

Jonathan Rosenfeld's Nursing Homes Abuse Blog

6 Most Common Causes Of Bed Sores & How Caregivers Can Help

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Next week attorney [David Terry](#) and I will be exchanging blog-posts on perhaps the most common-- yet under-appreciated medical condition effecting patients in nursing homes and hospital-- [Bed Sores](#).

Used interchangeably with the terms: pressure sore, pressure ulcer or decubitus ulcer, most people have little appreciation of the real devastation that bed sores cause until they see one first hand. Few medical conditions are as graphically disturbing as an advanced bed sore on a human being.

To assist medical professionals in the assessment and treatment of wounds, a standardized 'staging system' has been developed.

- **Stage 1-** Initially, a pressure sore appears as a persistent area of red skin that may itch or hurt and feel warm and spongy or firm to the touch. In blacks, Hispanics and other people with darker skin, the mark may appear to have a blue or purple cast, or look flaky or ashen. Stage I wounds are superficial and go away shortly after the pressure is relieved.
- **Stage 2-** At this point, some skin loss has already occurred — either in the epidermis, the outermost layer of skin, in the dermis, the skin's deeper layer, or in both. The wound is now an open sore that looks like a blister or an abrasion, and the surrounding tissues may show red or purple discoloration. If treated promptly, stage II sores usually heal fairly quickly.
- **Stage 3-** By the time a pressure ulcer reaches this stage, it has extended through all the skin layers down to the muscle, damaging or destroying the affected tissue and creating a deep, crater-like wound.

Jonathan Rosenfeld represents victims of nursing home abuse and neglect throughout the country. For more information please visit Nursing Homes Abuse Blog (www.nursinghomesabuseblog.com), Bed Sore FAQ (www.bedsorefaq.com) or call Jonathan directly at (888) 424-5757.

- **Stage 4-** In the most serious and advanced stage, a large-scale loss of skin occurs, along with damage to muscle, bone, and even supporting structures such as tendons and joints. Stage IV wounds are extremely difficult to heal and can lead to lethal infections. If you use a wheelchair, you're most likely to develop a pressure sore on: Your tailbone or buttocks Your shoulder blades and spine The backs of your arms and legs where they rest against the chair When you're bed-bound, pressure sores can occur in any of these areas: The back or sides of your head The rims of your ears Your shoulders or shoulder blades Your hip bones, lower back or tailbone The backs or sides of your knees, heels, ankles and toes.
- **Unstageable-** Is a term that generally refers to an extremely advanced wound where there is involvement of skin, muscle and bone.

Though commonly associated with the elderly, a bed sore can develop in patients of any age who are not properly cared for. Put simply, bed sores are not a normal part of the aging process nor are they an inevitable part of life for patients in a long-term care setting.

Unlike many medical conditions that benefit from technological advances with respect to their prevention, bed sore prevention is low-tech and labor-intensive.

To minimize the development of bed sores, medical facility staff must pay attention to patient needs, utilize patience when caring for the patient and remain diligent when implementing care. David and I will focus our attention on the most common contributing factors to the development of bed sores:

- [Dehydration](#)
- [Nutrition](#)
- [Lack of pressure relieving devices](#)
- [Turning and repositioning of patients](#)
- [Contractures](#)
- [Incontinence / cleanliness](#)

I look forward to this exchange and particularly to David's insights on these topics. Follow our exchange on my [Nursing Homes Abuse Blog](#) or on David's [Terry Law Firm Nursing Home Abuse Blog](#).

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