



Partners in Care Meeting- #STOP the Pressure

Pressure Ulcers & Moisture Associated Skin Damage  
What am I looking at?

Tissue Viability Team- York & Scarborough NHS Foundation Trust  
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# What is a pressure ulcer and moisture associated skin damage?

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“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)



Moisture associated skin damage is inflammation and erosion of the skin caused by prolonged exposure to various sources of moisture”





**What causes pressure damage?  
Poor Skin, Poor  
Mobility and individual  
issues.....**

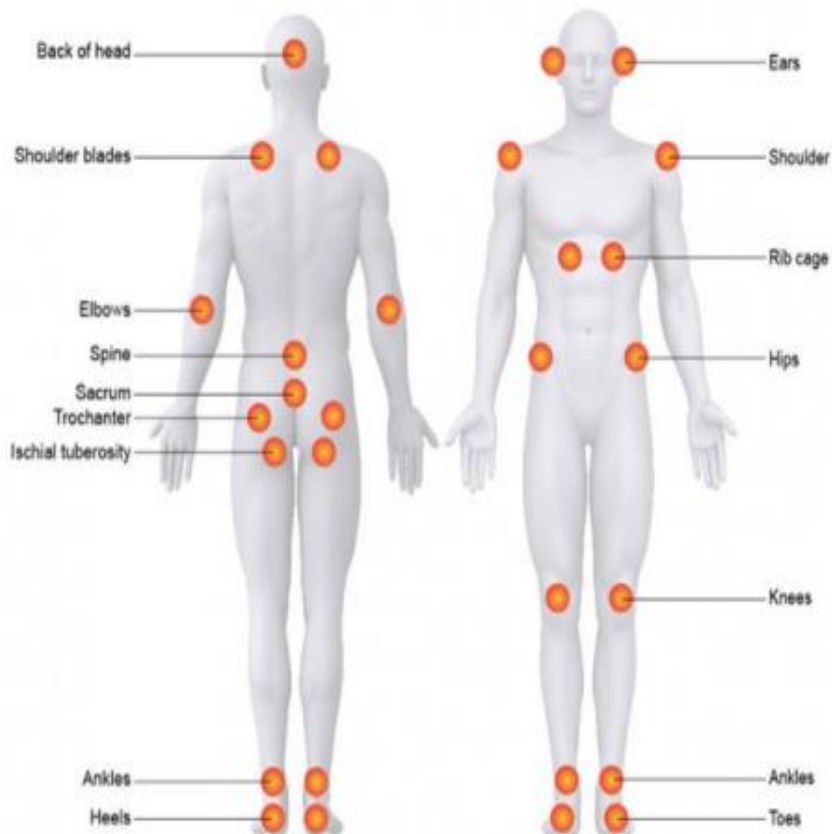


# What to Look Out for ?



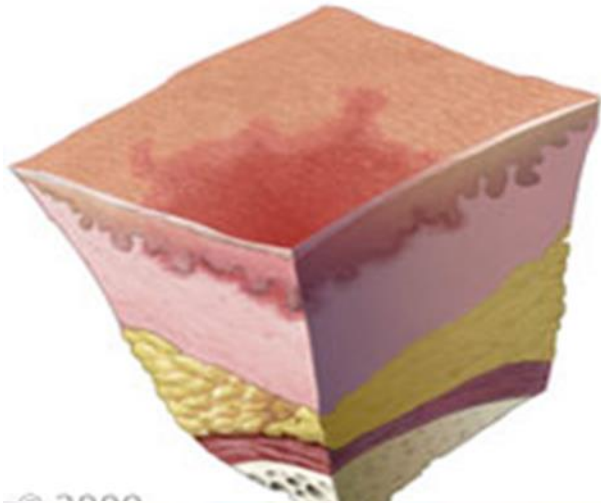


# Common Areas for Pressure damage

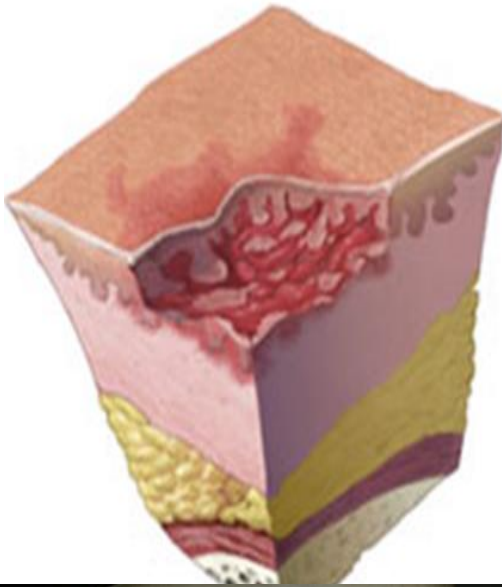


# Category 1

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## Category 2- Partial Thickness Skin Loss

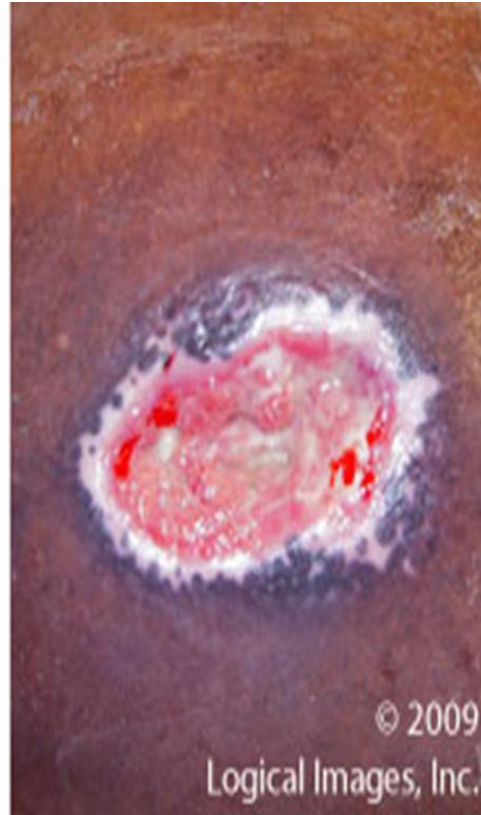


# Category 3-Full Thickness Skin Loss

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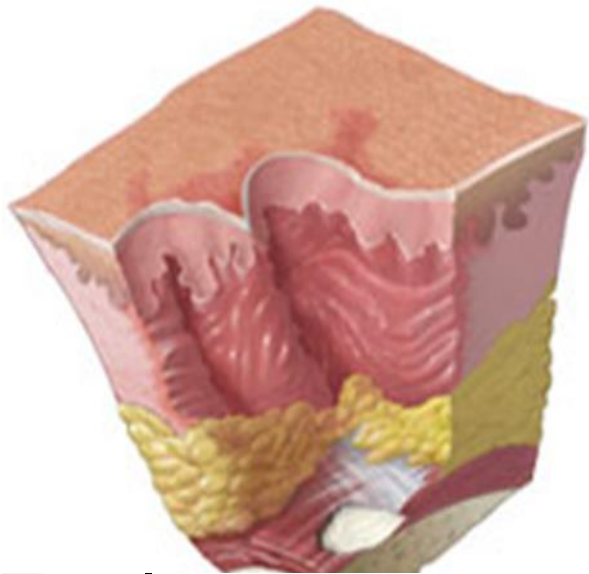
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# Category 4

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# Unstageable

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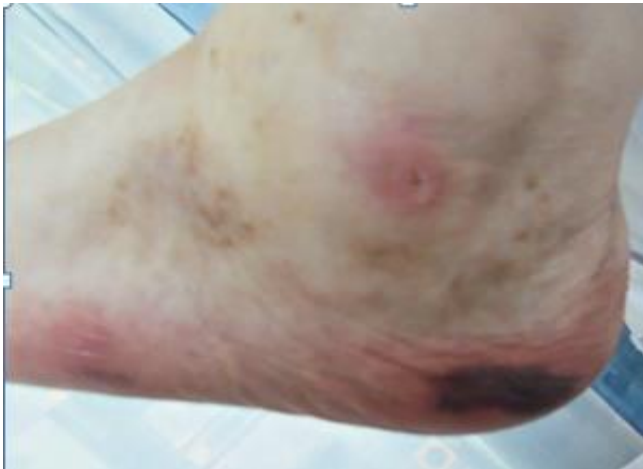
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# Deep Tissue Injury

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# Device Related Pressure Ulcer



- ▶ *The damage caused by this urinary catheter could be categorised as a DTI (d)*



- ▶ *This infant has Category 1 damage to the cheeks and a small unstageable ulcer on the ear*

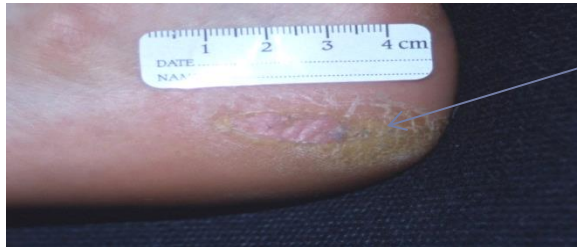


- ▶ *Damage has occurred where the spectacles and elastic from the oxygen mask press on the pinna of the ear*



# Types of Tissue in the base of the wound

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Epidermal



Granulating  
Tissue

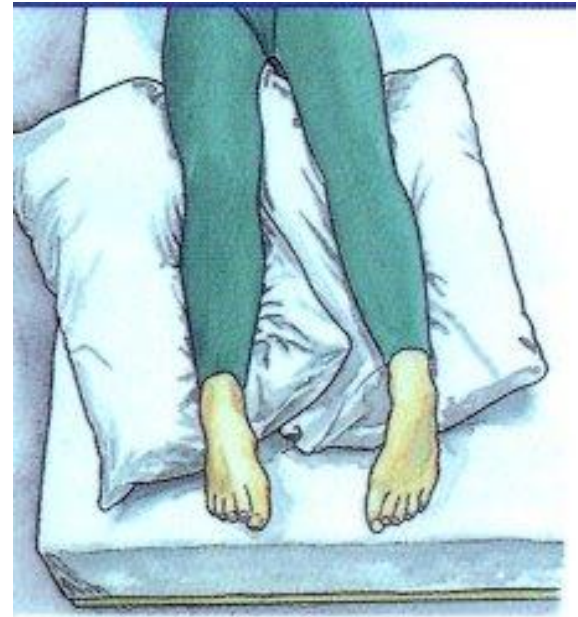


Necrotic Tissue



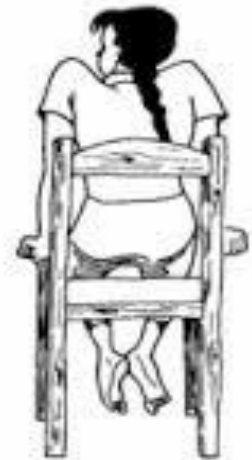
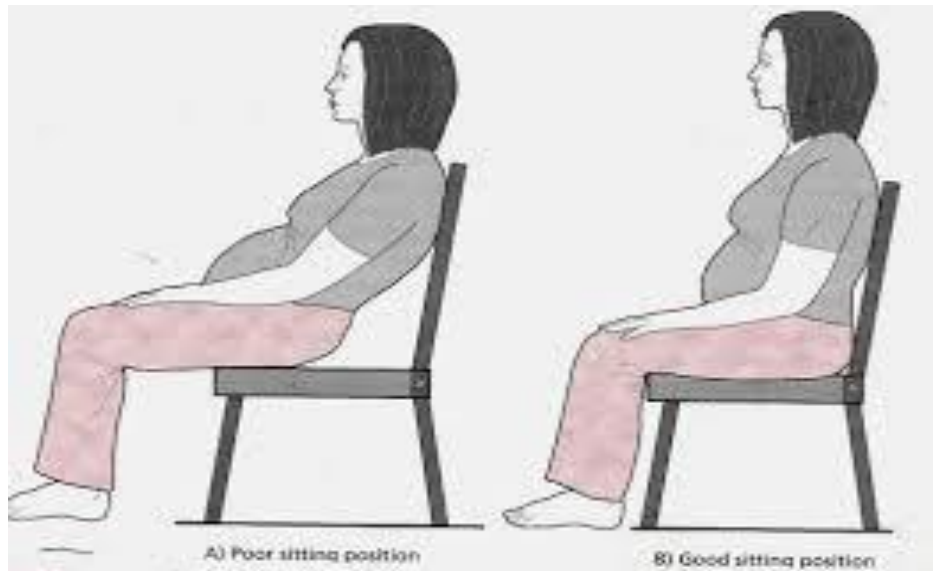
Slough

# 30 Degree Tilt



# Sitting position

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# HEEL S.O.S

## Strictly Off Surface

THE INCIDENCE OF HEEL PRESSURE ULCERATION IS INCREASING.  
HEELS MUST BE STRICTLY OFF SURFACE WHEN A PATIENT IS NOT MOBILISING.  
**IS YOUR PATIENT POSITIONED CORRECTLY?**



Float heels over pillows. Use two pillows if necessary



Float both heels and ankles when nursed on the side



Move up the bed using a slide sheet



Keep soles and toes away from the bed end



Softcasts on the correct way round



Heels off the stool



Feet flat on the ground

All photos ©Cairn Davies, Advanced Podiatry. Harrogate & District NHS Trust in partnership with York Teaching Hospital NHS Trust.

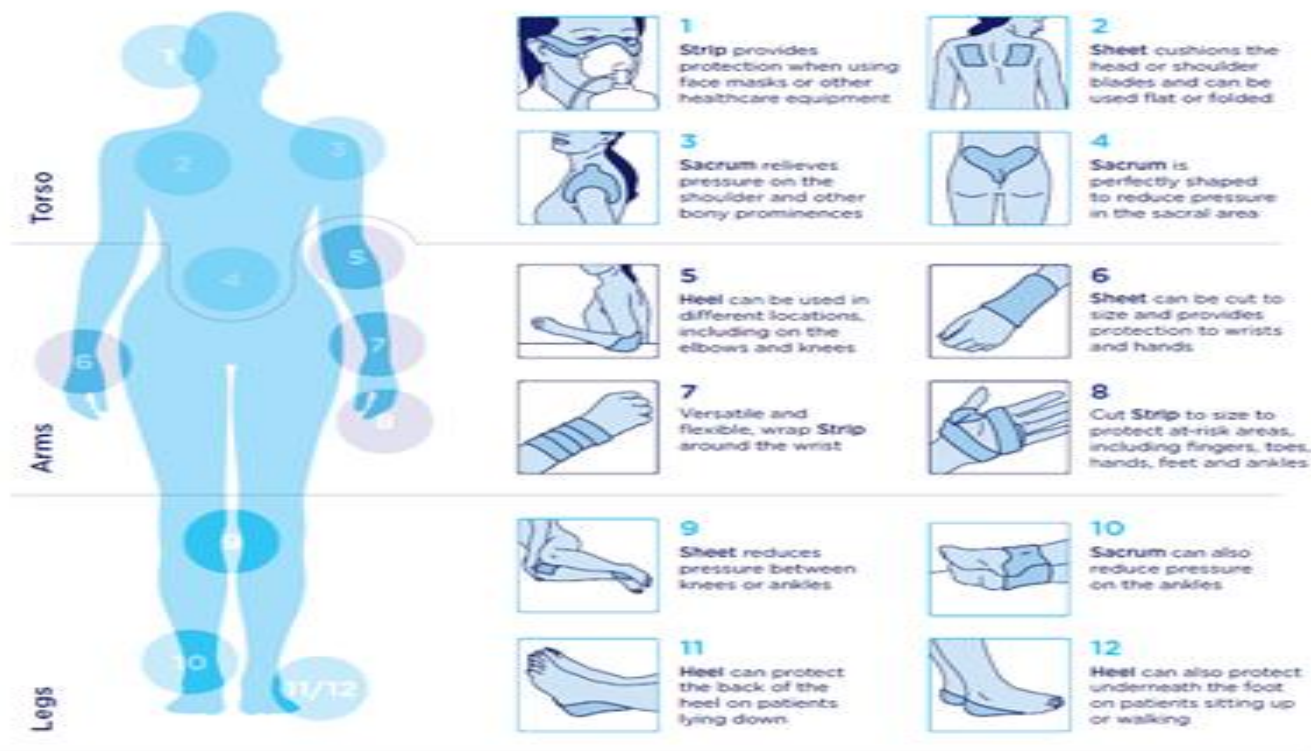


# Kerrapro

(from the Specialist Dressing Cupboard)

## Protection through prevention

KerraPro™ helps protect at-risk patients from pressure damage to their skin



# What is 'Moisture Associated Skin Damage' (MASD)?

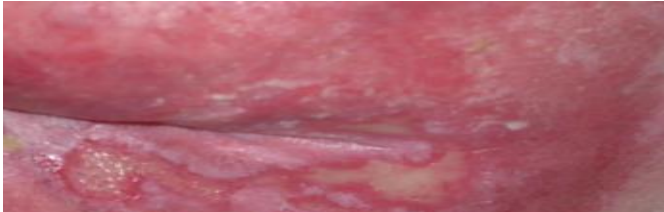
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“Inflammation and erosion of the skin caused by prolonged exposure to various sources of moisture”

- ▶ Urine
- ▶ Faeces
- ▶ Wound exudate
- ▶ Perspiration
- ▶ Stoma effluent



# Moisture Associated Skin Damage- (Not caused by pressure)



- ▶ *These multiple superficial lesions with diverse edges are typical of Incontinence Associated Dermatitis*



- ▶ *Wounds related to IAD such as these are often extremely painful*



- ▶ *This wound demonstrates how the epidermis can easily be stripped away by incontinence*



# Effects of moisture on the skin...

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- ▶ Over-hydration causes swelling and maceration
- ▶ Increases permeability to skin
- ▶ Increases risk of friction and therefore pressure ulcers developing
- ▶ Urea converted to ammonia which causes skin pH to become more alkaline which allows microbes to thrive





# Moisture or Pressure?

## Moisture

Can occur anywhere  
exposed to moisture

Irregular shape,  
undefined edges

Superficial, partial  
thickness skin loss



Presence of necrosis  
or slough indicates  
combination ulcer

Both need  
reporting on  
DATIX!



## Pressure

Usually over bony  
prominence

Often more circular  
with defined edges

Vary in depth depending  
on degree of damage

Tissue can be necrotic,  
sloughy, granular or  
epithelial



If combination ulcer report as  
pressure

# Treatment

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## MILD

**Note: Barrier cream only indicated for incontinence-associated dermatitis**



- Apply every third wash or twice daily.
- Pea-sized amount will cover an area size of your hand.

## MODERATE MASD



- Apply once a day
- No need to re-apply after every cleanse

## SEVERE MASD



- Use foam spray & cleanser – pat dry & apply ointment at every cleanse or wash.



## Are you aSSKINg the right questions about Great Skin and Pressure Ulcer Prevention?



assess risk

Skin assessment and care

Surface selection and use

Keep moving

Incontinence and increased moisture

Nutrition and hydration

give information

**#Stopthepressure**

**#aSSKINg**

**#LoveGreatSkin**

# Any questions?

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