

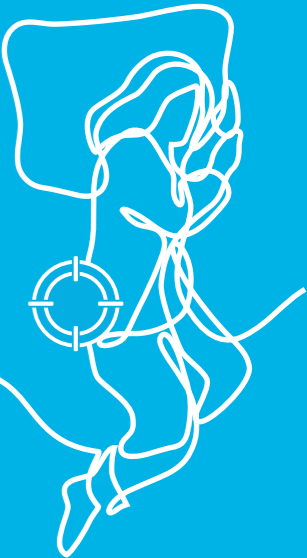


MYTH

Pressure ulcers are not caused
by medical devices or casts

TRUTH

Pain experienced over a bony
prominence, under a cast or
medical device is an early
indicator of pressure ulcer
development in individuals
with full sensation

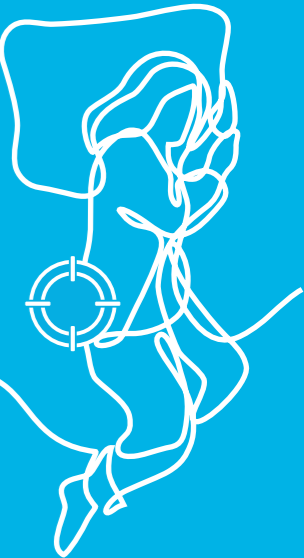


MYTH

A mattress / cushion alone can prevent pressure damage

TRUTH

Support surfaces are one element of prevention of pressure damage used in conjunction with repositioning, aids for manual handling procedures, heel and feet off-loading, early detection through skin inspection

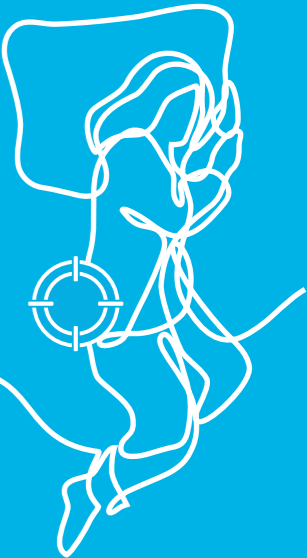


MYTH

Alternating pressure mattresses completely offload pressure

TRUTH

Alternating pressure provides reperfusion to the skin by alternating of air cells within the support surface on a controlled cycle, the direct pressure is redistributed not completely removed

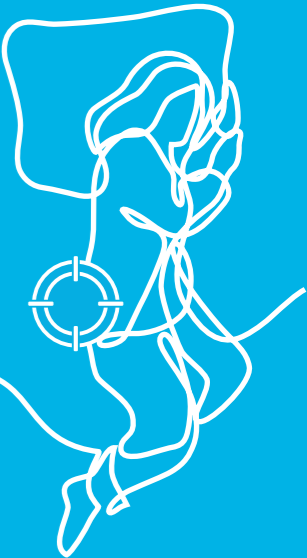


MYTH

To be effective, the service user should be manually repositioned to ensure complete alternation between side, back and side

TRUTH

Repositioning individuals by tilting 30-degrees to alternate sides is beneficial. Mechanical devices that provide tilt and turn on beds are available



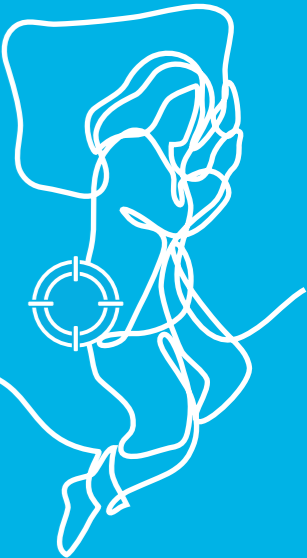


MYTH

A service user who has a pressure ulcer is not at risk of developing another on their body

TRUTH

Someone that has developed a pressure ulcer in one area is more likely to develop another area of damage

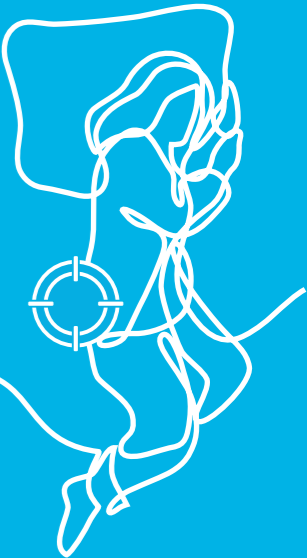


MYTH

All immobile people represent the same risk of developing a pressure ulcer

TRUTH

Immobility is one risk factor to developing a pressure ulcer; there are other risk factors, which also contribute to individual vulnerability e.g. nutrition, hydration, general health status, extremes of age and continence



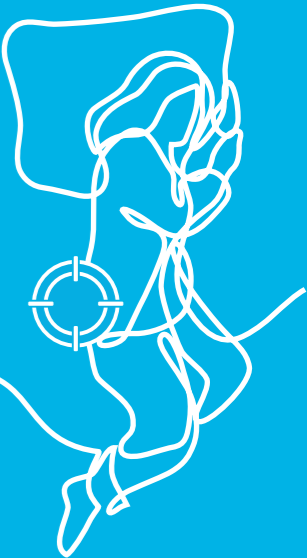


MYTH

Implementing pressure ulcer prevention strategies is a nursing metric and the sole responsibility of nursing staff

TRUTH

Pressure ulcer earlier identification of increased risk and prevention strategies are the responsibility of all representatives of health and social care services that come into contact with a service user

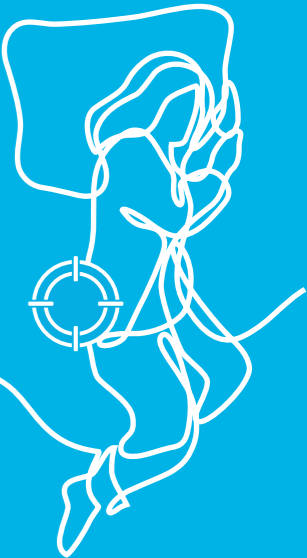


MYTH

Risk assessment should be reassessed routinely

TRUTH

Risk assessment must be reassessed following any change in an individual's condition or any critical event that influences the risk of pressure ulcer development. This can include the exacerbation of a chronic condition or onset of an acute condition, including changes in mental health





MYTH

Vulnerable individuals, families and caregivers are not expected to self-care or provide pressure ulcer prevention strategies

TRUTH

Self-care and/or caregiver engagement is key to the prevention of pressure ulcers



MYTH

Adding a pressure-relieving cushion to a day chair reduces the risk of pressure ulcer development

TRUTH

Relieving pressure involves off-loading from the weight-bearing surface. This can be achieved by standing or mobilising at regular intervals, movement within the chair, chair-based exercise or by providing aids that enable a completely dependent individual to offload the pressure

