

What are the complications?

Complications can develop when pressure sores do not heal properly. Infection may develop in the skin (**cellulitis**), in deeper tissues and muscle, and in the bone (**osteomyelitis**). Blood can also become infected (**sepsis**), as can the lining of the heart (**endocarditis**) and the fluid that surrounds the brain and spine (**meningitis**). Pain and inflammation of a joint (septic arthritis) may also develop as a result of severe pressure sores near joints.

What is Sepsis?

Alternative names: Septicemia, Systemic inflammatory response syndrome (SIRS)

Sepsis is the 11th leading cause of death overall (in the U.S.). The death rate can be as high as 60% for people with sepsis that have underlying medical problems, and includes more than 750,000 cases of sepsis every year in the U.S. and 215,000 of the sepsis afflicted die even with intensive medical care. Sepsis is defined as a serious, severe illness caused by infection of the bloodstream. Sepsis is a chain of events that involves abnormal inflammation and clotting, and sepsis can lead to major organ failure and death. The sepsis illness is a result of toxins produced by bacteria and the body's response to the toxins. Resulting from a bacterial infection, sepsis can originate anywhere in the body. Common sepsis sites are kidneys, liver or gall bladder, bowel, skin, and lungs.

Nursing homes have a high report of sepsis that is the result of bedsores. Sepsis infections are confirmed when a positive blood culture has been taken. An individual's blood pressure will drop when sepsis is present that results in shock. This response to sepsis causes major organ systems to stop functioning normally. Early signs of sepsis are a change in mental status or hyperventilation. Many cases of sepsis are life threatening. People with an already weakened immune system or other health complication have an increased risk for fatal sepsis results.

Overview and considerations: While it is more common for people to get pressure ulcers if they spend most of their time in bed or use a wheelchair, people who can walk can also get pressure ulcers when they are bedridden as a result of an acute illness or injury.

Diagnosis

In most cases, a doctor or nurse can make the diagnosis simply by examining the patient's skin. Special diagnostic tests are usually unnecessary unless there are symptoms of infection.

If a patient with bedsores does develop symptoms of infection, then a doctor may order diagnostic tests to determine whether the infection has invaded the soft tissues, bones, bloodstream or some other site. These tests may include a complete blood count, a culture of the infected bed sore, blood cultures to rule out sepsis, and bone X-rays to look for evidence of osteomyelitis.

If you are caring for a family member who is confined to a bed or wheelchair, your doctor or home-care nurse will guide you in identifying the earliest signs of bedsores. He or she will show you which areas of skin are particularly vulnerable and will explain what to look for. Once you have learned to recognize the earliest signs of skin damage, you can take steps to prevent areas of redness from progressing to full-blown ulcers.