Pressure Ulcer Risk Assessment in older people – necessary or overdone?

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Pressure Ulcers: Definition

A pressure ulcer is a **localised** injury 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 in association with shear).

The damage can be present as intact skin or an open ulcer and may be **painful**

A number of contributing or confounding factors are also associated with pressure ulcers: **the primary of which are impaired mobility and impaired sensation**

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Pressure ulcer classification System 2014 (NPUAP/EPUAP/PPPIA)
Pressure Ulcers: revised definition and measurement 2018 (NHS Improvement)

CG 179 2014

All patients are potentially at risk of developing a pressure ulcer.

However, they are more likely to occur in people who are seriously ill, have a neurological condition, impaired mobility, impaired nutrition, or poor posture or a deformity.

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CG 179 2014

- Carry out and document an assessment of pressure ulcer risk for adults:
  - being admitted to secondary care or care homes in which NHS care is provided or
  - receiving NHS care in other settings (such as primary and community care and emergency departments) **if they have a risk factor**, for example:
    - significantly limited mobility (for example, people with a spinal cord injury)
    - significant loss of sensation
    - a previous or current pressure ulcer
    - nutritional deficiency
    - the inability to reposition themselves
    - significant cognitive impairment.

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CG 179 2014

- Carry out and document an assessment of pr… …s:
  - being admitted to secondary care or care … …provided or
  - receiving NHS care in other setti… …munity care and emergency departments) if t… …ample:
    - significantly limited mob… …inal cord injury)
    - significant loss of s…
    - a previous or c…
    - nutritiona…
    - the i…

Consider using a validated scale to support clinical judgement

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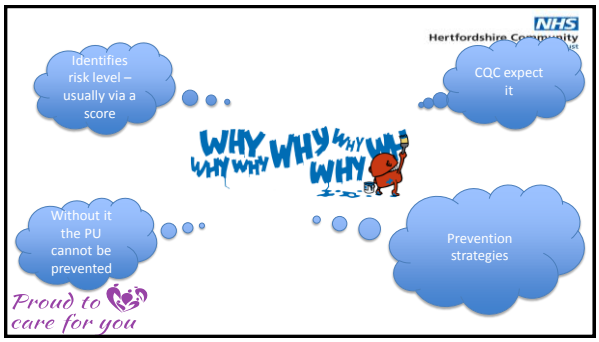

Which?

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- Cochrane Review 2019
- 2 for review, 1487 participants
- Cannot be certain whether use of a risk assessment tool makes any difference to the prevention of pressure ulcers, compared with the use of clinical judgement.
- The results of the studies did not show differences in the number of pressure ulcers that developed among the participants and one study did not show a difference in the severity of pressure ulcers that developed

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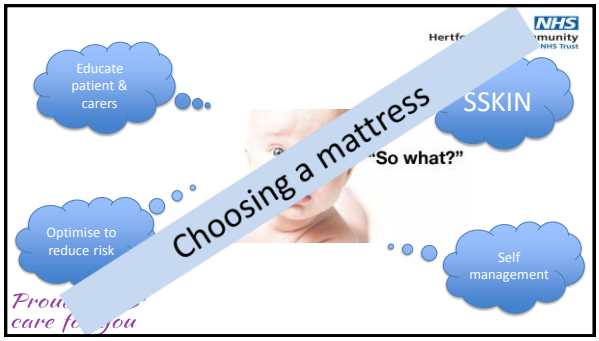
Moore & Patton, 2019



Tools

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Commonly in use	Tool's common risk factors
• Waterlow • Braden • PURPOSE T	• Mobility • Nutritional status • Sensory Perception • Moisture • Activity

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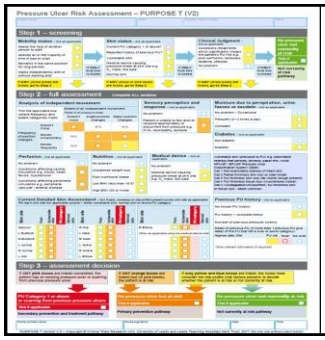

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Redness (non blanching erythema)

Pain

Anrys et al, 2019
Nixon et al., 2015
Shi et al, 2018

Other risk factors

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- Hand grip strength
- Orthopaedic geriatric population
- Fractured neck of femur
- Low hand grip strength associated with higher incidence of pressure ulcers

(Guimiero et al., 2012; Gonzalez et al 2018)

Medical Devices

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- Systematic review & meta-analysis
- Average age 36.2 years
- Estimated incidence of 12%
- Commonly identified devices:
  - Respiratory devices
  - cervical collars
  - tubing devices
  - splints and
  - intravenous catheters.

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Jackson et al, 2019

PRESSURE 2

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RCT High Spec Foam vs alternating pressure mattress

Small but significant early benefit of APM (may not be clinically important)

Treat 50 with APM for one to benefit

Those gaining more potential benefit from APM

- **completely immobile**
- **nutritional deficits**
- **lacking capacity and/or**
- **altered skin/Category1 PU.**

Nixon et al., 2019

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End of Life

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- Retrospective study using data collected from 2062 patients at the end of life between January 2007 and October 2015
- history of pressure injuries, without cancer, excretion, activity/mobility, and skin condition/circulation, length of hospital stay

Li et al, 2019

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MACMILLAN CANCER SUPPORT

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Online information about the last few weeks of life

Tiredness and lack of energy

It's normal to have less energy and not be able to do things for yourself. Tiredness and weakness can make it harder for you to concentrate or take part in what's going on around you.

You may find you need to rest a lot during the day. If you're not moving around very much, you may get sore areas, for example on your bottom or heels. Your district nurse can organise equipment, such as a pressure relieving cushion for your chair or a mattress for your bed, to help prevent this. It can also help to change your position regularly if you can.

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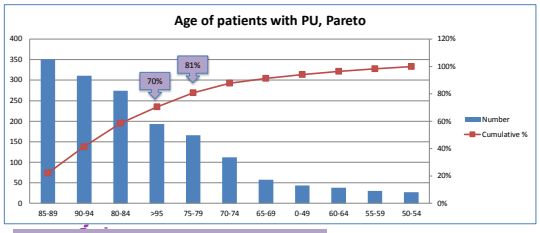
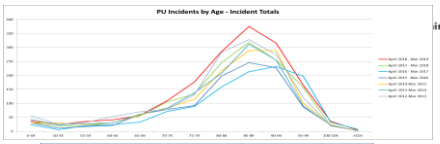
https://www.macmillan.org.uk/information-and-support/coping/at-the-end-of-life/understanding-what-will-happen/the-last-few-weeks.html#46678

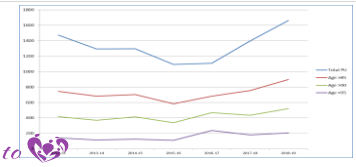
Age of patients with PU via datix Apr 2018 – February 2019



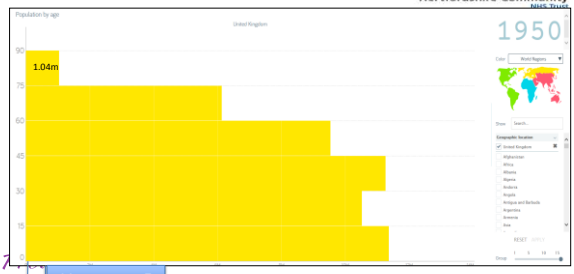
23% of incidents report more than one PU

33% RIP within 6 weeks of datix

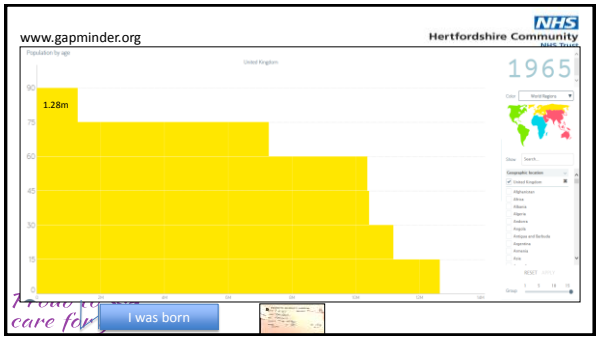




www.gapminder.org



My mum was 7


www.gapminder.org
NHS
Hertfordshire Community
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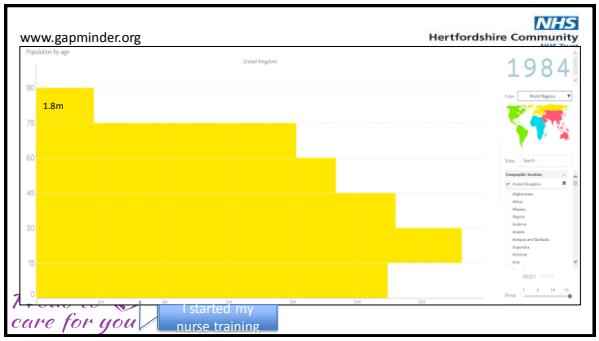
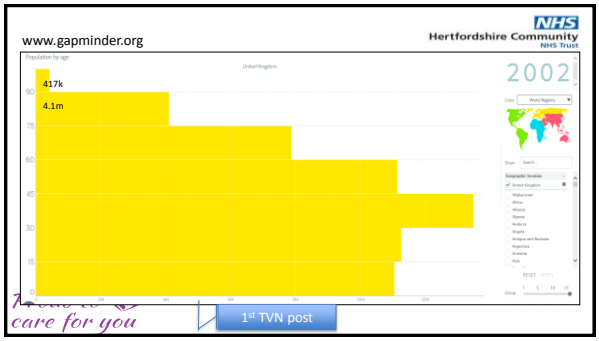
1965
1.28m
I was born


www.gapminder.org
NHS
Hertfordshire Community
1984
1.8m
I started my nurse training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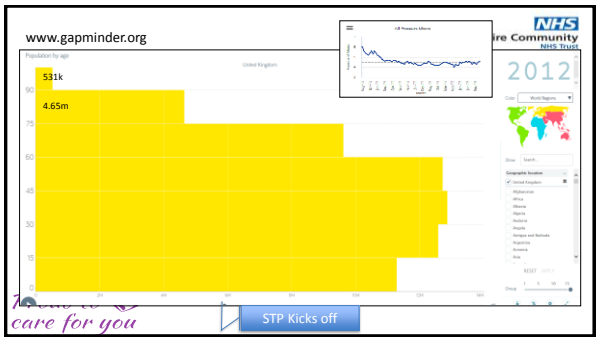
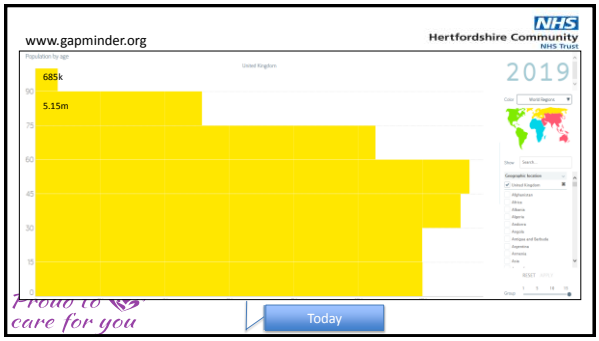
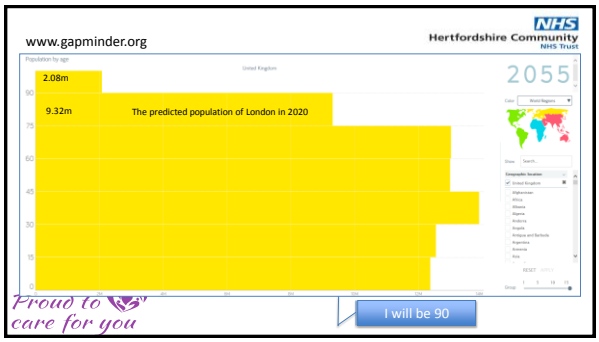
NHS
Hertfordshire Community
NHS Trust
2002
417k
4.1m
1st TVN post


www.gapminder.org
NHS
Community
NHS Trust
2012
531k
4.65m
STP Kicks off


www.gapminder.org
NHS
Hertfordshire Community
NHS Trust
2019
685k
5.15m
Today


www.gapminder.org
NHS
Hertfordshire Community
NHS Trust
2055
2.08m
9.32m
The predicted population of London in 2020
I will be 90

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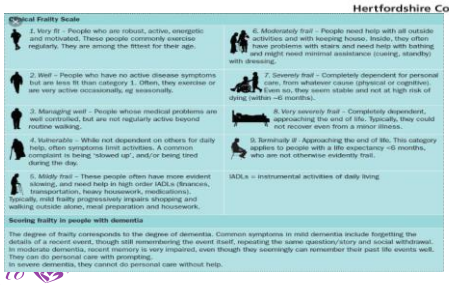

Physical Frailty Scale

1. *Very fit* – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2. *Well* – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, eg seasonally.

3. *Managing well* – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

4. *Vulnerable* – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being 'slowed up', and/or being tired during the day.

5. *Mildly frail* – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6. *Moderately frail* – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cueing, standby) with dressing.

7. *Severely frail* – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~6 months).

8. *Very severely frail* – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. *Terminally ill* – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

IADLs = instrumental activities of daily living

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal. In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting. In severe dementia, they cannot do personal care without help.

Rockwood Frailty Score

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Necessary or overdone?

- Obvious risk factors – why not focus on those?
- Act upon the relevant risk factors – where possible
- For some, prevention may be futile – but still do it
- Its time consuming and is of no use if not acted upon
- But, will governance allow us not to do it

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