Nursing Process in the Care of Bed Sores

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Annotation:

This article provides information about nursing services for bedridden patients, the prevention of bedsores, and methods of caring for patients with bedsores.

Keywords:

Patient, bed, bedsore, care, prevention.

The proper functioning of the skin is a crucial condition for health. To ensure the skin performs its functions correctly, it is essential to keep the body clean and protect it from various damages. Illness disrupts the activity of all organs and systems in the human body. The demands on the skin increase in a diseased body, making hygiene even more important for the patient. The skin becomes contaminated by secretions from oil and sweat glands, dead skin scales, microbes, and dust.Patients in a hospital are given a hygienic bath or shower once a week. If a bath or shower is not recommended, the patient's body is wiped daily with a damp cloth. The face and neck should be washed daily. If the patient is unable to get up, the nurse and aide will wash them with a sponge and water. The feet should be washed with warm water and soap every evening. Bedridden patients' feet should be washed 2–3 times a week. Areas like the armpits, groin folds, and under the breasts, especially in those who sweat a lot or are overweight, need frequent washing. Otherwise, the skin in these areas may become irritated, reducing its protective capability and allowing microbes to enter and cause infection.A bedsore

is an ulcerative-necrotic damage to the skin that develops due to impaired blood circulation in an area of the body that is under constant pressure. Bedsores often occur in severely ill patients who are forced to lie on their backs for a long time. The most common site for bedsores is the sacrum. They can also appear on the shoulder blades, heels, neck, elbows, hips, and areas where soft tissues are compressed between bones and the bed for prolonged periods. Pressure on these areas decreases blood circulation and leads to insufficient blood supply to the tissues.Factors contributing to bedsores include extreme thinness, weakened heart function, impaired blood circulation, diseases of the central nervous system (such as traumatic spinal cord injury), and diabetes. Bedsores caused by central nervous system diseases develop rapidly, often within a few hours of the illness onset, while those in diabetic patients progress slowly and are difficult to treat. Bedsores often develop gradually without the patient's awareness. They can be dry (mummified) or become infected and purulent. Initially, the skin turns red, then blisters filled with pus appear. If treated, they burst, exposing the underlying dermis, which becomes increasingly discolored and necrotic. The dead tissue eventually sloughs off, often revealing the bone underneath. Rapid progression of bedsores in debilitated patients can lead to blood infection and sometimes death. If a patient with multiple bedsores is admitted, local and general treatments prescribed by a doctor are required.

Certain conditions in elderly patients facilitate the development of bedsores:

- Inability to move normally due to vascular diseases.

- Prolonged bed rest required by surgery, for example.

- Excessive drowsiness, reducing the likelihood of changing positions or asking for help.

- Loss of sensation due to nerve damage, preventing discomfort or pain that prompts position changes.

- Inability to perceive or communicate discomfort or pain due to dementia.

- Impaired wound healing capacity due to conditions like diabetes, peripheral artery disease, or venous insufficiency.

Principles of treating bedsores:

1. Relieve pressure on the affected area to allow blood flow to the sore. Bedsores develop from pressure, so reducing pressure can restore circulation and aid in healing through granulation and epithelialization.

2. Remove necrotic tissue surgically or use medications that accelerate self-debridement.

3. Clean the wound and create conditions conducive to healing. This can be done using alginates in powder or pad form to fill the wound, and hydrocolloid dressings to clean and cover it. Various healing ointments and gels can be used.

4. When blisters form, apply a solution of brilliant green in alcohol, followed by a dry dressing. Once necrosis is demarcated, remove necrotic tissue and cover the wound with a sterile cloth soaked in a 1% potassium permanganate solution. Change the dressing 2–3 times a day. As the wound heals, switch to dressings with Vishnevsky ointment, a mixture of Peruvian and cottonseed oil, sintomycin emulsion, and other ointments.

5. The presence of bedsores in hospitalized patients indicates poor care.

In conclusion, dressings are used in treating bedsores. Use bandages or adhesive tapes to secure the dressings. However, removing adhesive tapes can tear the upper layer of skin cells, causing new wounds. To prevent such complications, use paper-based tapes, which allow the skin to breathe and cause less damage when removed.

Do not apply the tape too tightly to avoid creating small skin folds. Remember that as the patient's condition changes, soft tissues may shift and stretch, leading to unwanted skin folds. With timely treatment, early-stage bedsores can heal successfully, but full recovery usually takes several weeks. After six months of treatment, over 70% of stage II, 50% of stage III, and 30% of stage IV bedsores can be healed.

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