



## 壓瘡傷口的居家照顧

### Home Care for Wounds from Pressure Ulcer

一、目的：維持傷口清潔乾燥，減少對傷口壓迫及刺激，避免壓瘡傷口進一步惡化、感染，造成合併症，促進傷口癒合。

**A. Purpose:** Keep the wound clean and dry, reducing compression and irritation on the wound, avoiding further aggravation or infection of the wounds from pressure ulcer resulting in complications, facilitating wound healing.

### 二、傷口處理方法

#### B. Approach for wound management

(一)每日觀察評估並紀錄傷口外觀、範圍大小、深度、顏色、味道、是否有異常分泌物等。

(A) Daily observation, assessment and record on the wound for its appearance, range in size, depth, color, smell, whether or not exhibiting any abnormal secretion, etc.

(二)傷口清潔步驟：

(B) Procedure for wound cleaning:

1.分別以乾淨的棉棒依順序由傷口中央往外進行環形擦拭：生理食鹽水→優碘→生理食鹽水。

1. Annularly wipe the wounds with clean cotton swabs in a sequential order respectively from the center outwards: normal saline→Povidone-iodine→normal saline.

2.清洗範圍須大於傷口基部半徑五公分以上，不可來回擦拭，將傷口之分泌物清除，直到清潔為止。

2. Cleaning area should be 5 cm more than basal radius of the wound, wiping back and forth is not allowed; removing secretions from the wound until completely cleaned.

(三)同清潔傷口方式，採環形方式在傷口擦上醫生開立的藥物。

(C) With the same manner as wound cleaning, annularly apply the prescribed drug by the physician on the wound.

(四)以消毒過的紗布覆蓋，並以紙膠固定。

(D) Cover with sterile gauze and fix with paper masking tape.

(五)平時若紗布滲濕，應隨時立即更換。

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(E) Any gauze dressing got wet should be replaced immediately.

(六)可配合使用親水性敷料、薄膜敷料等粘貼於皮膚發紅處。

(F) Hydrophilic dressings and film dressings may also be applied to the reddish sites of skin.

### 三、注意事項

#### C. Precautions

(一)傷口清潔前、後應立即洗手。

(A) Be sure to wash hands before and after wound cleaning.

(二)棉棒擦拭過一次後即予丟棄，不可反覆使用，以免造成傷口感染。

(B) To avoid wound infection, any used cotton swabs should be disposed, no repeated use allowed.

(三)勿隨便塗用不明藥物，以免傷口惡化。

(C) To prevent aggravation of the wound, do not voluntarily apply any medications other than the prescription.

(四)壓瘡傷口過深，或已有發黑、異味之膿性分泌物時，應立即就醫！

(D) Immediately seek medical attention in case of deeper wound from pressure ulcer or any presence of blackened and peculiar-smell purulent secretion!

### 四、壓瘡的預防方法

#### D. Prevention of pressure ulcer

(一)以中性肥皂和清水協助病人基本身體清潔，保持皮膚清潔乾燥，尤其是身體皺摺處更需每天清洗，並檢查全身皮膚有沒有發紅破皮現象發生。

(A) Help the patient to basically clean the body with neutral soap and clear water to keep the skin clean and dry, especially cleaning body folds every day, examining whether or not any reddish or cracked skin all over.

(二)臥床不動病人應至少1~2小時協助其翻身，避免臥向患側，皮膚可抹水性乳液，並按摩易受壓或發紅部位，但不要使用在皮膚有破損的部位。

(B) Assist the bedridden patient to turn over at least every 1 to 2 hours, avoiding to lie on the affected side, applying water-soluble lotion on the skin and massaging the sites liable to pressure or redness, but never apply to the sites with damaged skin.

(三)床單、衣物應保持平整、乾爽，以免皺摺形成壓力點。

(C) Keep the sheet and clothes neat and dry, avoiding any compressed site due to

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folds.

(四)大小便失禁病人應隨時協助清理，保持會陰部乾燥，儘量少使用紙尿褲，因易造成局部透氣不良，使皮膚過度浸潤。

(D) Assist to clean the patient with fecal and urinary incontinence at any time, keeping the perineum dry, using disposable diapers as less as possible to avoid locally insufficient ventilation resulting in excess infiltration over the skin.

(五)床墊應平坦勿過硬，可使用減低壓力的床墊和椅墊，如氣墊床、水床、泡綿墊、水墊或空氣墊，可使壓力分布較平均。但局部的壓力仍可能造成壓瘡，所以不要因使用墊子而忽略了間歇減壓的重要性。

(E) Use a flat mattress with appropriate hardness, preferably using pressure-reducing mattresses or chair cushions such as air bed, water bed, foam cushion, water cushion or air cushion which may evenly distribute the pressure. Nevertheless, local pressure may still result in pressure ulcer, do not neglect the importance of intermittent pressure relief while using the cushions.

(六)姿勢及擺位注意事項：

(F) Precautions for postures and positions:

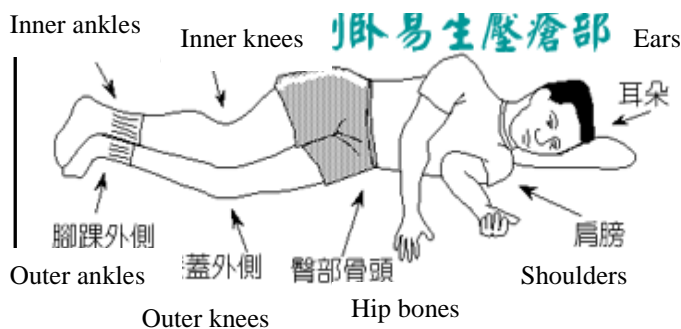
1.平躺：在頭部及上肢使用枕頭。

1. Lying in a supine position: use pillows under the head and arms.

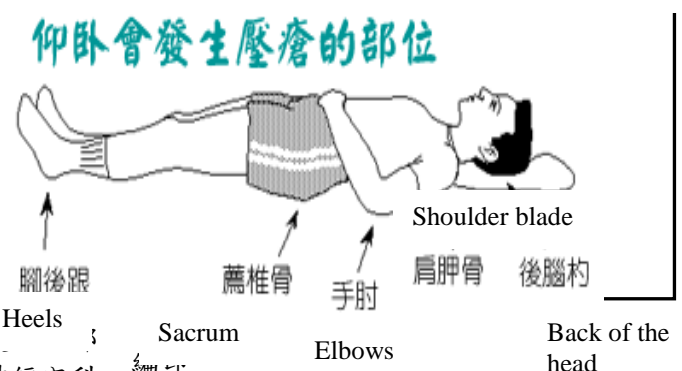
2.側臥：使用枕頭墊於背、腰處，使易受壓部份懸空，如尾骨、臀部兩側；肩膀及骨頭較突出處，則應注意其與床面之角度勿 $>30$ 度，以免直接受壓，身體易受壓部位如下圖。

2. Lying on the side: pad the back and waist with pillows to suspend the sites liable to pressure such as the tailbone and bilateral hips; for the shoulders and areas with projected-bones, keep the angle with the bed less than 30 degrees to avoid direct pressure, areas liable to pressure are shown as the figures below.

Areas liable to pressure ulcer from lying on the side



Areas liable to pressure ulcer from lying in supine position



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(七)坐於椅子上應至少每30分鐘將臀部抬起15秒，以減少局部壓力。坐姿時身體易受壓部位如右圖。

(G) When sit on a chair, lift the hips for 15 seconds at least every 30 minutes to reduce local pressure. Areas liable to pressure from sitting are shown as the right figure.



(八)注意病人的身體營養狀況，應有足夠水份、蛋白質及維他命之補充，避免吸菸，保持情緒控制，爭取積極的人生態度。

(H) Pay attention to patient's nutritional status, proving sufficient supply of water, protein and vitamins, avoiding smoking, keeping sound emotional management and striving for aggressive attitudes for life.

### 參考資料

#### Reference

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