

Bed Sore FAQs

QUESTIONS & ANSWERS FROM A NURSING HOME LAWYER

What are the causes of bed sores?

Bed sores are the result of unrelieved pressure on the body. Constant pressure results in the reduction of blood supply to the muscle and tissue—eventually causing the tissue to die.

Frequently, bed sores are found in nursing home and hospital patients who are kept in one position for too long without being turned or repositioned.

In addition to unrelieved pressure, other factors can contribute to the development of bed sores (or decubitus ulcers, pressure ulcer or pressure sores). Facilities need to pay special attention to people in the following demographics who are at a heightened risk of developing bed sores.

Aggravating Factors:

Age: If you are over 70, you are at an increased risk for development of bedsores. Older adults tend to have thinner skin than their younger peers, making them more susceptible to damage from minor pressure. Older people also more likely to be underweight and have less natural cushioning over their bones. Even with optimum nutrition and good overall health, wounds tend to heal slower as you age, because the repair rate of your cells declines.

Living In A Nursing Home: In general, nursing home residents have higher rates of bedsores than do people who are hospitalized or cared for at home, in part because nursing home residents may be especially frail or immobilized.

Another reason why nursing home patients tend to develop bed sores more frequently, is because some facilities are under-staffed. One of the most important steps to prevent bed sores is to rotate patients on a regular schedule. Patients at facilities that are under-staffed may simply be left unattended for long periods.

Lack of Pain Perception: Loss of sensation is usually due to spinal cord injuries or disease. An inability to feel pain means you're not aware when you're uncomfortable and need to change your position or that a bedsore is forming.

You Are Skinny: You often lose weight when you're sick or hospitalized, and muscle atrophy and wasting are common in people living with paralysis. In either case, you lose fat and muscle that help cushion your bones. Some experts say the best way to prevent skin breakdown is to have at least 2 inches of muscle over bony areas.

Malnutrition: You're more likely to develop pressure sores if you have a poor diet, especially one deficient in protein, zinc and vitamin C. You're also more likely to have recurrent pressure sores, more severe infections and slower healing wounds than are people with healthier diets.

Urinary or fecal incontinence: Problems with bladder control can greatly increase your risk of pressure sores because your skin stays moist, making it more likely to break down. The caustic nature of urine and feces also contributes to the rate of skin breakdown. When incontinent patients are left in their own feces, bacteria can enter the wounds causing serious local infections and life-threatening systemic complications such as [sepsis](#), [gangrene](#) and, [necrotizing fasciitis](#), a severe and rapidly spreading infection.

Diabetes: Because certain health problems such as diabetes and vascular disease affect circulation, parts of your body may not receive adequate blood flow, increasing your risk of tissue damage. And if you have muscle spasms (spastic paralysis) or contracted joints, you're subject to repeated trauma from friction and shear forces.

Smoking: Smokers have a higher incidence of pressure sores than nonsmokers do. They also tend to develop more severe wounds and to heal more slowly, mainly because nicotine impairs circulation and reduces the amount of oxygen in your blood. The risk increases with the number of years and cigarettes smoked.

Staff in nursing homes and hospitals must be vigilant to monitor all patients (irrespective of age or contributing factors) on a daily basis to prevent bedsore development. Further, staff need to be trained to identify bedsores at their early stages to prevent them from advancing.