

## 褥瘡照顧

### Bed sore Care

何謂褥瘡？

**What are bedsores?**

壓瘡乃因身體局部承受外在持續的壓力，使得該區的動脈血流供應受阻，若壓力持續六小時以上，組織就會壞死。壓瘡亦會因潮濕或衣褲不平整及不當的剪力皆會造成。



Bedsores are injuries to the skin and tissue caused by sustained pressure, where arterial blood supply of the very sensitive areas is blocked. If the pressure continues for more than six hours, it may lead to tissue damage and dead skin cell. Bedsores also can be caused by moisture, uneven underclothes, or improper shearing force.

**壓瘡分級： Bed sore grades:**

第一級：受壓部位皮膚發紅，但未破皮。

Grade 1: Skin of the pressure areas is permanently red but is not broken at all.

第二級：受壓部位皮膚有破皮且傷及皮膚。

Grade 2: Partial-thickness skin loss of the pressure areas involving damage of the skin.

第三級：受壓部位皮膚傷及真皮層。

Grade 3: Full thickness skin loss of the pressure areas involving damage of skin.

第四級：受壓部位皮膚傷及肌肉層或骨骼。

Grade 4: Full thickness skin loss of the pressure areas involving damage of the muscular layer, or bones and skeleton.

**避免剪力：**

**Avoid shearing force:**

1. 無法自行移動的病患，若在床上採取半坐臥，應在膝蓋下放一個枕頭，以免病患向下滑產生剪力。

If the patient is unable to move on his/her own, a pillow should be placed beneath the

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knees if the patient is in a semi-lying position on the bed to avoid the shearing force when the patient is slipping down.

2. 想要上下或左右移動病患時，避免拖拉病患，要以床單輔助來移動。

When the caregiver wants to move the patient up and down as well as to the left or to the right, dragging the patient should be avoided. The caregiver should use the bed sheet to help move the patient.

3. 將枕頭置於腳和垂足板之間，以防病患向下滑。

A pillow should be placed between the feet and the foot pedal to prevent the patient from slipping down.

**壓瘡的高危險群： High risk groups of bedsores:**

營養不良、貧血、水腫、抽菸、高齡者、意識不清、無法自行翻身、糖尿病、大小便失禁者，皆屬於壓瘡的高危險群。

Dystrophy, anemia, edema, smoking, the elderly, unconsciousness, unable to roll over on their own, diabetes, and incontinence all belong to high risk groups of bedsores.

**褥瘡傷口的照顧： Bed sore wound care:**

1. 密切觀察被看護人皮膚情形並做紀錄：特別是傷口的大小、顏色、與滲出物的情形。傷口的長寬可以用透明紙比對，劃上傷口大小記號，再做長寬測量，亦可以將滲出物的顏色、量做紀錄。例如清水、漿液、膿液、血液...等。

Closely watch skin conditions of the patient and make records: Particularly the wound size, color and exudation. Length and width of the wound can be compared using the transparent paper by drawing marks of the wound size to measure length and width of the wound. Color and amount of the exudation also can be recorded, such as clean water, seriflux, pus, blood, etc.

2. 接觸被看護人皮膚前的防護：為被看護人施行身體照顧或更換床單、衣物前後，皆須徹底洗手。若可能會觸及傷口的體液或血液，應戴手套。皮膚病變處不可使用肥皂、乳液；病變處的痂皮也不可擅加剝除。

Protection before touching the skin of the patient or ward: The caregiver must thoroughly wash hands before and after performing physical care or changing bed linen and clothing. If there is any possibility of touching fluid or blood of the wound, the caregiver should wear gloves. Soap or lotion must not be applied to the skin

lesion area. Crust of skin lesion area must not be stripped off arbitrarily.

### 3. 促進皮膚對壓力及損傷的耐受力：

Promote tolerance against pressure and damage to the skin:

(1) 均衡營養可預防壓瘡及促進壓瘡傷口的癒合，因此需留意被看護人的進食情形，必要時給予補充營養。

Balanced nutrition can prevent bedsores and promote healing of bedsore wounds. Therefore, the caregiver should pay attention to eating conditions, and supplement nutrition when necessary.

(2) 保持皮膚的清潔乾爽，必要時塗擦乳液、油膏，用按摩的方式避免皮膚乾裂。

Keep the skin clean and dry; apply lotion or ointment to the skin when necessary; massage the lotion or ointment to the skin to avoid skin dryness.

(3) 若為大小便失禁者，應特別留意其皮膚清潔，以阻斷尿液糞便對皮膚的刺激，必要時可在排便後，塗擦凡士林於肛門周圍的皮膚。

If the person being cared for is a patient of uncontrollable urination or defecation, the caregiver should pay special attention to the cleanliness of the skin to block skin irritation caused by urine and bowel movement. Vaseline can be applied to the skin around the anus after defecation when necessary.

(4) 對於未受壓發紅的皮膚，可藉按摩來促進皮膚的血液循環，詳細按摩步驟可請教專業護理人員。

Massage can promote blood circulation of the skin, so it can be applied to the redness of the unpressurized skin. The skin blood circulation can be promoted by means of massage. You may consult professional nursing personnel for detailed massage steps.

4. 使用適當的輔具，例如：氣墊床或坐墊，可以減輕皮膚受壓；不要使用氣圈，因其反而阻礙該部位的血液循環。

Use appropriate assistive devices, such as air beds or air cushions, which can relieve pressure on the skin; do not use an air sphere, because it will stop the blood circulation of the pressure area.

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參考資料：

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