Pressure ulcers (PU) are recognized as one of the major health problems of hospitalized patients and are associated with increased morbidity and mortality, costs in treatment and hospitalization. Bacterial infections often occur in these wounds and the indiscriminate use of antibiotics favors the development of multidrug-resistant strains causing a significant impact on the control of these infections. The objective of this study was to identify the microbiota associated with pressure ulcer and trace the resistance profile of the isolated bacteria. This is a descriptive study of qualitative and quantitative approach and character. The sample consisted of patients of the Medical Clinic and U.T.I UP holders aged ≥de 18 years. The biological material was collected weekly with sterile swabs after performing local antisepsis. Sent to the reference laboratory and seeded in their respective means of insulation. The "screening" to check the susceptibility / resistance bacteria was carried out using one or more antimicrobial agents. The research was approved by the CEP / UPE, and guided by Resolution 466/212. Among the isolated pathogenic bacteria, eight were positive for Enterobacter sp., Two for Staphylococcus aureus, six for Citrobacter spp., Klebsiella sp for three. Nine for Edwarsiella sp. And four for Escherichia coli. A high resistance to these bacteria antibiogram test was observed. All isolates showed 100% resistance to macrolides, 83% sulfonamides and trimethoprim, 66.6% quinolones, tetracyclines and nitrofurantoin. The most prevalent isolates were Edwarsiellasp and Enterobacter sp. Everyone was resistant to the group of macrolides and a high resistance rate for dassulfonamidas and trimethoprim groups. The isolates analyzed in this study aroused considerable concern, since they showed a multiresistant profile to almost all antibiotics used in clinical routine. In this sense, the knowledge of antimicrobial susceptibility profile enables indication of relatively safer and more effective antibiotics for the treatment of PU, increasing therapeutic success and cost minimization.

**Keywords:** Pressure ulcer, Microbiota, Resistance profile