

# WHAT YOU NEED TO KNOW ABOUT BEDSORE INJURIES

Federal law compels nursing home staff to take adequate measures to effectively prevent bedsores.

According to government requirements, all nursing home residents should receive two hours of personalized care every day.

## What are bedsores?

Bedsore, also known as decubitus pressure ulcer, are skin and tissue injuries caused by prolonged pressure, friction or shear. When a nursing home resident is left in the same position for an extended period, bedsores begin to appear on the bony areas of the body.

Bedsore most commonly affect the shoulders, knees, elbows, lower back, buttocks, hips and heels. Bedsore develop when decreased blood flow limits the delivery of oxygen and nutrients to certain areas of skin, causing deep tissue damage that worsens over time.

Depending on the severity and stage, some individuals experience easy healing while others struggle with lasting infections and injuries. If left untreated, bedsores can become extremely painful and lead to serious complications.



More than **1 in 10** seniors will develop bedsores, also known as pressure ulcers, while living in a nursing home.

## What are the risk factors for bedsores?

Seniors with limited mobility are the most likely to develop bedsores. However, there are certain risk factors that make any nursing home resident more vulnerable to bedsores.

The **Braden Scale for Predicting Pressure Ulcer Risk** is a tool used to assess a patient's risk by examining six specific criteria. Nursing homes should identify bedsores risk factors and develop a comprehensive care plan focused on prevention.

**Sensory Perception** – Caregivers should measure a patient's level of consciousness, ability to communicate and responsiveness to painful stimuli to assess whether each individual can cognitively react to pressure and discomfort.

**Moisture** – Caregivers should measure excessive and continuous skin moisture, which may be linked to perspiration or urine, to assess how frequently linens must be changed.

**Activity** – Caregivers should measure if a patient walks occasionally or frequently, or if they are confined to a bed or chair, to assess if little or no activity is contributing to muscle atrophy.

**Mobility** – Caregivers should measure if a patient has the ability to change or control their body to assess how frequently patients need assistance with moving and repositioning.

**Nutrition** – Caregivers should measure nutritional status and daily eating patterns to assess how frequently meals are being consumed, and if patients require increased protein intake, dietary supplements or tube feeding.

**Friction and Shear** – Caregivers should measure if patients slide against sheets, chairs or other devices while lifting and repositioning to assess the movement and breakdown of skin.

Friction and shear can rub and pull the already sensitive skin, making seniors more vulnerable to debilitating injuries. Impaired sensory perception, linked to spinal cord injuries, neurological disorders and other conditions, may cause a loss of sensation that makes patients unaware of developing bedsores.

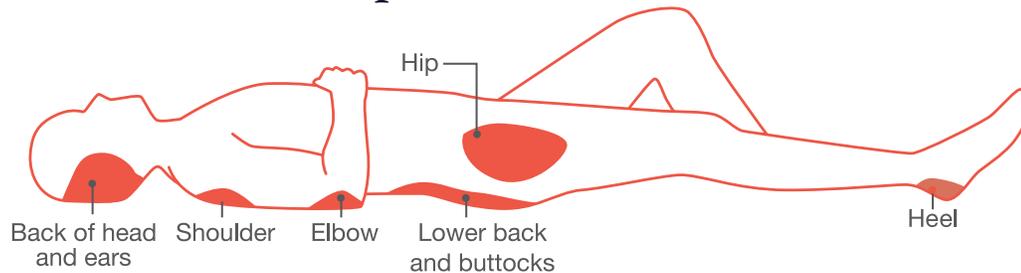
Diabetes, vascular disease and other chronic illnesses may reduce a patient's blood flow and increase the risk of bedsores. In addition, malnutrition and dehydration may also weaken the skin, muscle health and immune system.

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## Where do bedsores develop?



Bedsore most often develop on skin that covers bony areas of the body that is consistently exposed to unchanging pressure. Areas with minimal natural padding from muscle or fat are most likely to develop pressure sores. For seniors using wheelchairs, pressure sores often appear on the spine, tailbone, buttocks, shoulder blades and the back of arms and legs.

When seniors spend a lot of time in bed, pressure sores develop on the tailbone, hips, lower back, shoulder blades or back or sides of the head. Bedsore may also appear on the heels, ankles or the skin on the backs of the knees.

**Stage I Pressure Sores** – Non-blanchable erythema affecting the upper layer of the skin.

**Stage II Pressure Sores** – Partial-thickness skin loss with exposed dermis.

**Stage III Pressure Sores** – Full thickness tissue loss with potentially visible subcutaneous fat.

**Stage IV Pressure Sores** – Full thickness tissue loss with exposed bone, tendon or muscle.

## What are the major complications of bedsores?

Bedsore can lead to serious complications that may result in severe injury and infection. In some cases, complications from bedsores may lead to amputation or death.

**Infections** – Infections, such as septic arthritis and osteomyelitis, may burrow into the body, causing long-term damage to bone and tissue health.

**Cellulitis** – Untreated bed sores can result to a serious infection known as cellulitis, which may be difficult to diagnose.

**Cancer** – Non-healing wounds, such as Marjolin's ulcers, can develop into a form of cancer called squamous cell carcinoma.

**Sepsis** – Infections may cause life-threatening sepsis, which occurs when damaging inflammatory responses lead to organ failure.

If you or a loved one developed bedsores in a nursing home, please contact our attorneys immediately.