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Pressure Sores: Inevitable or against the law?

Posted on August 8th, 2011 by Jonathan Rosenfeld in [Field of Aging \(http://www.thechicagobridge.org/category/field-of-aging/\)](http://www.thechicagobridge.org/category/field-of-aging/)



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The nitty gritty

Though hardly a topic for breakfast conversation, [pressure sores \(http://www.mayoclinic.com/health/bedsores/DS00570\)](http://www.mayoclinic.com/health/bedsores/DS00570) (or otherwise referred to as bed sores, pressure ulcers or decubitus ulcers) are generally the culmination of two factors, prolonged time when unrelieved pressure is applied to bony parts of the body (buttocks, tailbone, hips, and heels) and extended time when human waste is left in contact with the skin. These are two factors known to put patients— and particularly immobile patients— at a heightened risk for developing [pressure sores \(http://www.nlm.nih.gov/medlineplus/ency/article/007071.htm\)](http://www.nlm.nih.gov/medlineplus/ency/article/007071.htm).

When a patient is left in one position for extended periods, the blood flow becomes restricted to healthy tissues and the area slowly begins to decay. When contact with urine and feces is involved the process is accelerated as the caustic nature of the waste products. The culmination of pressure and caustic agents encourages skin breakdown and an open wound may form.

Once pressure sore develops, the individual may immediately be faced with pain and embarrassment. Though perhaps more concerning is the fact that an advanced pressure sore may contribute to serious medical problems such as osteomyelitis, an infection in the surrounding bones, or a systemic infection known as sepsis. In drastic circumstances, pressure sores can indeed be fatal.

A duty prevent pressure sores

Though we really don't hear much about it, [nursing homes \(http://www.thechicagobridge.org/the-illegal-use-of-chemical-restraints-in-illinois-nursing-homes/\)](http://www.thechicagobridge.org/the-illegal-use-of-chemical-restraints-in-illinois-nursing-homes/) are some of the most closely regulated facilities around. By accepting governmental funding, nursing homes are forced to comply with a lengthy list of government-imposed regulations— some of which squarely address the prevention of pressure sores.

The burden to prevent pressure sores unequivocally puts the responsibility on the part of nursing homes to prevent the development of the wound. Government regulations state that:

Based on the comprehensive assessment of a resident, the facility must ensure that:"

(1) A resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and

(2) A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. **[See F-Tag 314 (codified as 42 C.F.R. 483.25(c)) (http://www.cms.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf)]**

An emblem of neglect?

Given the **clear-cut governmental guidelines** (<http://www.medicare.gov/Nursing/Overview.asp>) to prevent pressure sores, nursing homes (and medical facilities of other types) need to create and adhere to a pressure sores prevention plan for each patient. The most common types of preventative measures include:

- Repositioning patients at regular intervals
- Ensuring patients remain clean and dry
- Encouraging patients to eat healthy diets and consume adequate fluids
- Use pressure relieving devices: such as mattresses or cushions with patients who are at a heightened risk for developing pressure sores

The above safeguards have been well known by the medical community for decades. However despite the universal acceptance of pressure sore safeguards, today it is estimated that many nursing home patients are more likely to develop pressure sores during their admission today than they were **ten years ago** (<http://www.ahrq.gov/news/nn/nn041806.htm>).

The reason for the up tick in pressure sore prevalence is likely multifaceted, but a leading factor is believed to be related to understaffing and inadequate training of staff regarding pressure sore prevention. As some facilities look for ways to improve their profitability, some have looked to reduce their largest fixed cost—labor. When staffing levels are reduced, there may not be sufficient staff to tend to the needs of patients— and some of the preventative measures may get ignored or compromised.

An ounce of prevention goes a long way

As family members and patient advocates it is important to acknowledge that pressure sores are a serious problem that can quickly put our loved ones well being at risk for a long and painful injury. As the saying goes, an ounce of prevention is worth more than a pound of cure—particularly when dealing with an older adult or frail person.

While we hope for advancements in the medical community regarding solutions for this ongoing problem, there is some good news for families. In many situations, simple preventative measures that can greatly improve the quality of life of a person during an admission to a medical facility.

Family members wish to:

- Ask family members if they are in pain when they visit
- Look for early signs of pressure sore—redness
- Make sure fluids are within reach
- Ask staff about pressure sore preventative measures

****Thank you to the editor, Emily Langendorf, and to [ulrichkarljo](http://www.flickr.com/photos/30963112@N02/4083387445/sizes/m/in/photostream/) (<http://www.flickr.com/photos/30963112@N02/4083387445/sizes/m/in/photostream/>) for the photo.*

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This post was written by:

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families in nursing home negligence and medical malpractice cases. Jonathan's successful prosecution of personal injury cases has not only earned him national recognition, but perhaps more importantly--- caused medical facilities to re-evaluate how they operate and do business. In addition to being the managing attorney at Rosenfeld Injury Lawyers, Jonathan enjoys spending time with his family, swimming, and remaining active with childrens' charities.

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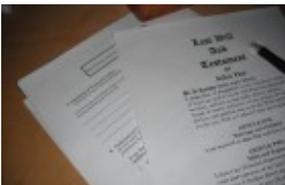
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