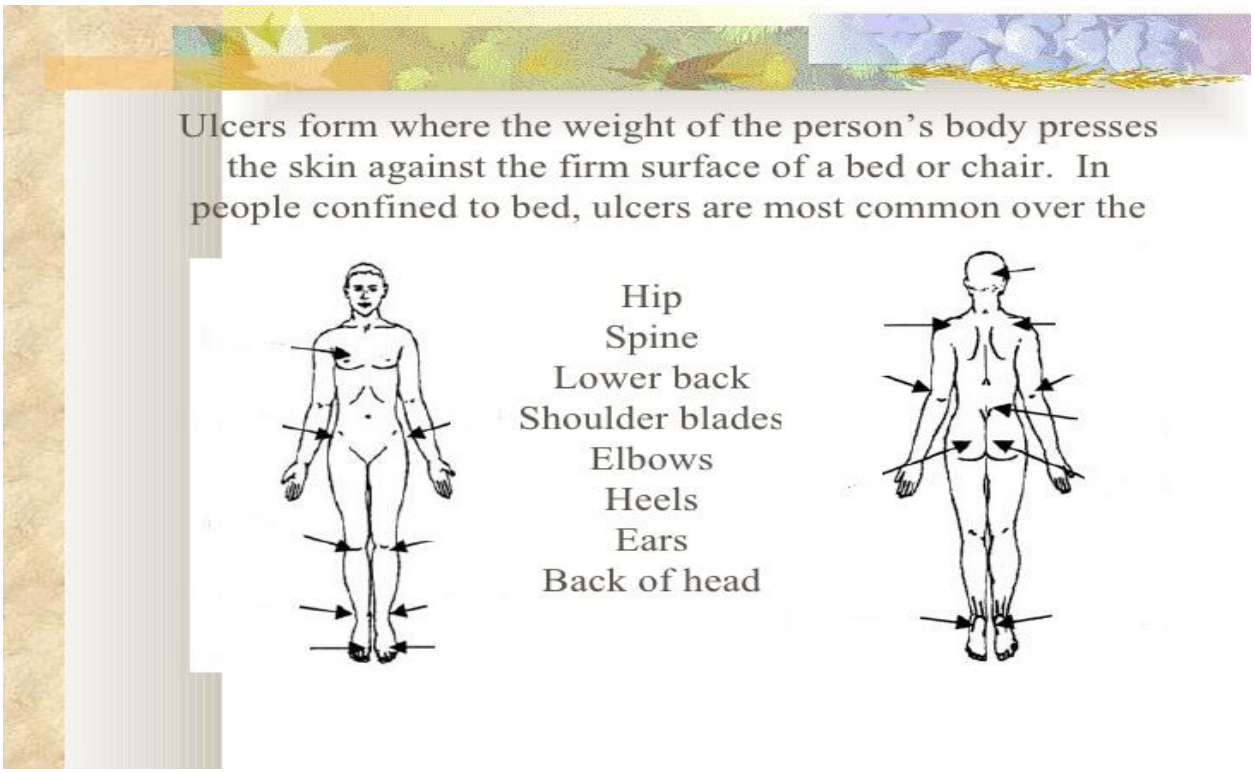
Bedsores (Pressure Sores)

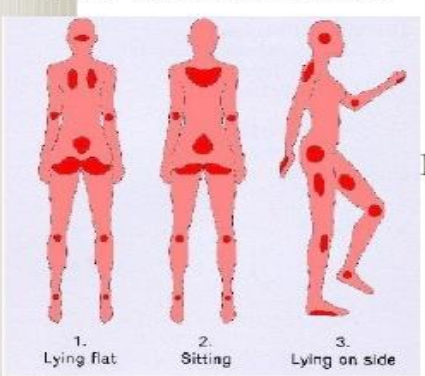
Definition:

Bedsores — also called pressure sores or pressure ulcers — are injuries to skin and underlying tissue resulting from prolonged pressure on the skin. Bedsores most often develop on skin that covers bony areas of the body, such as the heels, ankles, hips and tailbone.

Predisposing factors are classified as intrinsic or extrinsic. Limited mobility, poor nutrition, comorbidities, aging skin are among intrinsic factors, while pressure, friction, moisture, bowel or bladder incontinence, excessive perspiration, wound drainage are extrinsic factors.



In people who sit in a wheelchair or geri chair ulcers are more common on the



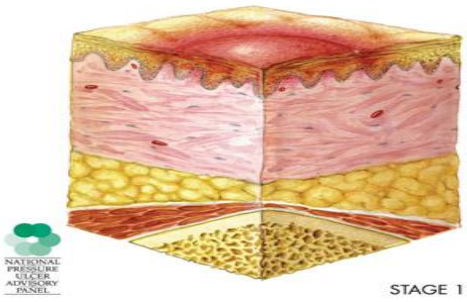
Lower back
Buttocks
Legs
Back of knees
Elbows

Stage I.

The beginning stage of a pressure sore has the following characteristics:

- The skin is not broken.
- The skin is red on people with lighter skin, and the skin doesn't briefly lighten (blanch) when pressed.
- On people with darker skin, the skin may show discoloration, and it doesn't blanch when pressed.
- The site may be tender, painful, firm, soft, warm or cool compared with the surrounding healthy skin.

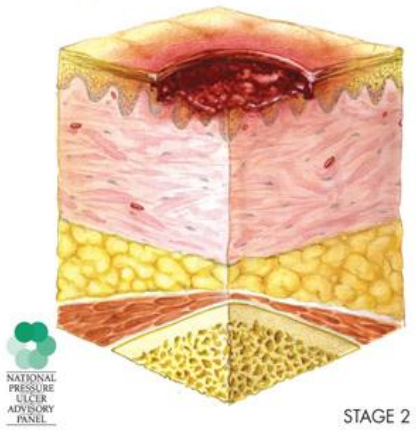
This image displays a well-defined, superficial decubitus ulcer.



Stage II

At stage II:

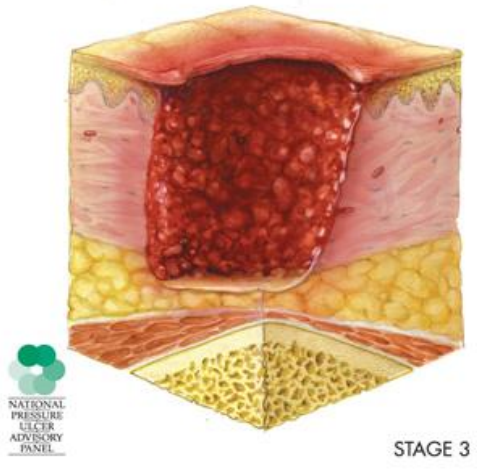
- The outer layer of skin (epidermis) and part of the underlying layer of skin (dermis) is damaged or lost.
- The wound may be shallow and pinkish or red.
- The wound may look like a fluid-filled blister or a ruptured blister.



Stage III

At stage III, the ulcer is a deep wound:

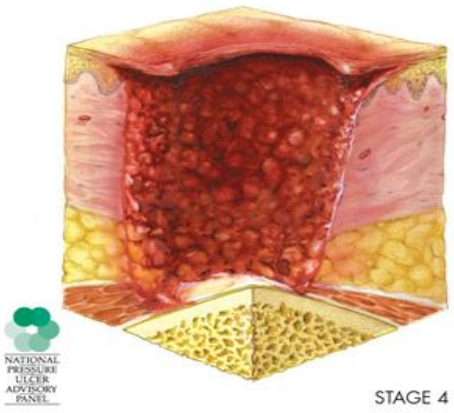
- The loss of skin usually exposes some fat.
- The ulcer looks crater-like.
- The bottom of the wound may have some yellowish dead tissue.
- The damage may extend beyond the primary wound below layers of healthy skin.

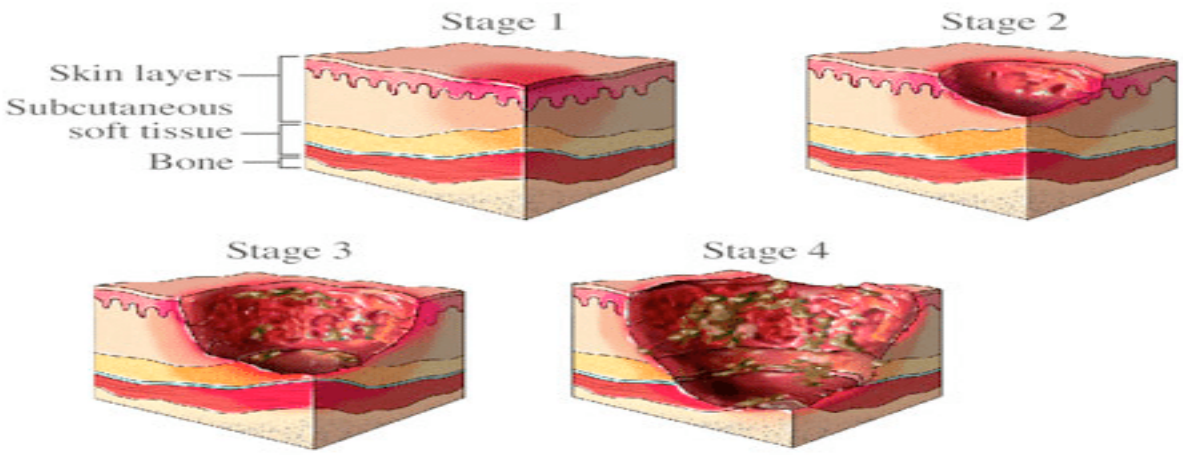


Stage IV

At stage IV the ulcer shows large-scale loss of tissue:

- The wound may expose muscles, bones or tendons.
- The bottom of the wound contains dead tissue that is yellowish or dark and crusty.
- The damage often extends beyond the primary wound below layers of healthy skin.





Evaluating a Bedsore

To evaluate a bedsore, the doctor will:

- Determine the size and depth of the ulcer;
- Check for bleeding, fluids or debris in the wound that can indicate severe infection;
- Try to detect odours indicating an infection or dead tissue;
- Check the area around the wound for signs of spreading tissue damage or infection;
- Check for other pressure sores on the body.

The Following Tests are Carried Out:

- Blood tests;
- Tissue cultures to diagnose a bacterial or fungal infection in a wound that doesn't heal as the result of treatment or is already at stage IV;
- Tissue cultures to check for cancerous tissue in a chronic, not healing wound.

Treatment. Reducing the Pressure

- The first step in treating a bedsore is reducing the pressure that caused it. Strategies include the following:

- **Repositioning.** The patient needs to be repositioned regularly and placed in correct positions. If he or she uses a wheelchair, try shifting the weight every 15 minutes or so. If he or she is confined to bed, change positions every two hours.

- **Using support surfaces.** Use a mattress, bed and special cushions that help the patient to lie in an appropriate position, relieve pressure on any sores and protect vulnerable skin. Utilizarea suprafețelor de sprijinire. Utilizați o saltea, pat și perne speciale care ajută pacientul să se afle într-o poziție adecvată, uşurează presiunea asupra oricarei leziuni și protejează pielea vulnerabilă.

- **Cleaning.** It's essential to keep wounds clean to prevent infection. If the affected skin is not broken (a stage I wound), gently wash it with water and mild soap and pat dry. Clean open sores with a saltwater (saline) solution each time the dressing is changed.
- **Applying dressings.** A dressing promotes healing by keeping a wound moist, creating a barrier against infection and keeping the surrounding skin dry. Dressing choices include films, bandages, gels, foams and treated coverings. A combination of dressings may be used.

Removing Damaged Tissue

- **Surgical debridement** involves cutting away dead tissue.

- **Mechanical debridement** loosens and removes wound debris. This may be done with a pressurized irrigation device, low-frequency mist ultrasound or specialized dressings.

- **Autolytic debridement** enhances the body's natural process of using enzymes to break down dead tissue. This method may be used on smaller, uninfected wounds and involves special dressings to keep the wound moist and clean.

- **Enzymatic debridement** involves applying chemical enzymes and appropriate dressings to break down dead tissue.

Other Interventions

- **Pain management.** Nonsteroidal anti-inflammatory drugs — such as ibuprofen (Motrin IB, Advil, others) and naproxen (Aleve, others) — may reduce pain. These may be very helpful before or after repositioning, debridement procedures and dressing changes. Topical pain medications also may be used during debridement and dressing changes.

- **Antibiotics.** Infected pressure sores that aren't responding to other interventions may be treated with topical or oral antibiotics.

- **A healthy diet.** To promote wound healing, the doctor or dietitian may recommend an increase in calories and fluids, a high-protein diet, and an increase in foods rich in vitamins and minerals. The patient may be advised to take dietary supplements, such as vitamin C and zinc.

- **Management of incontinence.** Urinary or bowel incontinence may cause excess moisture and bacteria on the skin, increasing the risk of infection. Managing incontinence may help improve healing. Strategies include frequently scheduled help with urinating, frequent diaper changes, protective lotions on healthy skin, and urinary catheters or rectal tubes.

- **Muscle spasm relief.** Spasm-related friction or shearing can cause or worsen bedsores. Muscle relaxants may inhibit muscle spasms and help sores heal.

- **Negative pressure therapy (vacuum-assisted closure, or VAC).** This therapy uses a device that applies suction to a clean wound. It may help healing in some types of pressure sores.

Surgery.

- A pressure sore that fails to heal may require surgery. The goals of surgery include improving the hygiene and appearance of the sore, preventing or treating infection, reducing fluid loss through the wound, and lowering the risk of cancer.

- The type of procedure depends mainly on the location of the wound and whether it has scar tissue from a previous operation. In general, most

pressure sores are repaired using a pad of the patient's muscle, skin or other tissue to cover the wound and cushion the affected bone (flap reconstruction).

Prevention.

Repositioning in a wheelchair

- **Shift patient's weight frequently.** If you use a wheelchair, try shifting the patient's weight about every 15 minutes.
- If the patient has enough upper body strength, they should do wheelchair pushups — raising their body off the seat by pushing on the arms of the chair.
- **Select a cushion that relieves pressure.** Use cushions to relieve pressure and help ensure that the patient's body is well-positioned in the chair.

Repositioning in a bed

- **Reposition frequently.** Change the body position every two hours.
- **Use devices to help reposition.** Caregivers can use bed linens to help lift and reposition the patient. This can reduce friction and shearing.
- **Use a specialized mattress.** Use special cushions, a foam mattress pad, an air-filled mattress or a water-filled mattress to help with positioning, relieving pressure and protecting vulnerable areas.
- **Adjust the elevation of the bed.** Raise the hospital bed no more than 30 degrees. This helps prevent shearing.
- **Use cushions to protect bony areas.** Protect bony areas with proper positioning and cushioning.

Skin Care.

- **Clean the affected skin.** Clean the skin with mild soap and warm water or a no-rinse cleanser. Gently pat dry.

- **Protect the skin.** Use talcum powder to protect skin vulnerable to excess moisture. Apply lotion to dry skin. Change bedding and clothing frequently. Watch for buttons on the clothing and wrinkles in the bedding that irritate the skin.

- **Inspect the skin daily.** Inspect the skin daily to identify vulnerable areas or early signs of pressure sores. You will probably need the help of a care provider to do a thorough skin inspection. If you have enough mobility, you may be able to do this with the help of a mirror.

- **Manage incontinence to keep the skin dry.** If patient has urinary or bowel incontinence, take steps to prevent exposing the skin to moisture and bacteria. Your care may include frequently scheduled help with urinating, frequent diaper changes, protective lotions on healthy skin, or urinary catheters or rectal tubes.

Nutrition.

- **Choose a healthy diet.** Increase the amount of calories, protein, vitamins and minerals in the diet.

- **Drink enough to keep the skin hydrated.** Good hydration is important for maintaining healthy skin.

Other important Strategies that can help decrease the risk of bedsores include the following:

- **Giving up smoking.**

- **Being active.** Limited mobility is a key factor in causing pressure sores. Daily exercise can help maintain healthy skin. A physical therapist can recommend an appropriate exercise program that improves blood flow, builds up vital muscle tissue, stimulates appetite and strengthens the body.

Bedsores (pressure ulcers)

Questions:

1. Give the definition of bedsores.

- Bedsores - also called pressure lesions or pressure ulcers - are lesions of the skin and underlying tissue that result from prolonged pressure on the skin.

2. What are the areas predisposed to bedsores?

- Bedsores most often develop on the skin that covers the bony areas of the body, such as the heels, ankles, hips and coccyx.

3. What are the predisposing factors for bedsores?

- Predisposing factors are classified as intrinsic or extrinsic. Limited mobility, improper nutrition, comorbidities, skin aging are among the intrinsic factors, while pressure, friction, humidity, bowel or bladder incontinence, excessive sweating, wound drainage are extrinsic factors.

4. Stage I. The initial stage of a bedsore has the following characteristics, what are these?

- The skin is not torn.

- The skin is red in people with lighter skin, and the skin does not bleach easily when pressed.

- In people with darker skin, the skin may be discolored and does not bleach when pressed.

- The area can be sensitive, painful, firm, soft, warm or cold compared to the surrounding healthy skin.

5. Stage II. At the second stage of an ulcer, the following characteristics are specific, what are they?

- The outer layer of skin (epidermis) and part of the subcutaneous layer of skin (dermis) is damaged or lost.

- The wound may be superficial, pink or red.

- The wound may look like a vesicle full of liquid or a broken vesicle.

6. Stage III. In stage III, the ulcer is a deep wound, by what is it characterized?

- Skin loss usually exposes to fat.
- The ulcer looks like a crater.

- The lower part of the wound may have a yellowish soft tissue.

-The injury can spread beyond the primary wound under the layers of healthy skin.

7. Stage IV. In stage IV, the ulcer has large tissue losses, give the description of this stage.

- The wound may expose muscles, bones or tendons.

-The lower part of the wound contains soft tissue, which is yellowish or dark and crusty.

- Injury often extends beyond the primary wound below layers of healthy skin.

8. In order to evaluate a bedsore, the doctor must assess certain characteristics of the bedsore, what are these characteristics?

- Determine the size and depth of the ulcer;

- Check for bleeding, fluid or debris from the wound that may indicate a severe infection;

- Try to detect odors that indicate an infection or dead tissue;

- Check the area around the wound for signs of spread of tissue injury or infection;

- Check for other pressure sores on the body

9. What are the laboratory tests that are performed in case of bedsores?

- Blood tests;

- Tissue cultures to diagnose a bacterial or fungal infection in a wound that doesn't heal as the result of treatment or is already at stage IV;
- Tissue cultures to check for cancerous tissue in a chronic, not healing wound.

10. The first step in treating an ulcer is to reduce the pressure that causes it. What do the strategies for this first step include?

- Repositioning. The patient needs to be repositioned regularly and placed in correct positions. If he or she uses a wheelchair, try shifting the weight every 15 minutes or so. If he or she is confined to bed, change positions every two hours.

- Using support surfaces. Use a mattress, bed and special cushions that help the patient to lie in an appropriate position, relieve pressure on any sores and protect vulnerable skin.

11. What does mean to clean the beds?

- It is essential to keep the wounds clean to prevent infection.

- If the affected skin is not broken (a stage I wound), gently wash it with water and soap and dry.

- Clean the open wounds with a solution of salt water (saline) each time the

dressing is changed.

12. What does the application of dressings in stairs entail?

-The dressing promotes healing by maintaining a moist wound, creating a barrier against infections and keeping the surrounding skin dry.

- Dressings include thin coatings, bandages, gels, foams and disinfected coatings. A combination of bandages can be used.

13. What is involved in removing damaged tissue in the treatment of bedsores?

- Surgical processing involves cutting the dead tissue.

- Mechanical processing removes the residue from the wound. This can be done with the help of a pressure irrigation device, low frequency ultrasound or specialized dressings.

- Autolytic processing enhances the body's natural process of using enzymes to break down dead tissue. This method can be used on smaller, uninfected wounds and involves special dressings to keep the wound moist and clean.

- Enzyme debridement involves the application of chemical enzymes and dressings to decompose dead tissue.

14. What other interventions in the treatment of bedsores, such as pain reduction, provide?

- Non-steroidal anti-inflammatory drugs - such as ibuprofen (Motrin IB, Advil, others) and naproxen (Aleve, others) - can reduce pain.

-These can be very useful before or after repositioning, debridement procedures and dressing changes.

- Local pain medications can also be used during debridement and dressing changes.

15. What kind of therapy is indicated in the treatment of difficult bedsores?

- Infected scars that do not respond to other interventions can be treated with local or oral antibiotics.

16. What other interventions in the treatment of bedsores, such as a healthy diet?

- To promote the healing of wounds, the doctor or dietitian can recommend an increase in calories and fluids, a diet rich in protein and an increase in foods rich in vitamins and minerals. The patient may be advised to take dietary supplements such as vitamin C and zinc.

17. What are other interventions in the treatment of bedsores, such as incontinence management?

- Urinary or intestinal incontinence can cause excess moisture and bacteria on the skin, increasing the risk of infection. Managing incontinence can help improve healing. Strategies include frequently scheduled help with urination, frequent diaper changes, healthy skin protection lotions, and urinary catheters or rectal tubes.

18. What other interventions in the treatment of bedsores, such as relief of muscle spasm, provide?

- Friction or cutting caused by spasm may cause or aggravate bedsores. Muscle relaxants can inhibit muscle spasms and help heal wounds.

19. What other interventions in the treatment of bedsores, such as negative pressure therapy (vacuum-assisted closure or VAC)?

- Negative pressure therapy (vacuum assisted closure or VAC). This therapy uses a device that applies suction to a clean wound. It can help heal certain types of bedsores.

20. How do we prevent bedsores?

- Repositioning in a wheelchair

- Change the patient's weight frequently. If you use a wheelchair, try to change the patient's weight every 15 minutes.

- If the patient has enough strength in the upper body, he should float in the wheelchair - lifting the body off the chair by pushing the arms of the chair.

- Select a cushion that relieves pressure. Use pillows to release pressure and make sure the patient's body is well positioned in the chair.

21. What does it mean to change the bed position to prevent bedsores?

- Change position frequently. Change your body position every two hours.

- Use devices to help you change position. Caregivers can use bedding to help lift and reposition the patient. This can reduce friction and cutting.

- Use a specialized mattress. Use special pillows, a layer of foam for mattresses, an air-filled mattress or a water-filled mattress to help position, relieve pressure and protect vulnerable areas.

- Adjust the bed height. Raise the hospital bed no more than 30 degrees. This helps prevent cutting.

- Use pillows to protect bone areas. Protect the bone areas with the correct positioning and placement on the pillow.

22. How do we care for the skin in case of ladders and to prevent bedsores?

- Clean the affected skin. Clean the skin with mild soap and warm water or a no-rinse cleanser. Gently pat dry.

-Protect the skin. Use talcum powder to protect skin vulnerable to excess moisture. Apply lotion to dry skin. Change bedding and clothing frequently. Watch for buttons on the clothing and wrinkles in the bedding that irritate the skin.

- Inspect the skin daily to identify vulnerable areas or early signs of pressure sores. You will probably need the help of a care provider to do a thorough skin inspection. If you have enough mobility, you may be able to do this with the help of a mirror.

-Manage incontinence to keep the skin dry. If patient has urinary or bowel incontinence, take steps to prevent exposing the skin to moisture and bacteria. Your care may include frequently scheduled help with urinating, frequent diaper changes, protective lotions on healthy skin, or urinary catheters or rectal tubes.

23. What characterizes the nutrition of patients who have bedsores?

Choose a healthy diet. Increase the amount of calories, protein, vitamins and minerals in the diet. Drink enough to keep the skin hydrated. Good hydration is important for maintaining healthy skin

24. List other important strategies that can help reduce the risk of bedsores.

- Giving up smoking.

-Being active. Limited mobility is a key factor in causing pressure sores. Daily exercise can help maintain healthy skin. A physical therapist can recommend an appropriate exercise program that improves blood flow, builds up vital muscle tissue, stimulates appetite and strengthens the body.

Tests:

1. Give the definition of bedsores.

a. * bedsores - also called pressure lesions or pressure ulcers - are lesions of the skin and underlying tissue that result from prolonged pressure on the skin.

b. bedsores - also called chemical lesions - are lesions of the skin and underlying tissue up to the bones.

c. bedsores - also called impure wounds.

d. bedsores - also called burns - are lesions of the skin and underlying tissue to the bone.

e. bedsores - also called chemical lesions - are superficial skin lesions.

2. What are the areas predisposed to bedsores?

a. * bedsores most often develop on the skin covering the bony areas of the body, such as the heels, ankles, hips and coccyx.

b. bedsores most often develop on the skin that covers the bone-free areas of the body, such as heels, ankles, hips and coccyx.

c. bedsores most often develop on the skin that covers the movable areas of the body.

d. bedsores most often develops on the mucous membranes.

e. No answer is correct.

3. What are the intrinsic factors predisposing to ulcers?

a. * limited mobility.

b. * Inadequate nutrition.

c. * comorbidities.

d. * skin aging.

e. pressure.

4. What are the intrinsic factors predisposing to ulcers?

a. * pressure.

b. * friction.

c. * humidity.

d. * wound drainage are extrinsic factors.

e. comorbidities.

5. Stage I. The initial stage of an ulcer has the following characteristics….?

a. * The skin is not broken.

b. * The skin is red in people with lighter skin, and the skin does not turn slightly white when pressed.

c. * In people with darker skin, the skin may discolor and not turn white when pressed.

d. * The area may be sensitive, painful, firm, soft, warm or cold compared to the surrounding healthy skin.

e. The wound may be superficial, pink or red.

6. Stage II. At the second stage of an ulcer has the following characteristics …..?

a. * The outer layer of the skin (epidermis) and part of the subcutaneous layer of the skin (dermis) is injured or lost.

b. * The wound may be superficial, pink or red.

c. * The wound may look like a vesicle filled with liquid or a broken bladder.

d. Skin loss usually exposes fat.

e. The wound may expose muscles, bones or tendons.

7. Stage III. In stage III, the ulcer is a deep wound, by what is it characterized?

a. * Loss of skin usually exposes fat.

b. * The ulcer looks like a crater.

c. * The lower part of the wound may have a yellowish soft tissue.

d. * Injury may extend beyond the primary wound under healthy skin layers.

e. The wound may be superficial, pink or red.

8. Stage IV. In stage IV, the ulcer has large tissue losses, give the description of this stage.

a. * The wound may expose muscles, bones, or tendons.

b. * The lower part of the wound contains soft tissue, which is yellow or dark and covered with bark.

c. * The injury often extends beyond the primary wound under the layers of healthy skin.

d. The ulcer looks like a crater.

e. The underside of the wound may have a soft yellowish tissue.

9. To evaluate an ulcer, the doctor must assess certain characteristics of the ulcer, what are these characteristics?

a. * Determine the size and depth of the ulcer.

b. * Check for bleeding, fluid, or residue from the wound that may indicate a severe infection.

c. Do not try to detect odors that indicate an infection or dead tissue.

d. * Check the area around the wound for signs of tissue damage or infection.

e. * Check for other bedsores.

10. What are the laboratory tests carried out in case of bedsores?

a. * Blood tests.

b. * Cultivation of tissue to diagnose bacterial or fungal infection in a wound that does not heal as a result of treatment or is already in stage IV.

c. * Tissue cultures to check for cancerous tissue in a chronic, not healing wound.

d. Radiography.

e. Spirometry.

11. The first step in treating an ulcer is to reduce the pressure that causes it. What do the strategies for this first step include?

a. * Repositioning.

b. * Use of support surfaces.

c. Maintaining the position without repositioning.

d. Support surfaces are not used.

e. Repositioning leads to the growth of the affected areas.

12. What does cleaning the bedsores entail?

a. * It is essential to keep the wounds clean to prevent infection.

b. * If the affected skin is not torn (a stage I wound), wash it lightly with soap and water and dry.

c. * Clean open wounds with a solution of salt water (saline) each time the dressing is changed.

d. It is essential not to keep wounds clean to prevent infection.

e. If the affected skin is not torn (a stage I wound), do not wash it.

13. What does mean to apply dressings?

a. * The dressing promotes healing by maintaining a moist wound, creating a barrier against infections and keeping the surrounding skin dry.

b. * Dressings include thin coatings, bandages, gels, foams and disinfected

coatings.

c. * A combination of dressings may be used.

d. Surgical treatment involves cutting dead tissue.

e. Enzymatic debridement involves the application of appropriate chemical enzymes and dressings to break down dead tissue.

14. What does it mean to remove damaged tissue in the treatment of bedsores?

a. * Surgical processing involves cutting dead tissue.

b. * Mechanical processing removes debris from the wound. This can be done with the help of a pressure irrigation device, low frequency ultrasound or specialized dressings.

c. * Autolytic processing improves the body's natural process of using enzymes to break down dead tissue. This method can be used on smaller, uninfected wounds and involves special dressings to keep the wound moist and clean.

d. * Enzymatic debridement involves the application of appropriate chemical enzymes and dressings to break down dead tissue.

e. Surgical treatment is contraindicated.

15. What other interventions in the treatment of bedsores, such as pain reduction, provide?

a. * Non-steroidal anti-inflammatory drugs - such as ibuprofen (Motrin IB, Advil, others) and naproxen (Aleve, others) - can reduce pain.

b. * These may be very useful before or after repositioning, debridement procedures and dressing changes.

c. * Local pain medications can also be used during debridement and dressing changes.

d. Non-steroidal anti-inflammatory drugs - such as ibuprofen (Motrin IB, Advil,

others) and naproxen (Aleve, others) - can increase pain.

e. The use of medicines can aggravate the situation.

16. Other interventions in the treatment of scales, such as antibiotic therapy, what does it provide?

a. * Infected pressure sores that aren't respond to other interventions can be treated with local or oral antibiotics.

b. Non-steroidal anti-inflammatory drugs - such as ibuprofen (Motrin IB, Advil, others) and naproxen (Aleve, others) - can increase pain.

c. The use of medicines can aggravate the situation.

d. Antibiotics can clear the clinic and are banned.

e. No answer is correct.

17. Other interventions in the treatment of bedsores, such as a healthy diet, what does it provide?

a. * To promote wound healing, the doctor or dietitian can recommend an increase in calories and fluids, a high protein diet and an increase in vitamins and minerals rich foods.

b. * The patient may be advised to take dietary supplements such as vitamin C and zinc.

c. The diet in the case of bedsores does not matter.

d. The patient's diet is not the doctor's concern.

e. Vitamin C intake can worsen the situation.

18. What are other interventions in the treatment of bedsores, such as incontinence management?

a. * Urinary or intestinal incontinence can cause excess moisture and bacteria on the skin, increasing the risk of infection.

b. * Managing incontinence can help improve healing.

c. * Strategies include frequently scheduled help with urination, frequent diaper changes, healthy skin protection lotions, and urinary catheters or rectal tubes.

d. Urinary or intestinal incontinence may not cause excess moisture and bacteria on the skin.

e. Managing incontinence cannot help improve healing.

19. What other interventions in the treatment of bedsores, such as relief of muscle spasm, what does it provide?

a. * Friction or cutting caused by spasm can cause or aggravate bedsores.

b. * Muscle relaxants can inhibit muscle spasms and help heal wounds.

c. Friction or cutting caused by spasm cannot cause or aggravate the bedsores.

d. Muscle relaxants cannot inhibit muscle spasms and do not help heal wounds.

e. Managing muscle spasm cannot help to improve healing.

20. What other interventions in the treatment of bedsores, such as negative pressure therapy (vacuum-assisted closure or VAC), provide?

a. * This therapy uses a device that applies suction to a clean wound.

b. * May help heal certain types of bedsores.

c. This therapy uses a device that applies radiation to a clean wound.

d. It cannot help heal certain types of bedsores.

e. This therapy uses a device that applies a magnetic field to a clean wound.

21. How do we prevent bedsores?

a. * Reposition in a wheelchair. Change the patient's weight frequently.

b. * If you use a wheelchair, try to change the patient's weight every 15 minutes.

c. * If the patient has enough strength in the upper body, he should do push-ups in the wheelchair - lifting the body off the chair by pushing the arms of the chair.

d. Select a cushion that does not affect the pressure.

e. * Use pillows to relieve pressure and to ensure that the patient's body is well positioned on the chair.

22. What does provide changing the position in bed for the prevention of bedsores?

a. * To change position frequently. Change your body position every two hours.

b. * Use devices to help you change position

c. * Use a specialized mattress.

d. * Adjust the height of the bed

e. Use pillows to protect the mossy areas.

23. How do we care for the skin in case of bedsores and to prevent pressure ulcers?

a. Do not wash the affected skin.

b. * Protect the skin.

c. * Inspect the skin daily.

d. * Manage incontinence to keep the skin dry.

e. * Wash affected skin.

24. What is characterized the nutrition of patients with bedsores?

a. * Choose a healthy diet.

b. * Increase the amount of calories, protein, vitamins and minerals in your diet.

c. * Use enough to keep skin hydrated.

d. * Good hydration is important for healthy skin maintenance.

e. Choose a low-nutrient diet.

25. List other important strategies that can help reduce the risk of escalation.

a. * Quitting smoking.

b. * Be active.

c. * Limited mobility is a key factor in challenging stairs.

d. * Daily exercises can help maintain skin health.

e. Choose a diet low in nutrients