
PRESSURE ULCER/INJURY RECURRENCE

FAQ ON SKIN ASSESSMENT



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Frequently asked questions (FAQ) on skin assessment for prevention of pressure injuries/ulcers

1. How do I know if I'm at risk for pressure injuries/pressure ulcers?

If you have SCI, you're at higher risk for pressure injuries/pressure ulcers due to loss of sensation and limited mobility. Areas like your heels, sacrum, hips, elbows, and buttocks are particularly vulnerable. Regularly checking these areas for early signs of skin damage is crucial.

2. What are the early signs of a pressure ulcer?

The earliest signs of a pressure ulcer include redness, warmth, discoloration, or changes in skin texture, particularly in high-risk areas. If the redness persists after 20–30 minutes of pressure relief, it may indicate the early stages of a pressure ulcer, requiring immediate attention.

3. How can I check areas I can't see easily?

Using a long-handled mirror or taking photographs with your phone can help you inspect hard-to-reach areas like your sacrum, heels, or buttocks. To better detect early changes, regularly touch the area to become familiar with how your skin normally feels. Be alert for any signs of firmness, swelling, or other texture changes, as these can indicate early pressure damage. If you have difficulty seeing or feeling these areas, ask a caregiver or family member to assist with regular checks.

4. What should be the normal frequency of skin inspection in areas that I can't see easily and are difficult to see?

Check your skin at least once a day, especially in areas that experience a lot of pressure throughout the day. Ideally, do this in the morning and again in the evening during hygiene routines. If you're following other preventive steps like using cushions, relieving pressure, and keeping your skin cared for, checking twice a day should be enough. However, if you notice any skin damage, you may need to check more frequently.

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5. What should I do if I notice any changes in my skin?

If you notice redness, swelling, blisters, or broken skin, it's important to act immediately. Relieve pressure on the affected area and seek advice from a healthcare provider, as early intervention can prevent further damage.

Additionally, after periods of bedrest, it's common to feel "stuck" when transitioning back to sitting or daily activities. To help with this, gradually ease into movement by shifting positions slowly, using supportive cushions, and checking your skin before resuming extended sitting. Simple self-care strategies, like gentle stretching, adjusting posture regularly, and using pressure-relief techniques, can help prevent further strain. If needed, consult a specialist for personalised advice on making these transitions smoother.

Topical skincare should focus on maintaining the skin's natural balance - keeping it soft and supple without becoming too dry or overly moist. It is recommended to use specialised creams, as advised by healthcare professionals. For individuals experiencing incontinence (urine or stool leakage), combining these creams with highly absorbent products can help protect the skin and manage moisture effectively.

6. How can I tell if a pressure ulcer is getting worse?

If the skin changes from redness to blistering, open wounds, or deeper wounds exposing fat tissue, it may indicate that the ulcer is worsening. Additionally, if the affected area increases in size or the surrounding skin becomes discoloured, this could be a sign of ongoing pressure damage. Signs of infection—such as foul-smelling discharge, increased swelling, or warmth—also require immediate attention from a healthcare provider.

7. When should I see a healthcare provider for my skin?

You should seek medical help if you notice any of the following:

- Redness / discolouration or skin changes that don't go away after repositioning (local signs of possible infection)
- A wound or blister that worsens or doesn't heal
- Increased pain, drainage, or a bad smell from a wound
- Signs of systemic infection like fever, chills, or confusion.