

# Touch of Tender Loving Care: Caretakers Guide on Managing Bed Sores



The College of Palliative Medicine of Sri Lanka

2024

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Caretakers Guide on Managing Bed Sores**

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**Author**

Dr Thusitha Kahaduwa  
MBBS, Dip. In Palliative Medicine, Adv. Dip in Counseling Psychology,  
Fellowship in palliative Care, FAPWCA, Reading for PhD

**Editorial Panel**

Professor Mandika Wijeyarathne  
Professor Samadhi Rajapaksa

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# Message from the Secretary, Ministry of Health

Palliative care aims at improving the quality of life of patients with a life-limiting illness, their family members and caretakers. With the increase of the greying population and the ever-increasing non-communicable diseases including heart diseases, diabetes and cancer, the number of individuals who require palliative care is increasing, and the demand is amassed.

The Sri Lankan health system has taken several initiatives to improve the palliative care service provision in the country. However, much improvement is needed in several aspects, including increasing awareness among the population including healthcare staff and implementing relevant changes in the healthcare service provision. Also, palliative care services must be provided at the primary care level and within the community.

Currently, there are eight hospices within the country providing palliative care services for the needy, free of charge. Considering the increasing demand for palliative care, it is important that the Ministry of Health work in collaboration with the private sector and non-governmental organizations, for the enhancement of palliative care service provision.

The College of Palliative Medicine of Sri Lanka (CPMSL), being the apex professional body that works towards enhancing the palliative care services within the country, has taken the initiative to bring the hospices together in establishing the “Hospice Sri Lanka Alliance” and will continue to improve the quality of service provision by providing technical support. I congratulate the CPMSL for this excellent achievement.

Since its inception in 2021, the CPMSL has conducted several activities across the country to enhance the quality of palliative care service provision and also has published several publications to improve awareness among the healthcare staff as well as the general public. This booklet also is one such important publication. I express my gratitude to the author and the CPMSL for this excellent publication.

I wish the CPMSL all the best in its future endeavours and wish that the College will work in collaboration with the Ministry of Health to improve the palliative care services in Sri Lanka, as an important stakeholder.

**Dr. P.G. Mahipala**

Secretary

Ministry of Health

## Forward

The College of Palliative Medicine of Sri Lanka (CPMSL) is the apex professional body in Sri Lanka which works towards establishing and enhancing palliative care services within the country. Since its inception in 2021, CPMSL conducted several activities across the country and accomplished several significant achievements as well as publishing an international journal (International Journal of Palliative Medicine, Sri Lanka).

The CPMSL is the only professional body in which the Council and the membership consists of representatives from different medical disciplines, showcasing the importance of multidisciplinary teamwork for the provision and enhancement of palliative care services. Further, the College collaborates with several health and non-health stakeholders as well as other professional colleges, in its activities.

The CPMSL members have written 6 booklets for community palliative care with objectives of improving the management of community palliative care. This booklet is targeting for Caretakers Guide on Managing Bed Sores. The CPMSL thanks the author, Dr. Thusitha Kahaduwa for writing this booklet. It has been written in very simple way with essential content. The CPMSL think this will benefit for the enhancement of community palliative care.

The CPMSL is grateful to Ministry of Health for the strong partnership and appreciate Health System Enhancement Project - ADB fund.

**The President and the Council  
College of Palliative Medicine of Sri Lanka 2023/2024**

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## What is a bed sore?

Bed sores are red areas or breaks on the skin. They are also called Pressure ulcers. These wounds can occur over any bony predominant part of the body such as hips, heels and back. There may be discharge or odor from these areas if they are deep.

Bed bound, frail and debilitated patients are prone to get these; especially the elderly, bed/ chair bound cancer patients, extremes of other illnesses like dementia, Parkinsonism and even children with cerebral palsy.

## How does it occur?

Pressure ulcers are caused from lying in one surface for a long period of time (more than 2 hours). The skin of the body needs blood to get food and oxygen. Pressure on the skin blocks the blood supply. If the blood supply is stopped for a long time, a red area may be seen over a bony part of the body. Death of skin is due to prolonged suffocation and starvation. Due to the pressure the smaller blood vessels in the skin gets crushed for long periods and the skin gets no blood flow, depriving it of oxygen and nutrients for long periods. The skin patches die due to this.

Pressure can cause ulcers in less than two hours. If the pressure is NOT removed, the red area will turn into a pressure ulcer or open sore.

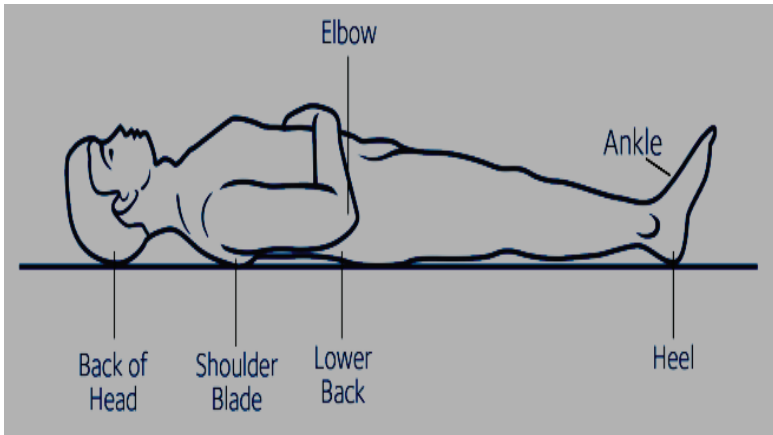
Poor nutrition, hydration, fragility of the skin due to age related changes and poor skin care and hygiene also adds to the risk.

## Where does it occur?

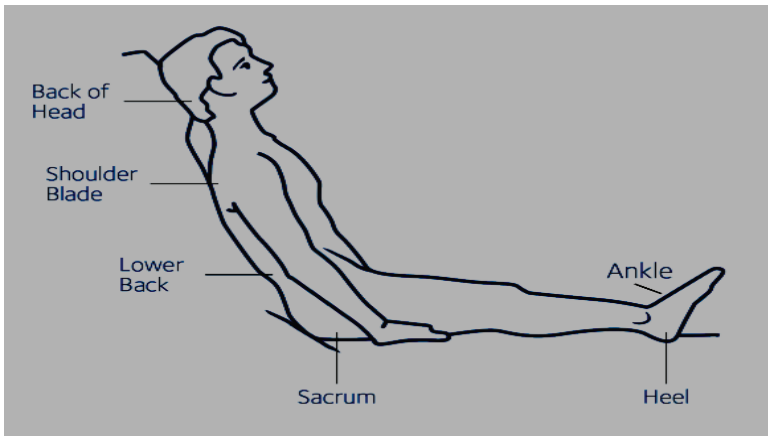
Usually on bony prominences that might transmit body weight to the bed / chair.

The exact sites at risk may vary with the patients' usual lie and positioning as shown in the illustrations.

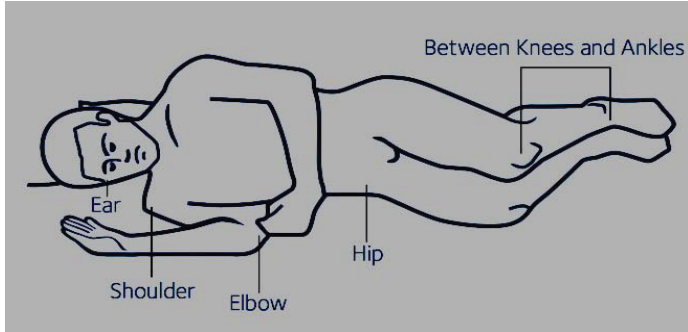
## In the face up lying (supine position)



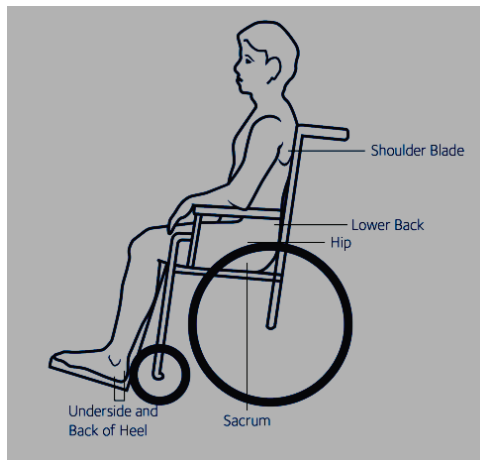
## In the seated position



## Lying to side



## Wheel chair bound



## How to prevent bed sores?

Pressure ulcers can be prevented by moving, turning or lifting patients in the bed or in the wheelchair.

### Relieving Pressure

There are two ways you can relieve pressure and restore the skin's blood supply: by repositioning the patient and using special devices.

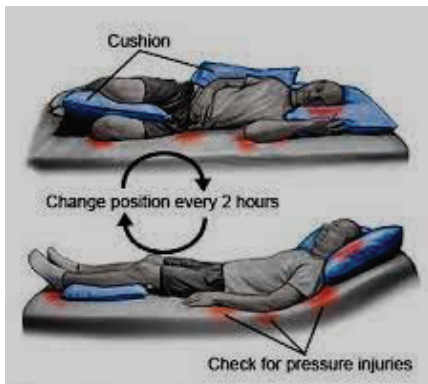
Make a schedule to remind yourself to reposition the patient at least every two hours, from side to back or from stomach to side.

Make minor position changes like altering the angle of an arm or leg, more frequently.

Specially designed pillows, cushions, bed, or mattresses can also help reduce pressure.

## 1. In bed

- Use an air mattress if available
- Use pillows under calves to elevate the legs from above the knees to the ankles.
- Alter the angles of arms and legs.



## Air Mattress



Air mattress is better than the water mattress in many ways. It is advisable to put your bed ridden patient on an air mattress whenever it is affordable.

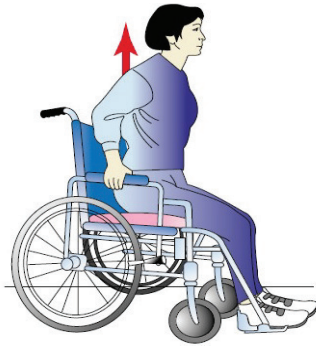
Air mattress comes in 3 units; Inflatable mattress, tubing and the pump with the tubing. Air mattress must be laid in manner in which the hoses are facing downward. Placing the tube end to the foot end is preferred. Once the pump is plugged in and leaks are checked, setting the pressure value is done according to patients' weight to keep all the bony prominences on air cushions. You will see alternating air bubbles in 5-7 minute intervals.

### 2. In a wheel chair

- Every 15 minutes you must change the position.
- Cushion the back and buttocks with pillows or cushions and use the footrest.



## How to shift weight from side to side and up



### Be ready to improvise always

You may use available pillows, cloths, even water inflated hand gloves E.g.: under the heel; to offload.



### 3. Managing Moisture

- Keep the patient in a well-ventilated and lit place
- Dress the patient in a loose cotton cloth
- Keep skin clean and lubricated, and free of excess moisture.
- Put the patient on a regular toilet schedule and use incontinence devices when appropriate.
- Consult the doctor about using diarrhea medications.
- Use talc-free powders or barrier creams for skin folds like axillae and groin
- Place towels between skin folds.
- Pat skin dry after bathing.
- Lubricate skin with lotion Baby cream, Vaseline or even coconut oil can act as good hydrants.



### 4. Reducing Shear and Friction

- Prevent skin breakdown by reducing shear and friction.
- Patients are less likely to slide down in bed if they are supported by a pillow and the head of the bed is not raised too high.
- During bed or wheelchair transfers, LIFT the patient, **do not drag**

**the patient.** If you cannot do this alone, get help and be sure to use assistive devices, like draw sheets or transfer boards, whenever possible.

- Even wrinkles and crumbs can increase friction, so keep bed surfaces smooth and clean.

## I. In bed



Reposition a person in bed

- Use draw-sheets or transfer board to move patients.
- Clean and smooth the bed surface.
- Lift the head of the bed no more than 30 degrees
- Raise the foot of the bed slightly.

## II. In a wheelchair

- Support the patient's back with a pillow.
- Use foot extensions.



## Promoting Good Nutrition

- Cells regenerate more quickly when nutrition is supplemented.
- To identify malnutrition, weigh the patient when possible and review blood test results with the patients' doctor.

Then consult with the doctor about any dietary adjustments. You may be directed to:

- Feed the patient more frequently.
- Order foods high in protein and calories.
  - **At least** try to give one egg per day
- Give vitamin and nutrition supplements.
- Use a tube feeding, when necessary

## What to do when prevention fails

The prevention modalities must be followed nonetheless. Wound management and pain control must be done. Nutrition, hydration and offloading the wounded area are of utmost importance.

### How to manage a bed sore

*It is important to note the following*

1. Wounds do not heal with antibiotics hence antibiotics are useless unless there is an infection, if you are suspecting an infection, please contact the patients' doctor immediately.
2. You should also contact the doctor if the wound is deep.
3. You must also contact your doctor immediately if feces or urine start coming from inside of the wound probably indicating a connection to the bowels or urinary tract.
4. Little bleeding can be normal in a red healing wound, however If the wound start gushing out blood; you must put adequate pressure to stop the bleeding and contact the doctor immediately.

5. Expensive dressings are not necessary. Cheapest dressing that can hold moisture like a wound gel or Vaseline gauze is the only dressing that most of these wounds need.
6. If the wound is on a spot where there is frequent soiling from feces and/ or urine, the dressing should be removed with each soiling hence at the cleanup.

## How to do a dressing change

### Preparation

1. Give adequate pain medicine as advised by the doctor 1 hour prior to the procedure
2. Position the patient to a comfortable lie for the dressing and adequate lighting
3. Make sure the dressing material, plaster and other necessities are in adequate supply before removing the existing dressing
4. Arrange the necessities on a easily accessible table near the bed

### Doing the dressing

1. Remove the current dressing and throw away the used gloves
2. Start putting the new dressing with a new pair of gloves
3. Wound can be cleansed with running clean tap water
4. Try not to touch the wound bed as much as possible
5. Cut the primary dressing to the size of the wound and apply it.
6. Put a few sterile swabs on top of the primary dressing and secure it with adequate plasters.



*For further technical assistance please contact:*

**College of Palliative Medicine of Sri Lanka**

**No. 06, Wijerama house,**

**Wijerama road, Colombo 07.**

**Telephone number- 076 5469982**

**Email - [officecpmsl@gmail.com](mailto:officecpmsl@gmail.com)**

**Web: [www.cpmsl.lk](http://www.cpmsl.lk)**

