



Preventing Bed Sores — What Families Can Do

Patient and family leaflet, for the hospital and for home. Pressure, moisture, nutrition, movement — and the first sign to watch for

What a bed sore is

A pressure injury — bed sore, pressure ulcer — is damage to the skin and the tissue under it from lying or sitting in one position too long. It starts as a red mark over a bone — the tailbone, the heels, the hips — and can become a deep wound in days. It is painful, it takes months to heal, and it is almost always preventable.

Who is at risk

Anyone who cannot move easily: after surgery, in a plaster, very ill, very old, very thin or very overweight, incontinent, not eating well, with diabetes or poor circulation.

Four things that prevent it

	What to do
Move	Change position at least every 2 hours in bed, every hour in a chair. Even a small shift helps. Ask the nurse to show you how to turn safely.
Keep dry	Change wet clothing and sheets at once. Pat skin dry; do not rub. Use a barrier cream if the nurse advises.
Eat and drink	Protein, fruit, vegetables and enough fluid. Tell the nurse if the patient is not eating.
Check	Look at the tailbone, heels, hips, elbows and shoulders morning and evening. Press a red area: if it does not turn white and pink again, tell the nurse today.

At home

- Ask before discharge: which mattress or cushion, how often to turn, what to check, whom to call.
- Keep heels off the bed with a pillow under the calves.
- A red mark that does not fade in 30 minutes is a reason to call the clinic the same day.

You are part of the team. Family who help turn, check and feed prevent more bed sores than any mattress. Ask the nurse to show you; ask again if you are unsure.

ASF standards: Standard 2 — patient information; Standard 6 — aftercare and discharge