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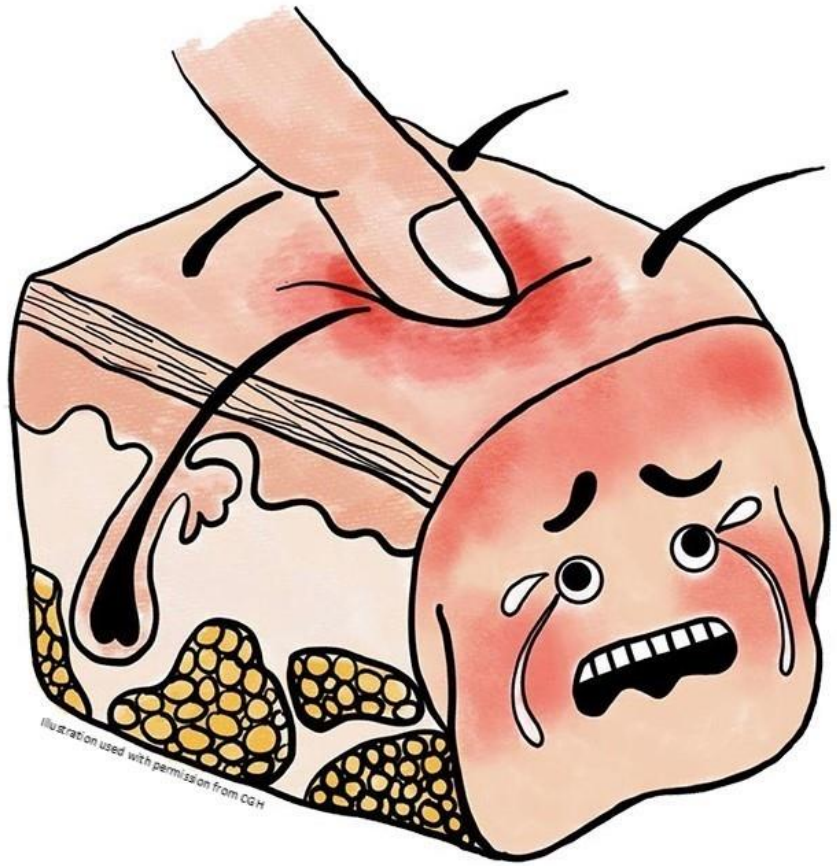
Preventing Pressure Ulcers

What is a pressure ulcer?

"A Pressure Ulcer is localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or other device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact or as an open ulcer and may be painful" (NHS I,2018)



Awareness

The Skin is the body's biggest organ

Treating pressure ulcers costs the NHS more than £1.4 million every day (Guest et al. 2017)

Pressure ulcers in older patients are associated with a fivefold increase in mortality. In addition, in-hospital mortality in this group is 25% to 33% (Grey, 2006).

Individuals admitted to care homes should have a risk assessment completed with 6 hours of admission (NICE 2015)

Pressure ulcers were found in Egyptian Mummies more than 5000 years ago and treated with honey

High risk individuals can develop a pressure ulcer in 1-6 hours after sustained pressure

In some cases, the damage may not be present for a few days

According to research pressure ulcers in care homes are commonly found in malnourished females and obese males

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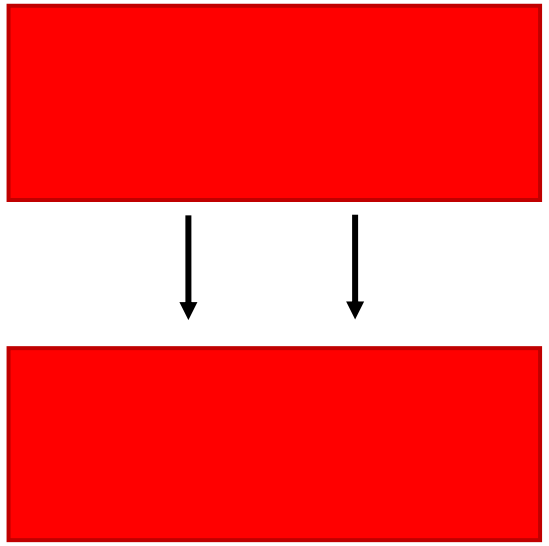
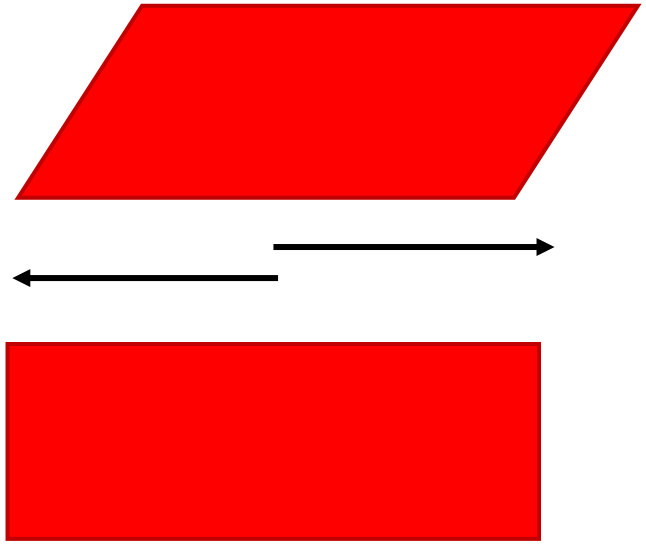
[European Pressure Ulcer Advisory Panel (epuap.org)]

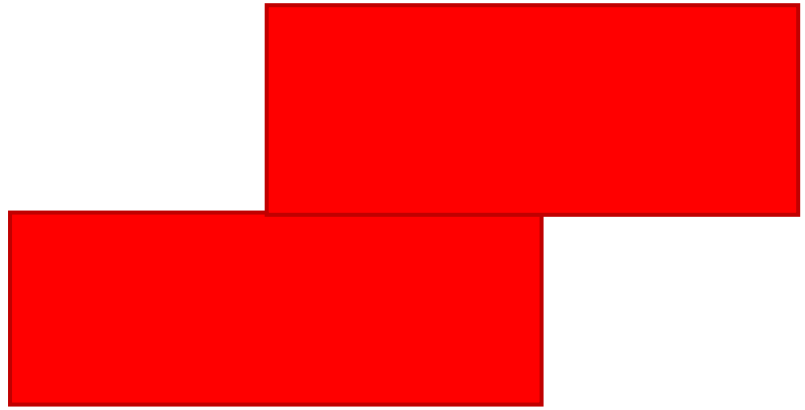
Pressure



Shear

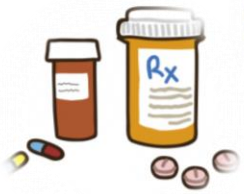


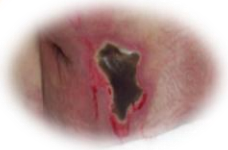
Friction



Risk Factors

Sensory impairment	Continence	Levels of consciousness	Posture
Cognition	Previous pressure ulcer	Illness/diseases – diabetes, Parkinson's disease, previous stroke, heart failure, arthritis, kidney failure, EOL.	Age
Oral intake	Mobility		





Pressure Ulcer Implications

Financial implications

- The estimated cost to the NHS and Care organisations in the UK is around £6.5 billion per year
- Financial implications to resident and carers/ relatives

Service User implications

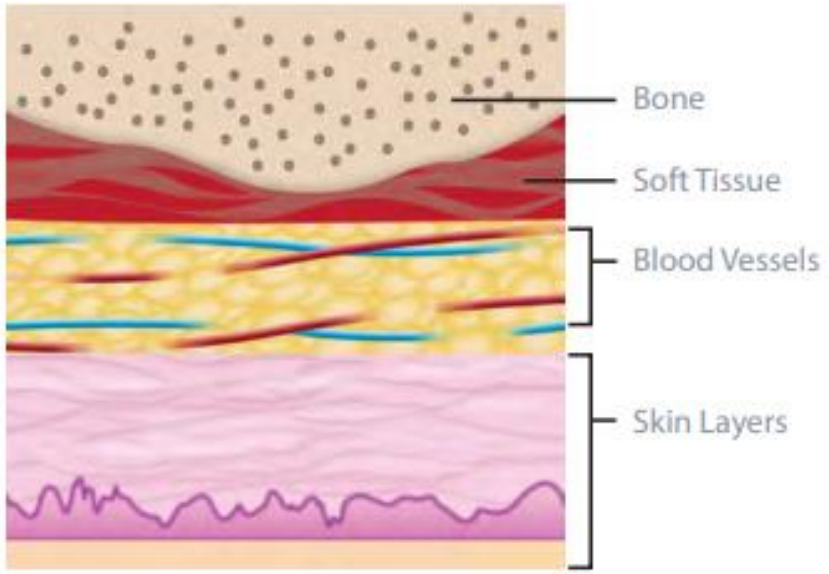
- Pain and discomfort
- Enforced bed rest/ reduced mobility
- Social isolation and depression
- Excessive hospital stay/ increased dependency
- Complications such as infection with potential for sepsis – morbidity/mortality

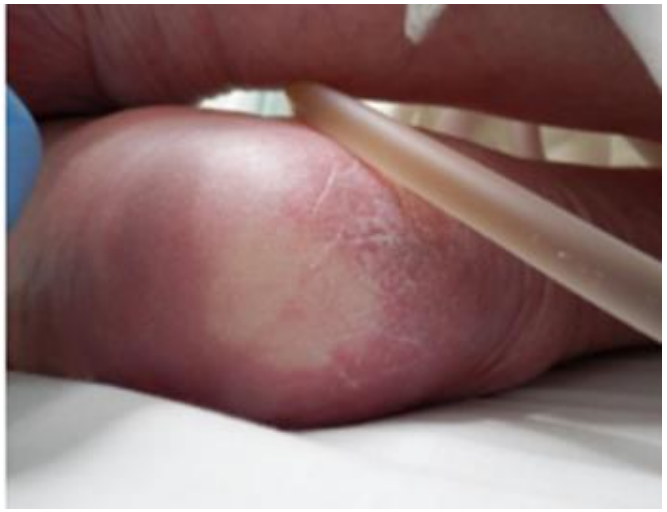
Quality experience

- Avoidable pressure ulcers are a key indication of the quality and experience of care
- The development of pressure ulceration can be potentially regarded as indicative of poor care or neglect

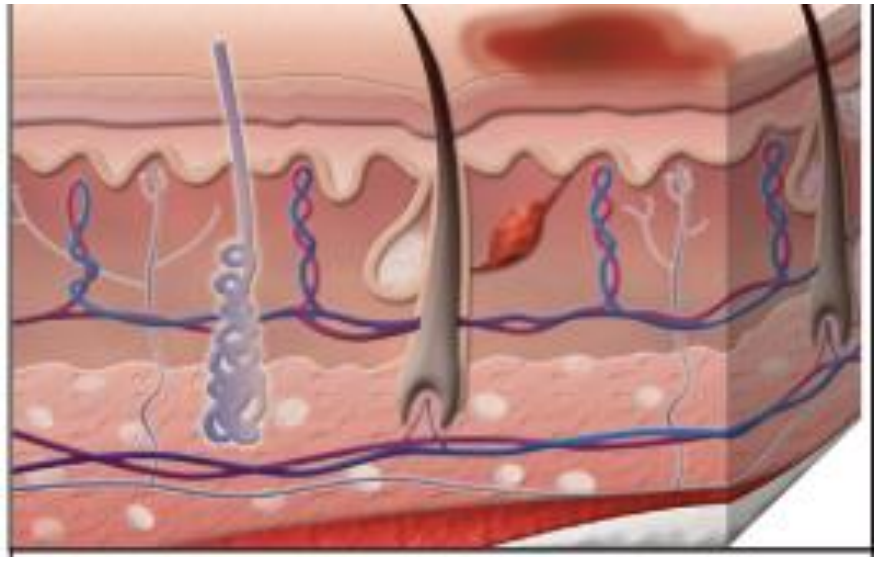
Pressure ulcer categorisation

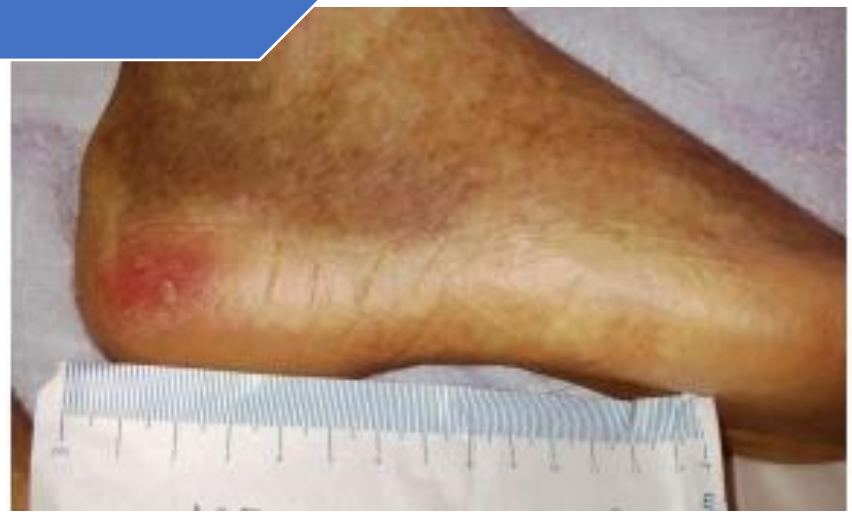
Blanching erythema – not a pressure ulcer

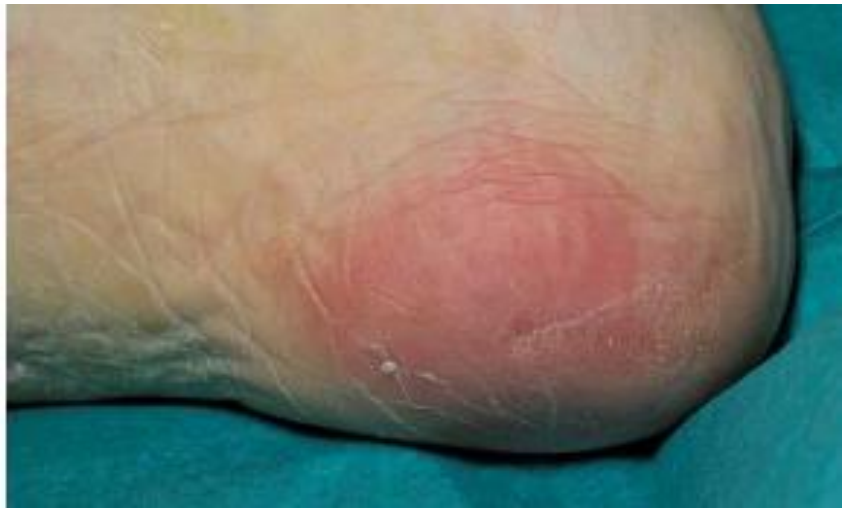




Category 1: Non-blanchable erythema







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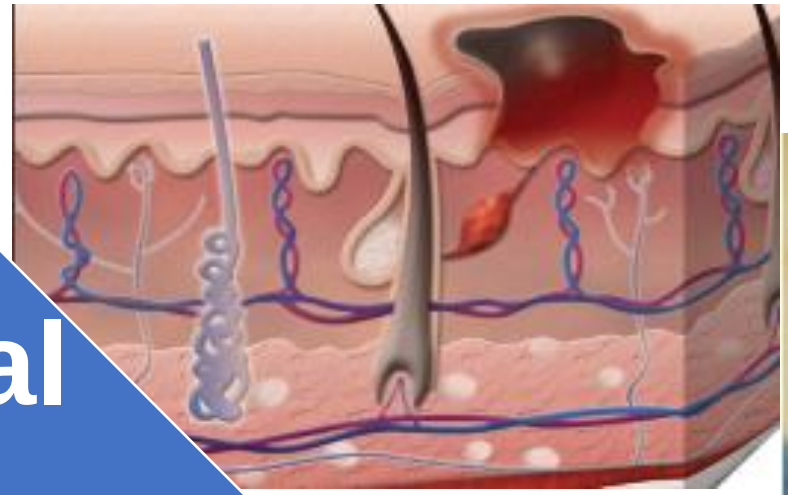
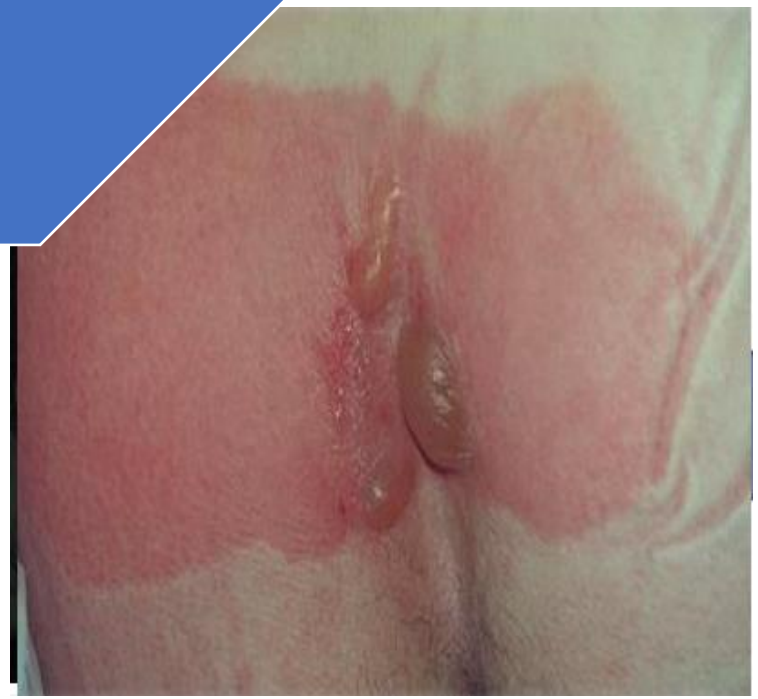
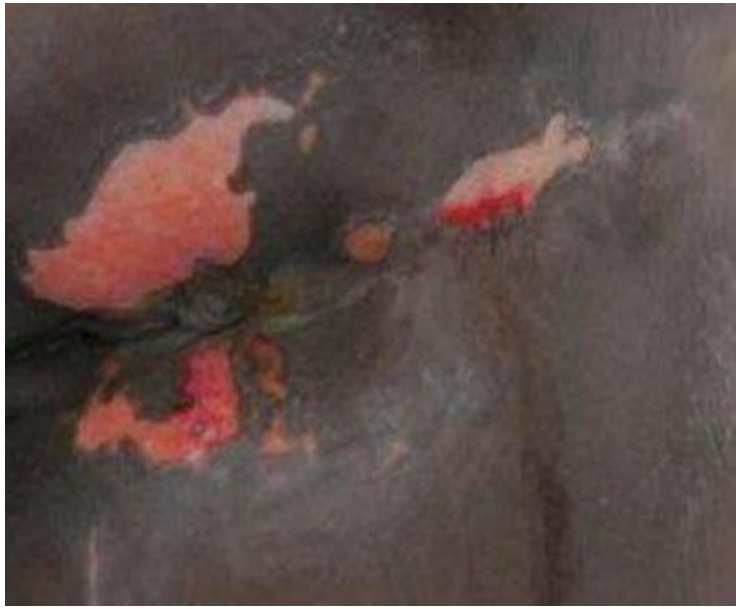
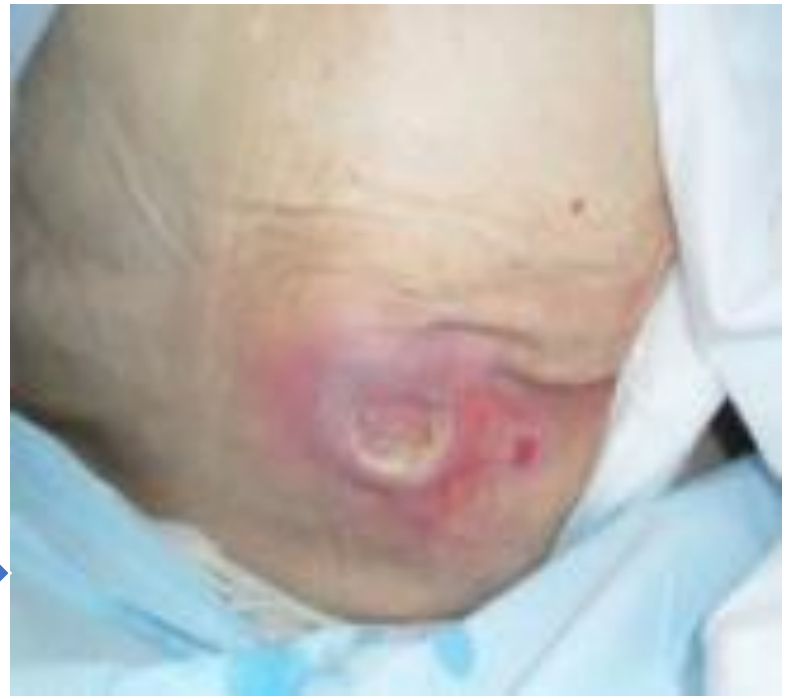
Category 2: Partial thickness skin loss

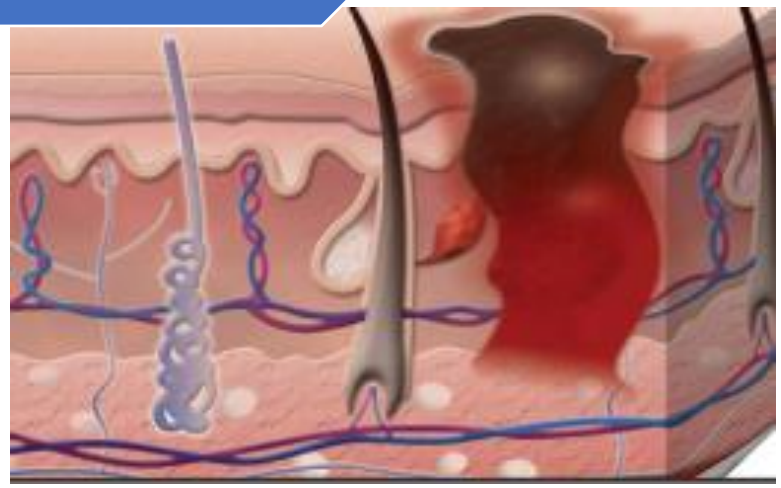


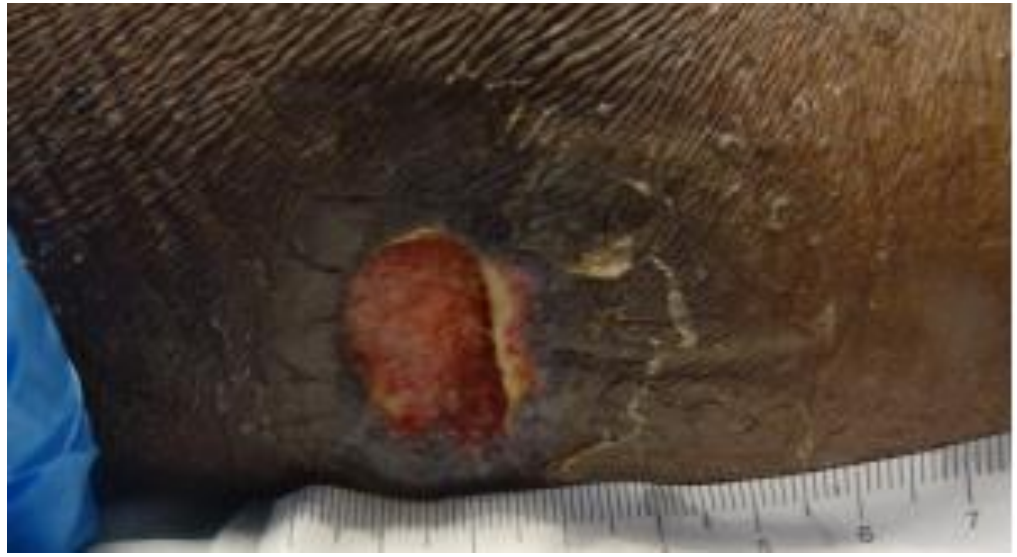




Category 3: Full thickness skin loss







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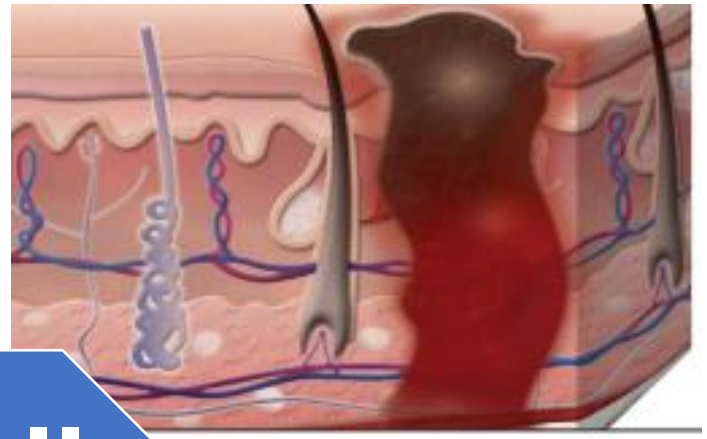
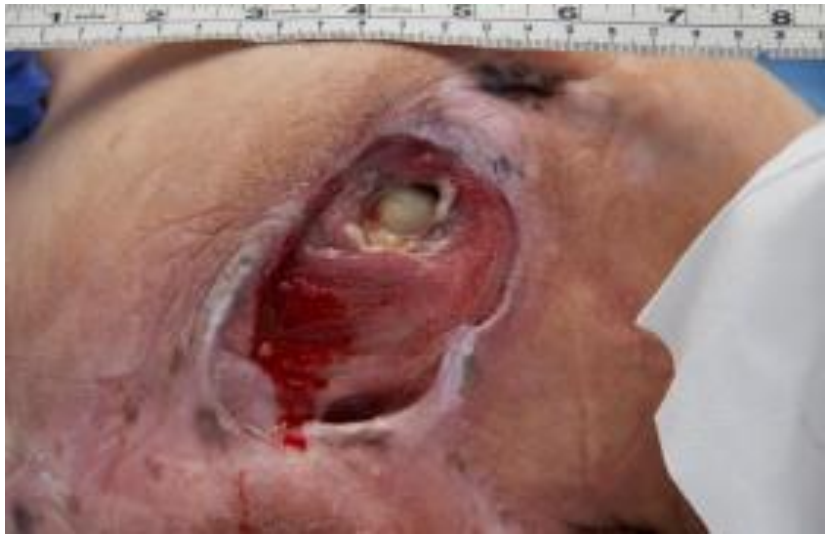
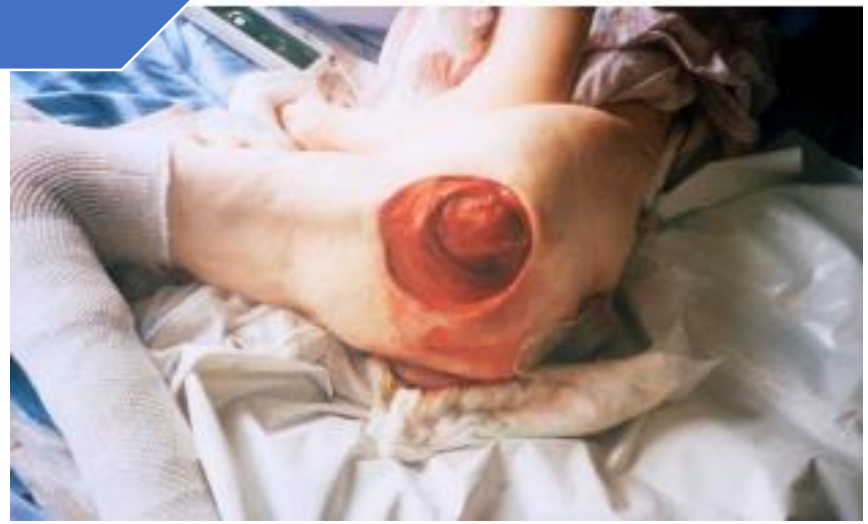
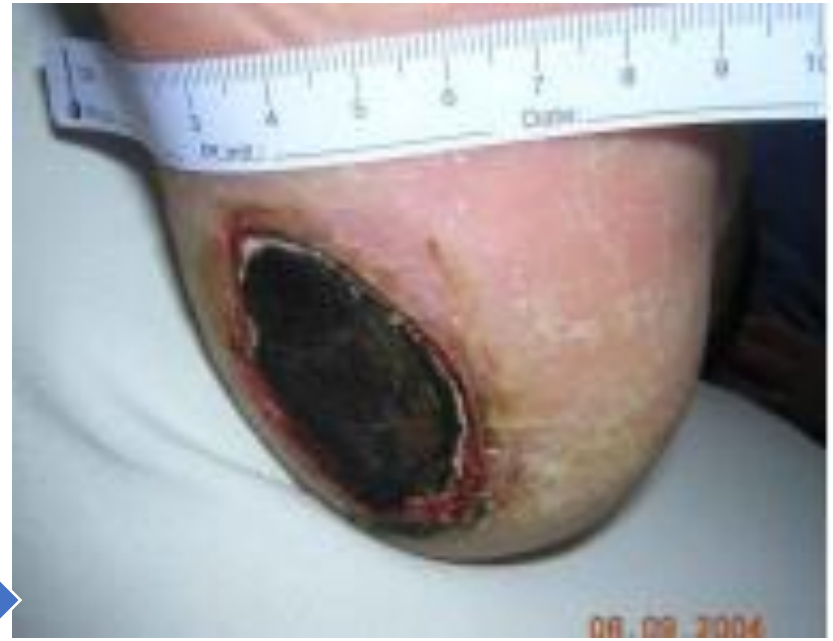




Category 4: Full thickness tissue loss



Unstageable: depth unknown



Name 4 ways a pressure ulcer can affect someone's quality of life?

- Pain
- Need to stay in bed to relieve pressure
- Can be very isolating
- Smell

What are 6 things we can do to prevent pressure area breakdown?

- Assess pressure ulcer risk regularly
- Help people to keep hydrated and to have a nutritious diet
- Help people to keep moving
- Help people to keep skin clean and dry
- Inspect the skin
- Use of pressure-relieving aides

Which group are most likely to develop pressure ulcers?

- Older people

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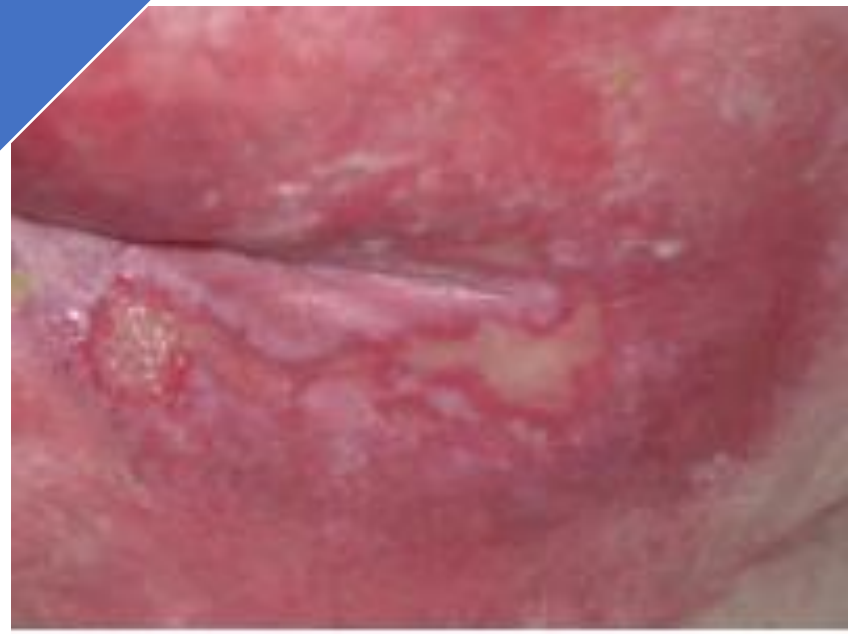
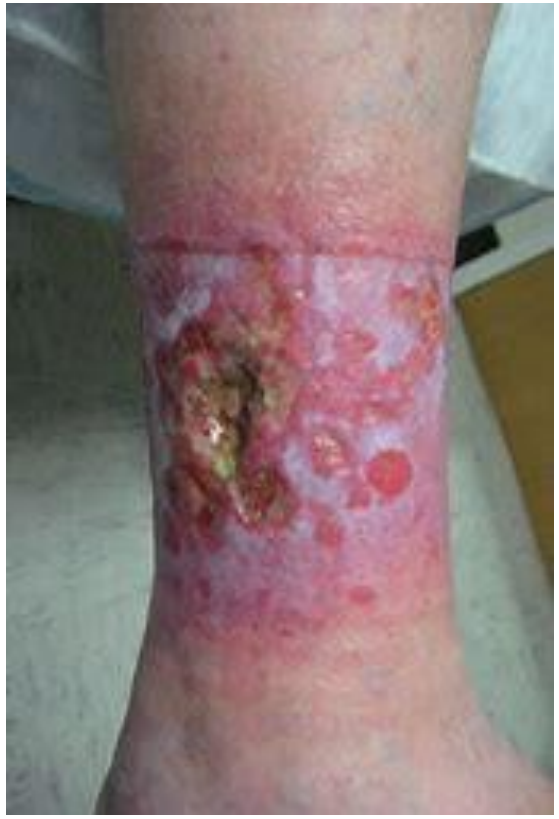
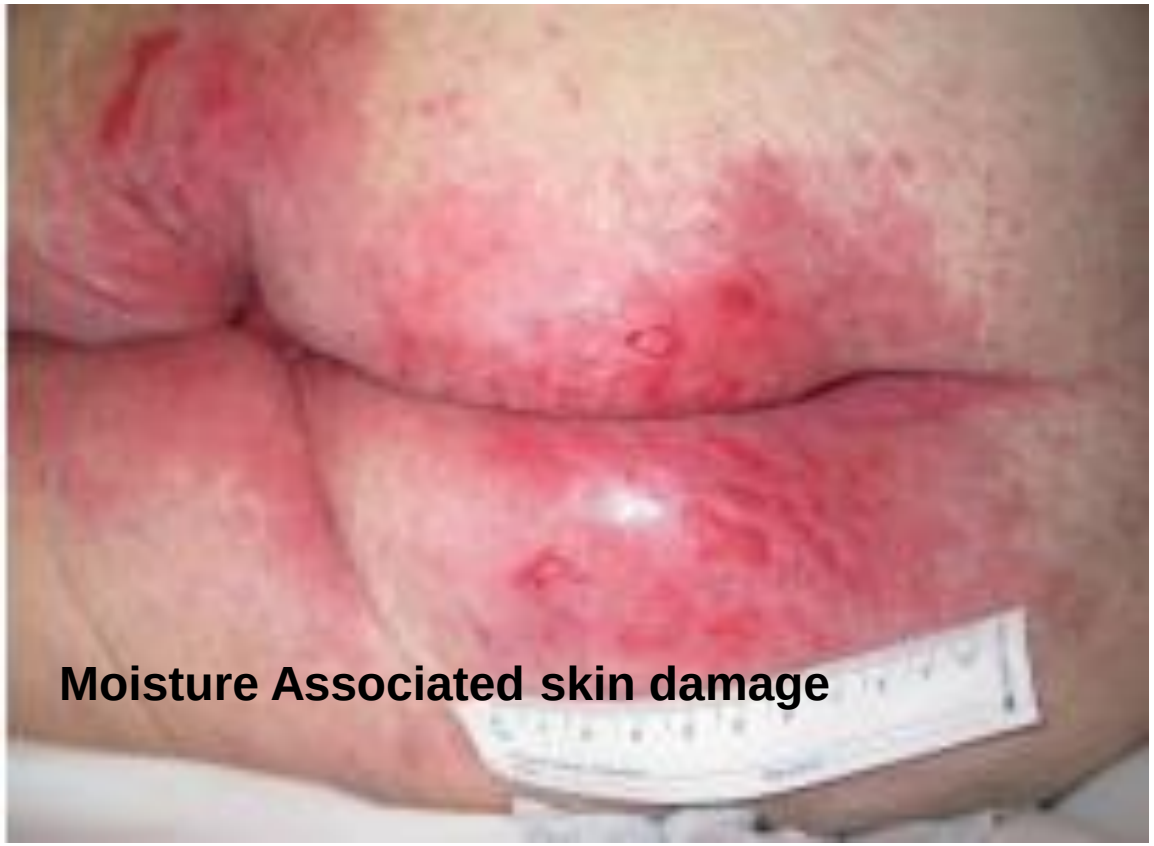
"Inflammation and erosion of the skin caused by prolonged exposure to various sources of moisture 'NHS Improvement Pressure ulcer categorisation group (2019) Pressure Ulcer Categorisation '"

Moisture associated Skin damage





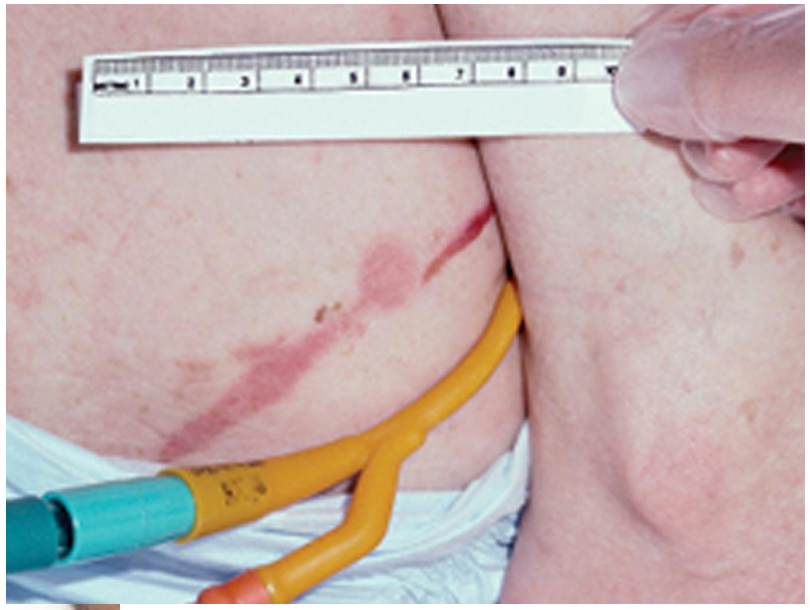
Category 1 or Moisture associated skin damage?

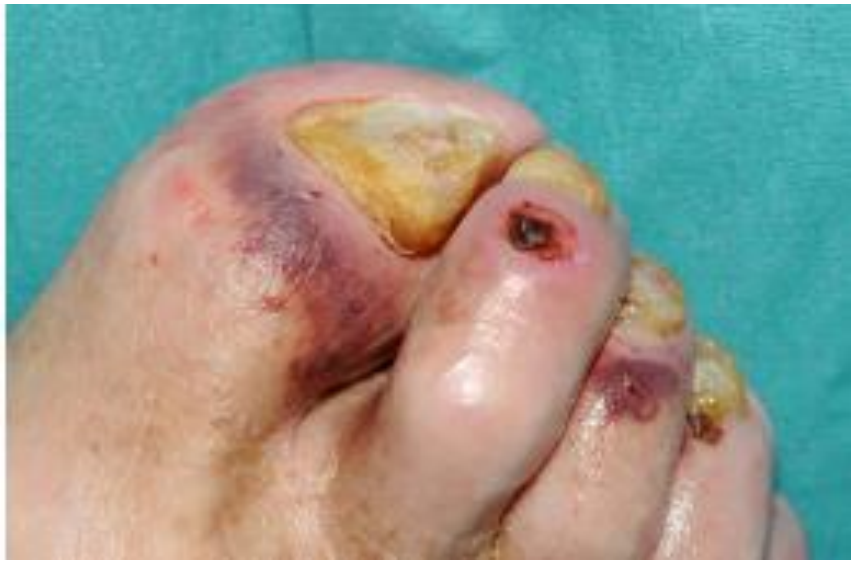


Moisture Associated skin damage

Category 1 Pressure Ulcer

Device related pressure damage






KEEP MOVING
A pressure ulcer can develop rapidly within 24 hours if not offloaded regularly.
SKIN INSPECTION
Early inspection means early detection. Blanching test highly recommended.
INCONTINENCE
Protect skin from incontinence associated dermatitis (IAD or Moisture Lesion).
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SURFACE
Make sure your patients have the right support.
NUTRITION AND HYDRATION
MUST score. Help patients have the right diet and plenty of fluids.
ASSESSMENT OF RISK
Holistic assessment including Waterlow/Braden or Purpose T.
GIVING INFORMATION
Give the patient or carer/relative the SSKIN information in simple self care plan.

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Assessment of risk

- Everyone
- Holistic
- Risk factors
- Who?
- Frequency?
- What are you looking for?
- Changes

Surface

- Risk
- Mobility
- Cognition
- Perception
- Maintenance

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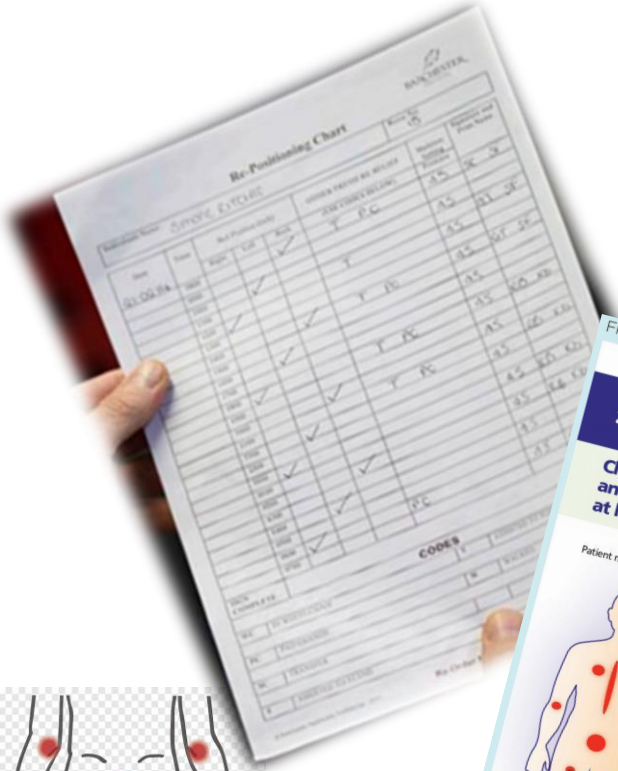
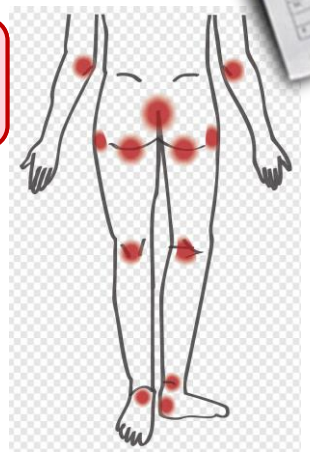
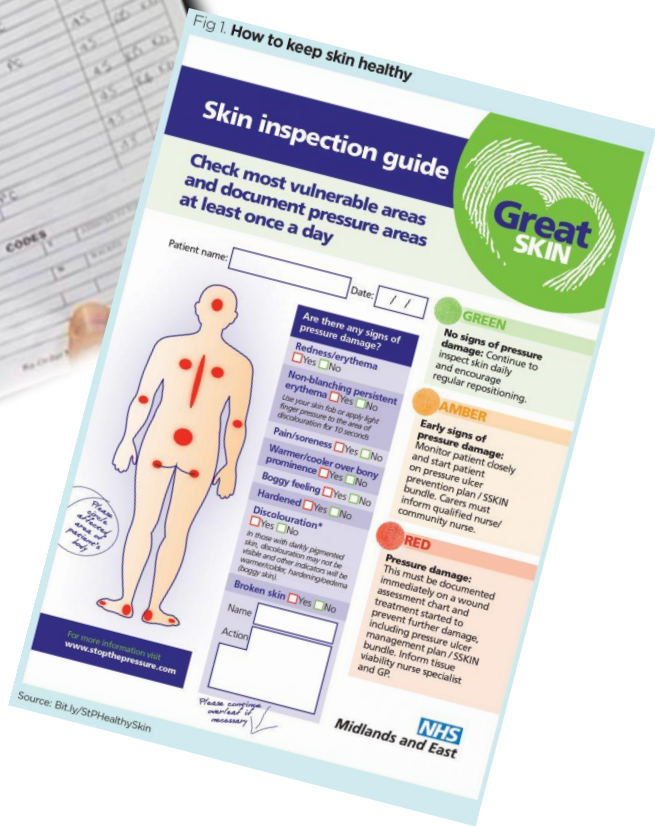
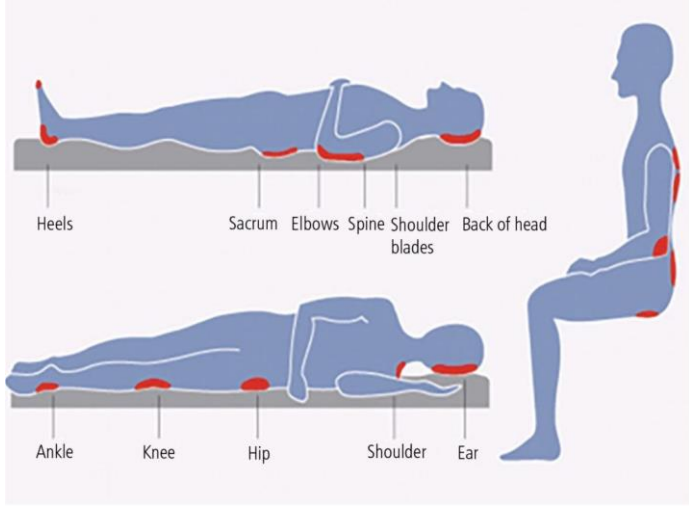
Skin inspection

- Observe
- Changes to skin?
- Document
- Report/escalate
- Frequency









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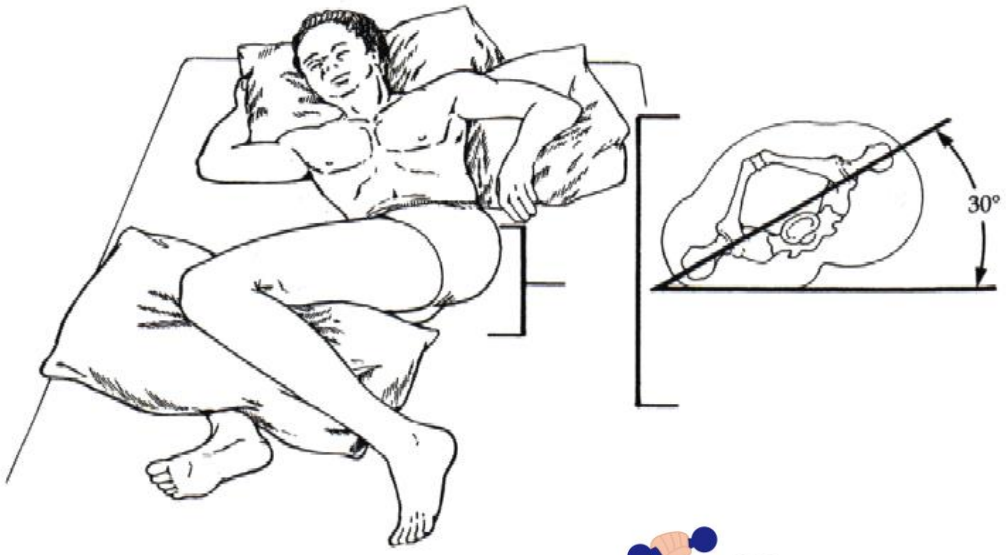
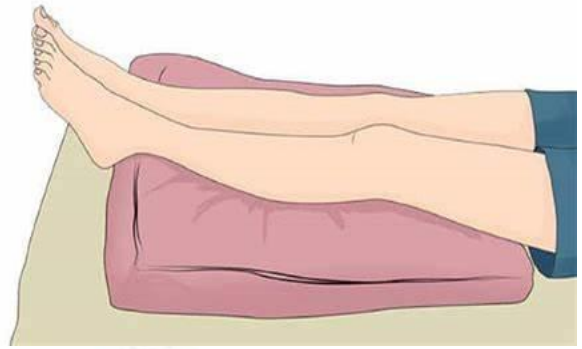
Keep moving

- Mobility
- Moving and handling
- Equipment
- Repositioning
- 30 degree tilt
- Offloading





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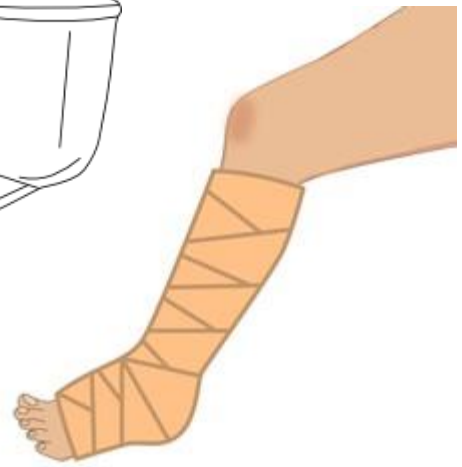
Incontinence and moisture

- Hygiene
- Barrier creams
- Emollients
- Managing incontinence
- Infection
- Cotton clothing
- Underwear



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Nutrition and Hydration

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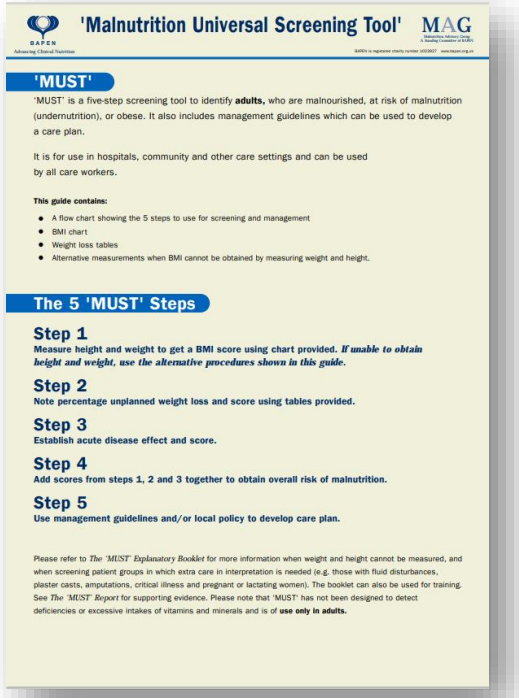
- MUST Score
- Food and fluid charts
- 1500ml fluid
- Food fortification
- Likes and dislikes
- Underlying causes?
- Supplements
- Who needs help?


'Malnutrition Universal Screening Tool'

'MUST'

'MUST' is a five-step screening tool to identify **adults,** who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.

It is for use in hospitals, community and other care settings and can be used by all care workers.

This guide contains:

- A flow chart showing the 5 steps to use for screening and management
- BMI chart
- Weight loss tables
- Alternative measurements when BMI cannot be obtained by measuring weight and height.

The 5 'MUST' Steps

Step 1
Measure height and weight to get a BMI score using chart provided. ***If unable to obtain height and weight, use the alternative procedures shown in this guide.***

Step 2
Note percentage unplanned weight loss and score using tables provided.

Step 3
Establish acute disease effect and score.

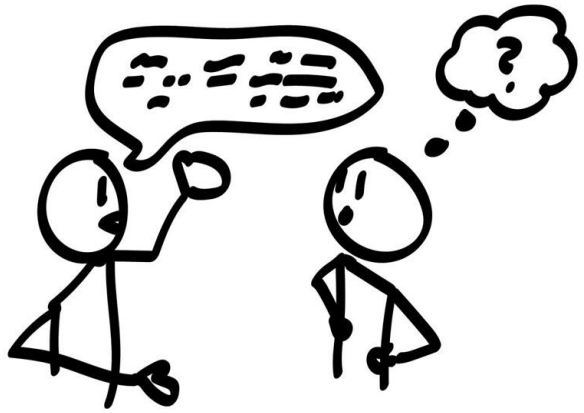
Step 4
Add scores from steps 1, 2 and 3 together to obtain overall risk of malnutrition.

Step 5
Use management guidelines and/or local policy to develop care plan.

Please refer to *The 'MUST' Explanatory Booklet* for more information when weight and height cannot be measured, and when screening patient groups in which extra care in interpretation is needed (e.g. those with fluid disturbances, plaster casts, amputations, critical illness and pregnant or lactating women). The booklet can also be used for training. See *The 'MUST' Report* for supporting evidence. Please note that 'MUST' has not been designed to detect deficiencies or excessive intakes of vitamins and minerals and is of **use only in adults.**

Giving information

- Communication
- Educate
- Inform
- Seek advice
- Escalate
- Document



Resources

https://www.e-lfh.org.uk/programmes/wound-care-education-for-the-health-and-care-workforce/

https://www.nationalwoundcarestrategy.net/pressure-ulcer/

React To Red: Pressure Ulcer Prevention : Training resources

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