

# REACT TO RED

It can take just 20 minutes for the depth of tissue under the skin from excess pressure or shear to rapidly deteriorate.

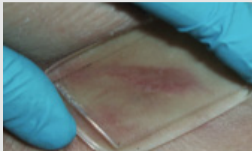
## BLANCHING ERYTHEMA:

Area of redness that disappears on applied pressure.



## NON-BLANCHING ERYTHEMA:

Area of redness that does not disappear under applied pressure.



## REMEMBER!

FOR NON-BLANCHING AREAS **OFFLOAD AND ALERT!**

Alert a health care professional immediately



Ensure the person eats and drinks



Offload to remove pressure



Check the area regularly



Keep the area clean and dry



Ask a health care professional for advice



## NOTE:

Darkly pigmented skin does not blanch. Signs to look for in early tissue damage include purple discolouration, skin feeling too warm or cold, numbness, swelling, hardness or pain.

# WE NEED YOU...

to be **aSSKINg** the right questions!



#stopthepressure

## REMEMBER:

Don't call pressure injuries 'bed sores'. Call them pressure ulcers as they do not always happen in bed and are not always sore.

# Preventing pressure areas

## Information leaflet

If you have any pressure concerns please contact your GP or visit NHS 24.

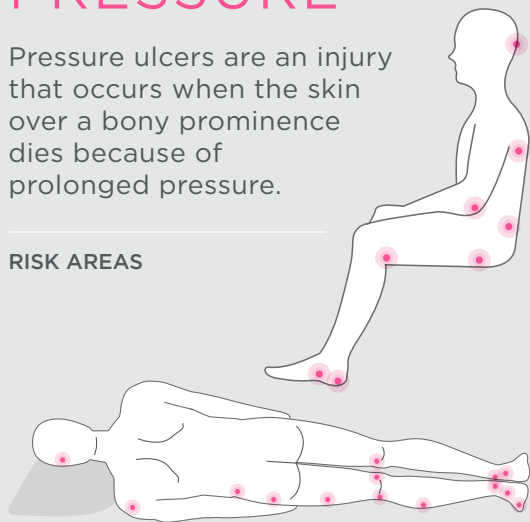
Connect with us at <https://www.wihb.scot.nhs.uk>

Produced by NHS Western Isles Tissue Viability Service & Podiatry Department in partnership with OSKA.

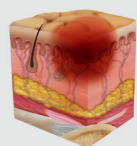
# STOP THE PRESSURE

Pressure ulcers are an injury that occurs when the skin over a bony prominence dies because of prolonged pressure.

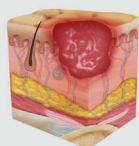
## RISK AREAS



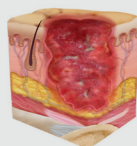
## PRESSURE ULCER CATEGORIES



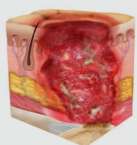
Category 1



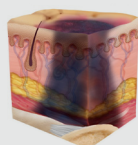
Category 2



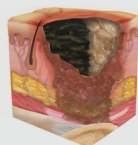
Category 3



Category 4



Deep Tissue Injury



Ungradable Injury

# CPR FOR THE FEET

## C

CHECK



### CHECK BOTH FEET:

- Are there any breaks in the skin/areas of discolouration?
- Are there any ulcers present?
- Is neuropathy present?
- Is action required?

## P

PROTECT



### PROTECT FEET IF:

- Pressure damage/ulcer present
- or at risk due to:
  - Neuropathy
  - Previous ulcer/pressure damage or amputation
  - Bed bound or fragile skin

## R

REFER



### REFER:

All patients with a foot ulcer/pressure damage or other major concern to the podiatry department or Tissue Viability services for treatment and reassessment of pressure relief requirements.

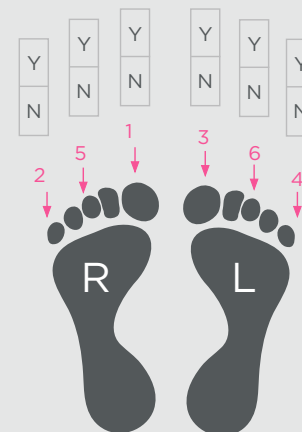
# TOUCH THE TOES TEST

The Touch the toes test\* is quick and easy, designed to assess sensitivity in your feet, and can be done in the comfort of your own home.

\*Officially known as the Ipswich Touch Test which was designed by Gerry Rayman and the team at Ipswich Hospital

Using the index finger, touch the tips of toes following the sequence from 1 to 6 shown opposite. The touch must be light as a feather, and very brief (1-2 seconds): DO NOT press, prod or poke.

Remember: If the touch has not been felt do not press harder, and DO NOT try again. You can only touch each toe ONCE; if not felt this must be recorded by circling 'N' on the diagram.



**There is no second chance.**

If the subject correctly says right or left, circle 'Y'

## NOTE:

If neuropathy score has 2 or more negative responses apply HIGH RISK CARE. The patient is at risk of pressure damage.

ALL patients with diabetes/on dialysis should have their feet examined and their pressure relief needs assessed daily.

C Check  
P Protect  
R Refer

Podiatry Service:  
01851 708285