Pressure Ulcer Guidelines

Dr Carol Dealey

University Hospital Birmingham NHS Foundation Trust
And
University of Birmingham
NSF for Older People

Proper assessment of the range and complexity of older people’s needs and prompt provision of care (including community equipment) can improve their ability to function independently; reduce the need for emergency hospital admission; and decrease the need for premature admission to a residential care setting.
Part of that assessment should relate to recognising potential vulnerability to pressure ulceration and implementing a prevention plan.

Guidelines can be useful in guiding practice – so it makes sense to use them!
The prevention and treatment of pressure ulcers

Clinical Guidelines
Published: September 2005
Who is this guideline for?

• All healthcare professionals who have direct contact with and make decisions concerning the treatment of patients who are at risk of developing pressure ulcers and those with pressure ulcers – primary, secondary and specialist care
• Service managers
• Commissioners
• Clinical governance and education leads
• Patients and carers
Key priorities for implementation

- Initial and ongoing assessment of risk
- Initial and ongoing pressure ulcer assessment
- Pressure ulcer grade should be recorded using the EPUAP classification system
- All pressure ulcers graded 2 and above should be documented as a local clinical incident
Key priorities for implementation contd 2

- All patients vulnerable to pressure ulcers should as a minimum be placed on a high specification foam mattress

- Patients undergoing surgery require high specification foam theatre mattress
Patients with a grade 1–2 pressure ulcer should:

- as a minimum provision be placed on a high specification foam mattress/cushion, and
- be closely observed for skin changes
Key priorities for implementation contd 4

• Patients with grade 3–4 pressure ulcers should:
  – as a minimum provision be placed on a high specification foam mattress with an alternating pressure overlay, or
  – a sophisticated continuous low pressure system, and
  – the optimum wound healing environment should be created by using modern dressings
Prevention and treatment of pressure ulcers

- Assess and record risk
  - People vulnerable to pressure ulcers
  - Assess pressure ulcer
  - Patient with pressure ulcer
  - Treat pressure ulcer and prevent new ulcers
  - Re-assess
  - Prevent pressure ulcer
  - Re-assess

C Dealey - BGS Aut 2009
Assess and record risk

Risk factors include:

- pressure
- shearing
- friction
- level of mobility
- sensory impairment
- continence
- level of consciousness
- acute, chronic and terminal illness
- comorbidity
- posture
- cognition, psychological status
- previous pressure damage
- extremes of age
- nutrition and hydration status
- moisture to the skin

Reassess on an ongoing basis
Skin assessment

- Assess skin regularly – inspect most vulnerable areas
- Frequency - based on vulnerability and condition of patient
- Encourage individuals to inspect their skin
- Look for:
  - persistent erythema
  - non-blanching hyperaemia
  - blisters
  - localised heat
  - localised oedema
  - localised induration
  - purplish/bluish localised areas
  - localised coolness if tissue death occurs

• Assess skin regularly – inspect most vulnerable areas
• Frequency - based on vulnerability and condition of patient
• Encourage individuals to inspect their skin
• Look for:
  • persistent erythema
  • non-blanching hyperaemia
  • blisters
  • localised heat
  • localised oedema
  • localised induration
  • purplish/bluish localised areas
  • localised coolness if tissue death occurs
Assessment of pressure ulcer

Assess:
- cause
- site/location
- dimensions
- stage or grade
- exudate amount and type
- local signs of infection
- pain
- wound appearance
- surrounding skin
- undermining/tracking, sinus or fistula
- odour

Record
- Document:
  - depth
  - estimated surface area
  - grade using EPUAP
- Support with photography and/or tracings
- Document all pressure ulcers graded 2 and above as a clinical incident
- Pressure ulcers should not be reverse graded

Initial and ongoing ulcer assessment is the responsibility of a registered healthcare professional
Treatment of pressure ulcer

• Choose dressing/topical agent or method of debridement or adjunct therapy based on:
  - ulcer assessment
  - general skin assessment
  - treatment objective
  - characteristic of dressing/technique
  - previous positive effect of dressing/techniques
  - manufacturer’s indications/contraindications for use
  - risk of adverse events
  - patient preference
Treatment of pressure ulcer cont'd

- Consider preventative measures, e.g. positioning, self care, nutrition, pressure relieving devices
- Create an optimum wound healing environment using modern dressings
- Consider oral antimicrobial therapy in the presence of systemic and/or local clinical signs of infection
- Consider referral to a surgeon
Positioning

- Consider mobilising, positioning and repositioning interventions for ALL patients
- All patients with pressure ulcers should actively mobilise, change position/be repositioned
- Minimise pressure on bony prominences and avoid positioning on pressure ulcer
- Consider restricting sitting time
- Aids, equipment and positions – seek specialist advice
- Record using a repositioning chart/schedule
Self care

- Teach individuals and carers how to redistribute individual’s weight
- Consider passive movements for patients with compromised mobility
Nutrition

• Provide nutritional support to patients with an identified deficiency

• Decisions about nutritional support/supplementation should be based on:
  - nutritional assessment (e.g. ‘MUST’ tool)
  - general health status
  - patient preference
  - expert input (dietician/specialists)
Pressure relieving devices

- Choose pressure relieving device on the basis of:

| - risk assessment pressure ulcer assessment (severity) if present | - skin assessment |
| - location and cause of the pressure ulcer if present | - general health |
| - availability of carer/healthcare professional to reposition the patient | - lifestyle and abilities |
| | - critical care needs |
| | - acceptability and comfort |
| | - cost consideration |

- Consider all surfaces used by the patient
- Patients should have 24 hour access to pressure relieving devices and/or strategies
- Change pressure relieving device in response to altered level of risk, condition or needs
Referral to surgeon

Depending on:
- failure of previous conservative management interventions
- level of risk
- patient preference
- ulcer assessment
- general skin assessment
- general health status
- competing care needs
- assessment of psychosocial factors regarding the risk of recurrence
- practitioner’s experience
- previous positive effect of surgical techniques
Implementation for clinicians

• Facilitate an integrated approach to the management of pressure ulcers across the hospital community interface
• Ensure continuity of care between shifts
• Ensure your local risk assessment tool incorporates the NICE risk factors
• Access training on a regular basis
• Give patients and carers information – NICE Information for patients is available
Implementation for clinicians contd

- Ensure that you have an understanding of what the different modern dressings are, their objective and application
- Know how to access pressure relieving devices – 24 hour access
- Pressure ulcers Grade 2 and above – document as a ‘local’ clinical incident
- Place documentation aids in patient charts
What services are provided in your area?

Create your own local services list

- District nurses
- Nurse specialists: tissue viability, diabetes
- Practice nurses
- Physiotherapists
- Occupational therapists
- Staff on general medical wards
- GPs

- Dietitians
- Paediatric, elderly, medical, orthopaedic, maternity, mental health and learning disability, and surgical wards, and intensive care units
- Staff in wheelchair centres
- Podiatrists
- Infection control/microbiology
What should be audited?

- Treatment options
  what treatments or interventions used in the management plan?
  Have identified treatment options been addressed?
- Evaluate impact of treatment interventions by regular re-assessment
  Effect of treatments or interventions used in the management plan?
  Is there evidence of re-assessment?
  Has this influenced the ongoing management plan?

Audit against recommendations
Further information

- Full version of the RCN guideline: all the evidence and rationale behind the recommendations – [www.nice.org.uk](http://www.nice.org.uk)
- Information for the public: plain English version for patients, carers and the public – [www.nice.org.uk/cg029publicinfo](http://www.nice.org.uk/cg029publicinfo)
- Hard copies can be ordered from the NHS Response Line on 0870 1555 455
- Costing report – [www.nice.org.uk/cg029costtemplate](http://www.nice.org.uk/cg029costtemplate)
International Pressure Ulcer Guidelines

- The NICE guidelines are now 4 years old
- EPUAP and NPUAP have collaborated to develop and international guidelines which are about to be launched
- The guidelines have been developed using a strict methodology including a thorough review of the literature and clear criteria for included studies
- The work was co-ordinated by a joint GDG and reviews undertaken by SWGs
- All the guideline statements were reviewed by stakeholders who were asked to submit any evidence not previously included
EPUAP GDG

Dr. Carol Dealey
United Kingdom
Chair

Dr. Katrien Vanderwee
Belgium
Coördinator

Dr. Michael Clark
United Kingdom

Prof. Dr. Tom Defloor
Belgium

Dr. Lisette Schoonhoven
The Netherlands

Anne Witherow
Northern Ireland
Small Working Groups

Pressure Ulcer Prevention Guideline

**WG PU Aetiology:** Cees Oomens (Leader), José Verdu Soriano, Dan Bader, Amit Gefen

**WG Risk Assessment:** Jane Nixon (Leader), Jacqui Fletcher, Christina Lindholm, Helvi Hietanen, Jeannie Donnelly, Katrien Vanderwee

**WG Nutrition:** Jos Schols (Leader), Ruud Halfens, Pam Jackson, Gero Langer, Judith Meijers

**WG Skin Assessment:** Carol Dealey (Leader), Katrien Vanderwee, Lisette Schoonhoven, Tom Defloor

**WG Positioning:** Zena More (Leader), Hilde Heyman, Anna Polak, Trudie Young

**WG Support Surfaces:** Lena Gunningberg (Leader), Katia Furtado, Andrea
Small Working Groups

Pressure Ulcer Treatment Guideline

Pressure Ulcer Classification (Grading and Staging): Joyce Black (Leader), Janet Cuddigan, Tom Defloor & Courtney Lyder

Assessment & Monitoring Healing: Janet Cuddigan (Leader), Susan Garber & Diane Langemo

Nutrition for Healing: Mary Ellen Posthauer (Leader), Becky Dorner, David Thomas & Steven Black

Assessment & Management: Diane Langemo (Leader) & Barbara Bates-Jensen

Support Surfaces for Treatment: Evan Call (Leader), Janet Cuddigan, Joyce Black, Diane Langemo, Susan Garber, Steven Reger, Kim Davis, David Brienza & Steven Black

Infection Assessment & Treatment: Catherine Ratliff (Leader), George Rodeheaver, Joyce Black, Janet Cuddigan & Greg Schultz

Dressing: Catherine Ratliff (Leader), George Rodeheaver & Greg Schultz

Debridement: Mona Baharestani (Leader) & Diane Langemo

Nurses: Joyce Black and Laurie McNichol (Co-Leaders), Karen Zulkowski, Sharon Baranoski, Barbara
146 Representatives from 32 Countries
And 903 individuals from 53 countries
• The guidelines will be available via both websites: www.epuap.org and www.npuap.org

• Hard copies will be available for purchase via NPUAP website

• Translated versions will be on the EPUAP website