Humber and North Yorkshire
Health and Care Partnership

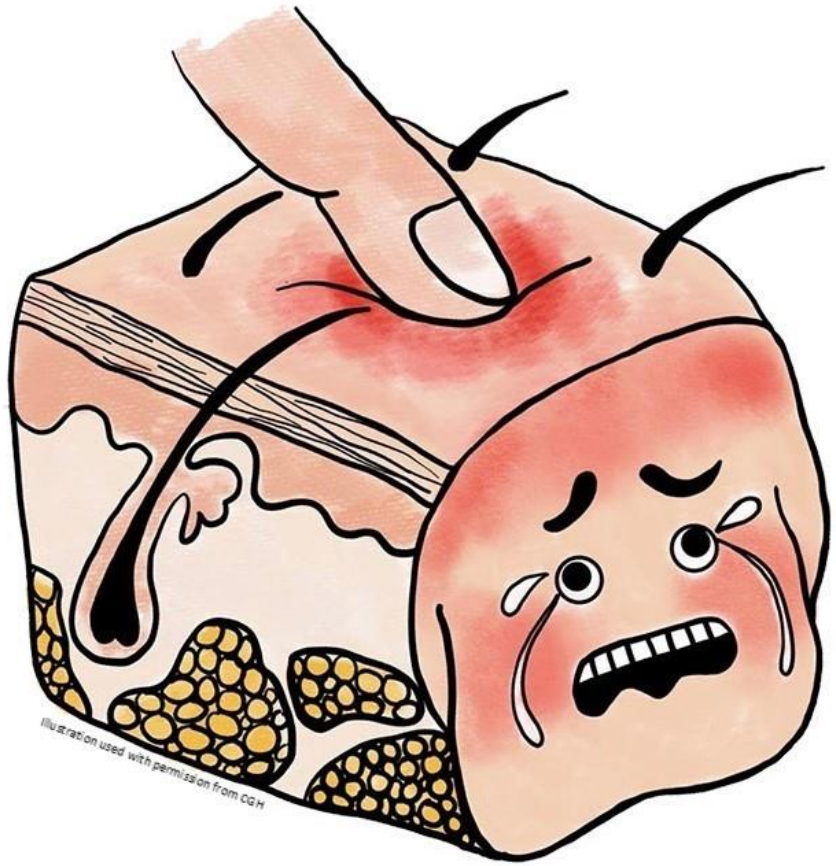
NHS
Humber and
North Yorkshire
Integrated Care Board (ICB)

Preventing Pressure Ulcers

Adult Social Care Nursing Team

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)

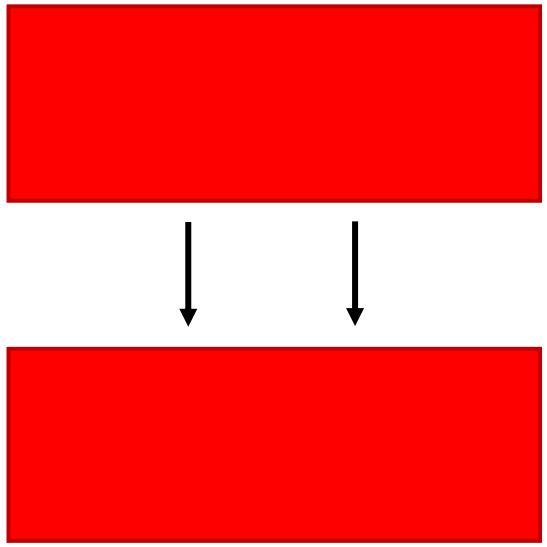


Awareness

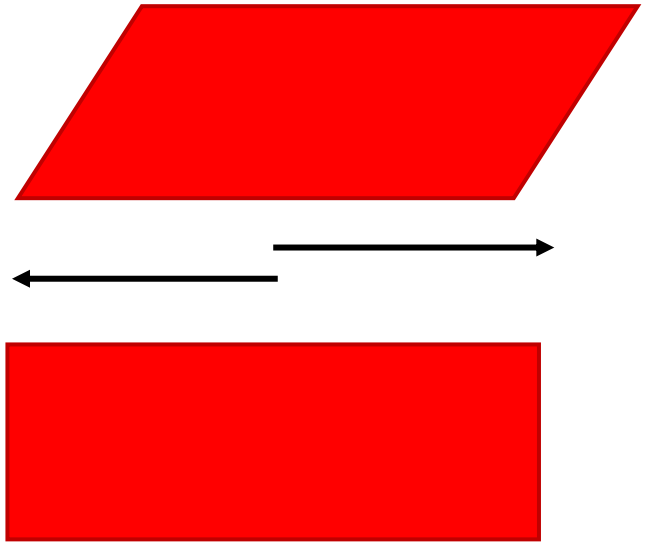
- The skin is the body's biggest organ
- Treating pressure ulcers costs the NHS more than £1.4 million every day *(NHS England 2019; OHID 2022)*
- Pressure ulcers in older people are associated with a fivefold increase in mortality. In addition, in-hospital mortality in this group is 25% to 33% *(Grey, 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

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

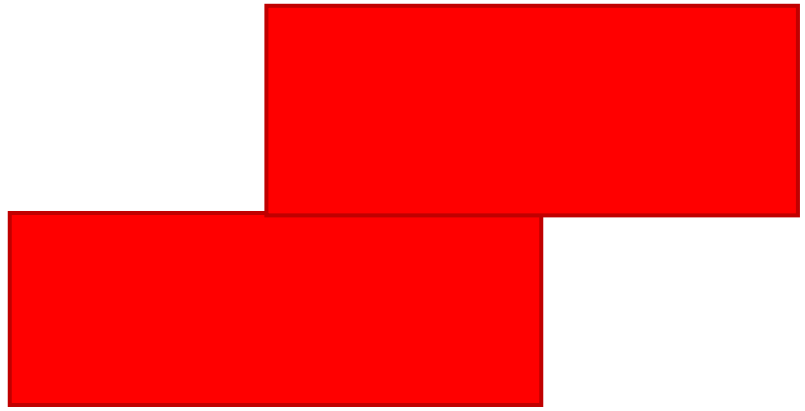
Pressure



Shear

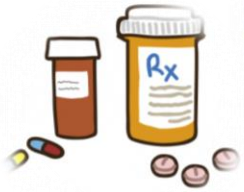


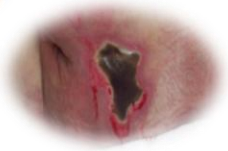
Friction



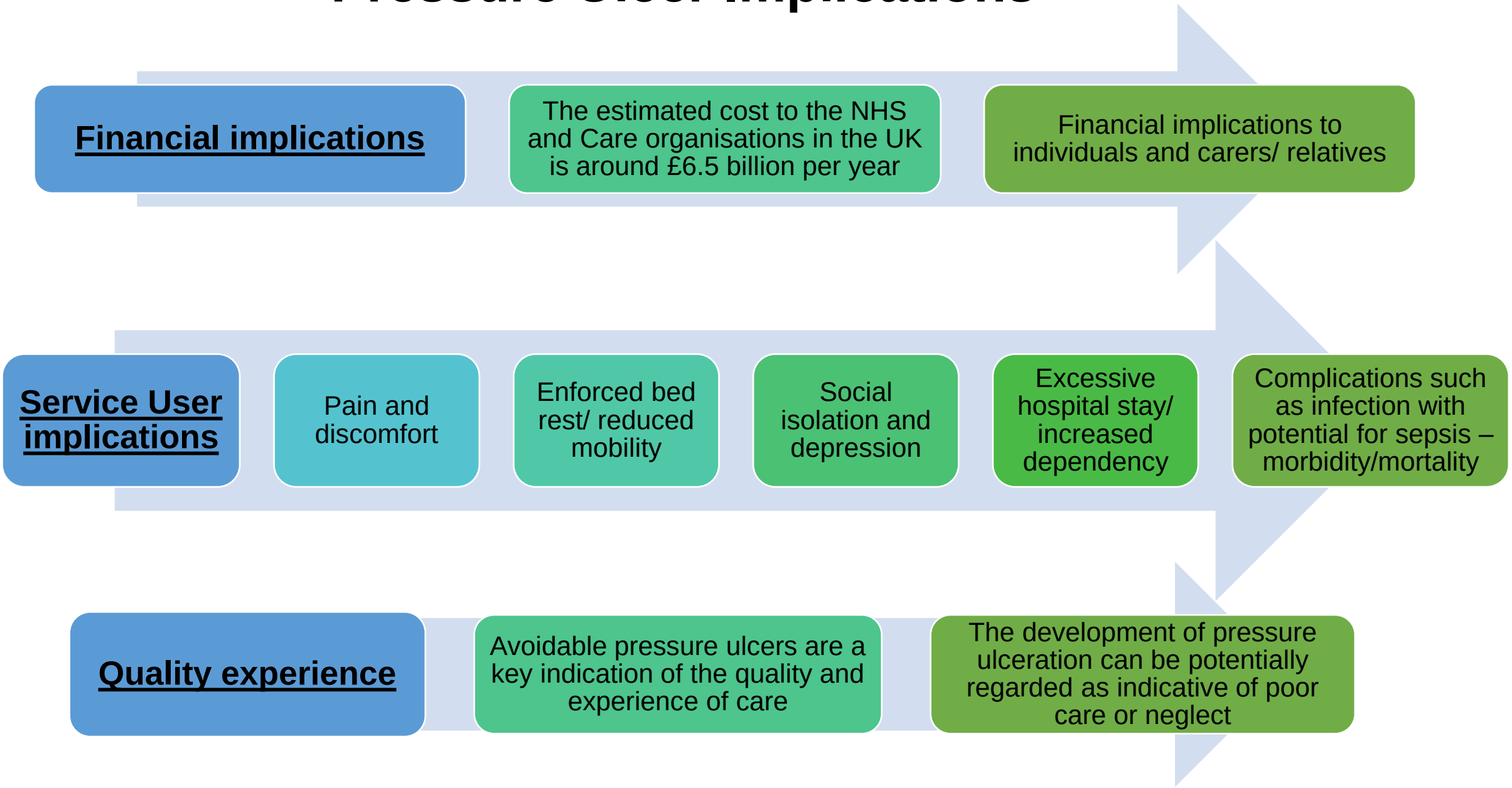
Risk Factors

Sensory impairment	Continence	Levels of consciousness	Posture
Cognition	Previous pressure ulcer	Illness and diseases	Age
	Nutrition and hydration	Mobility	



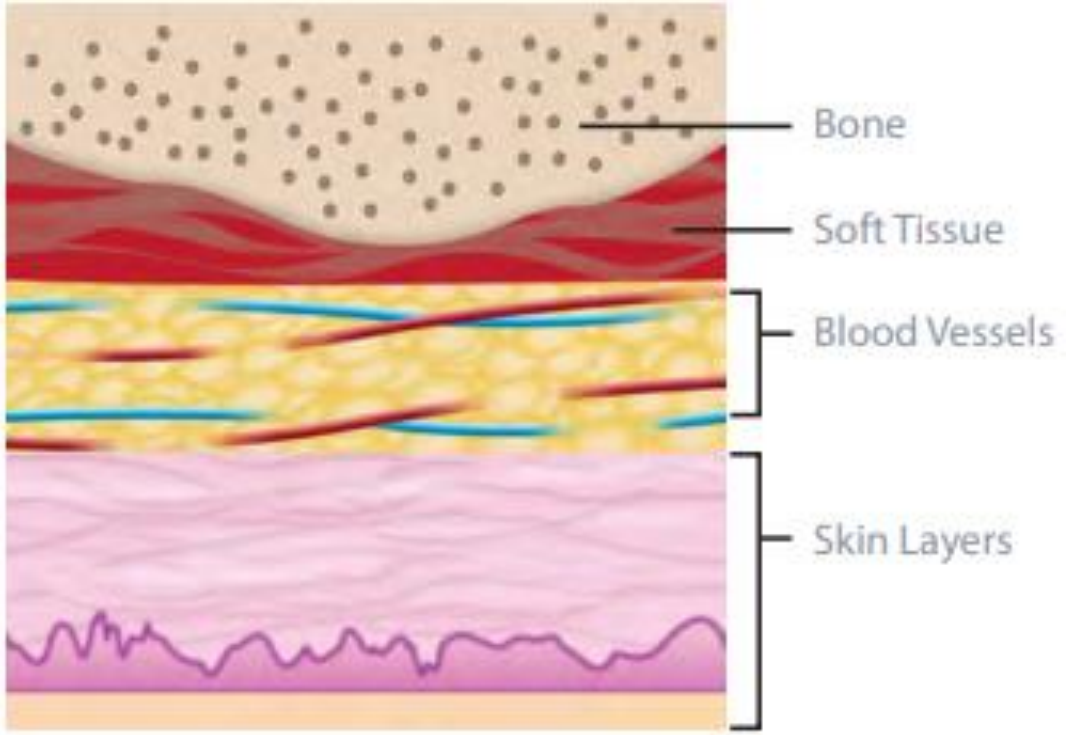


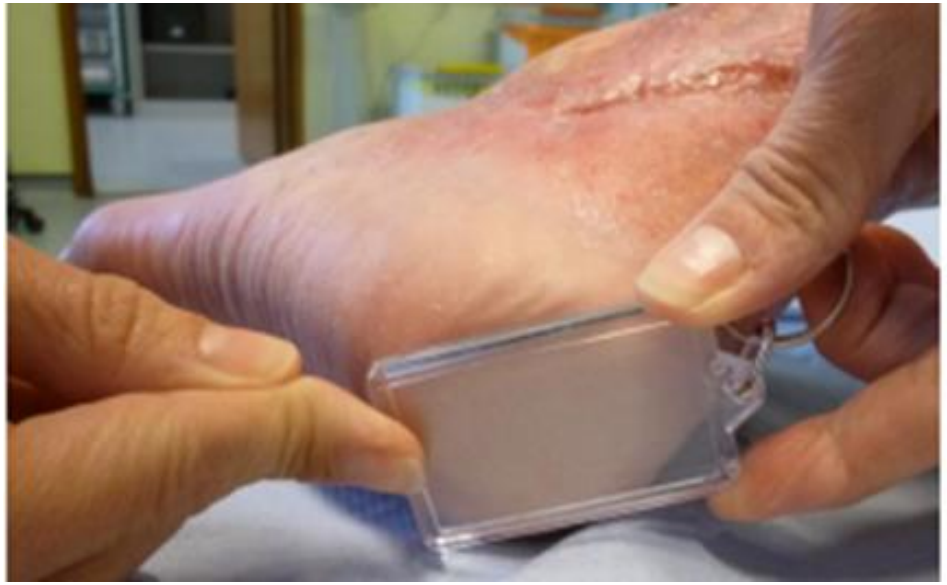
Pressure Ulcer Implications

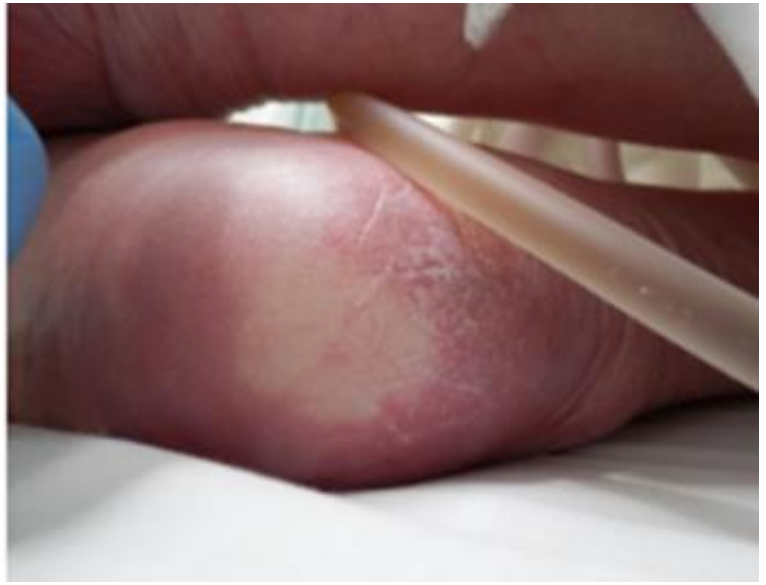


Pressure ulcer categories

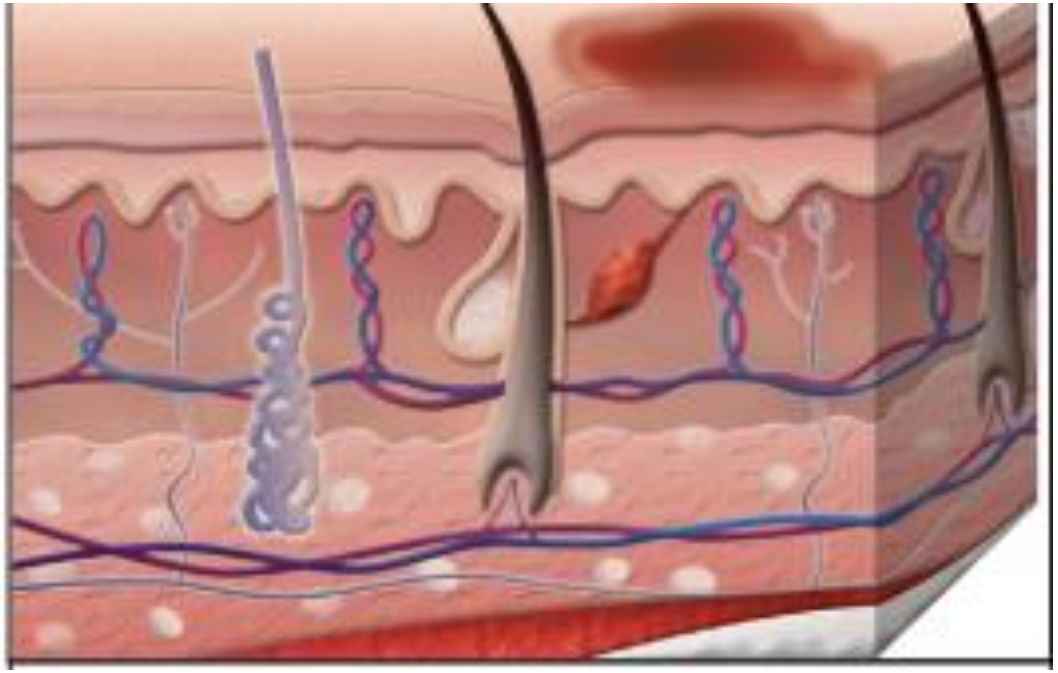
Blanching erythema – not a pressure ulcer

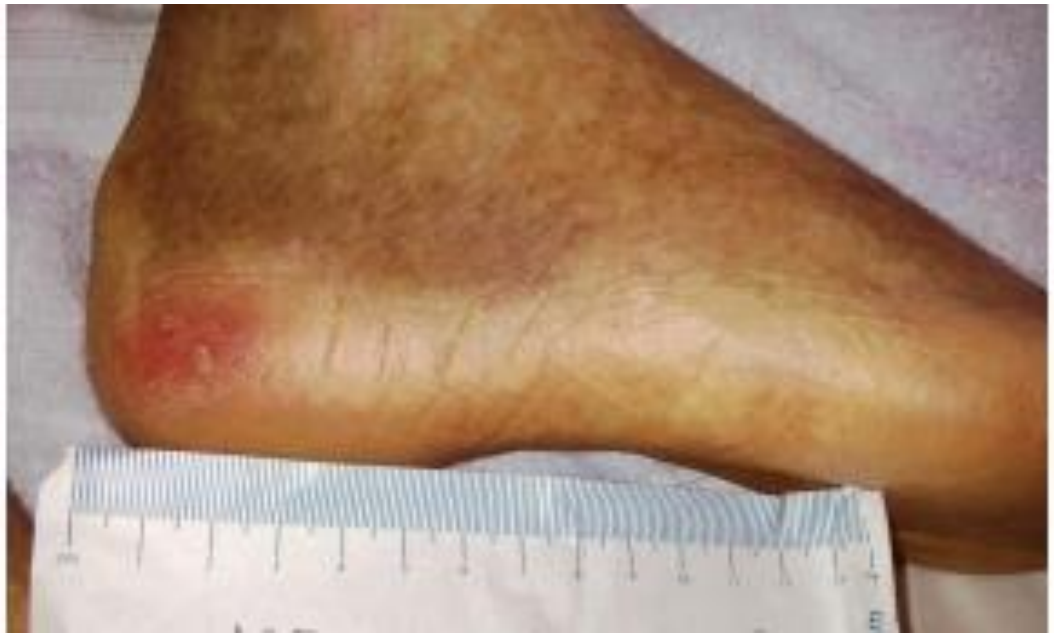


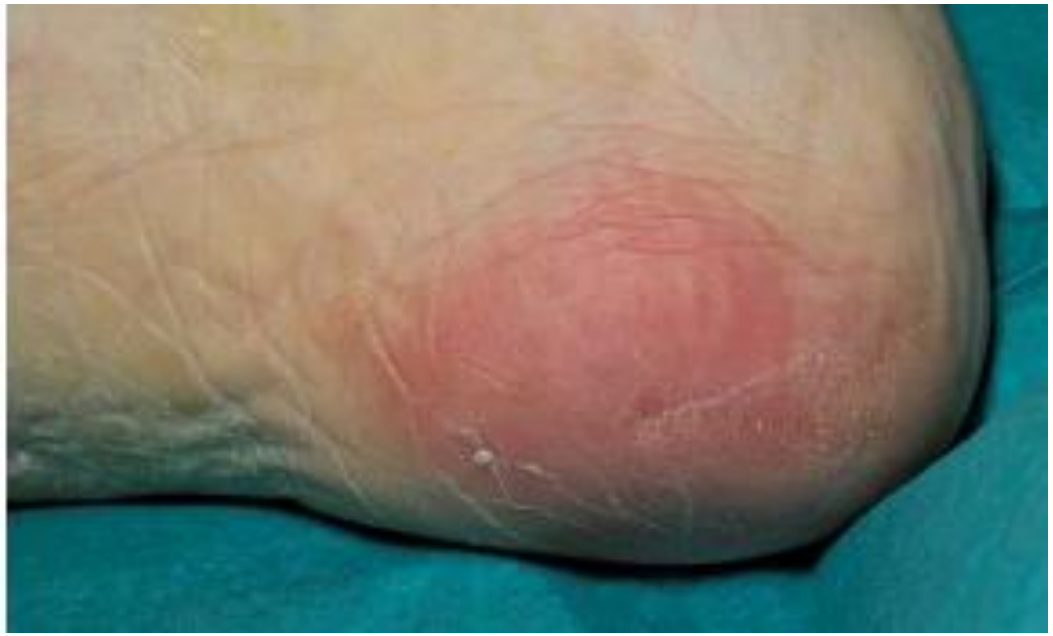




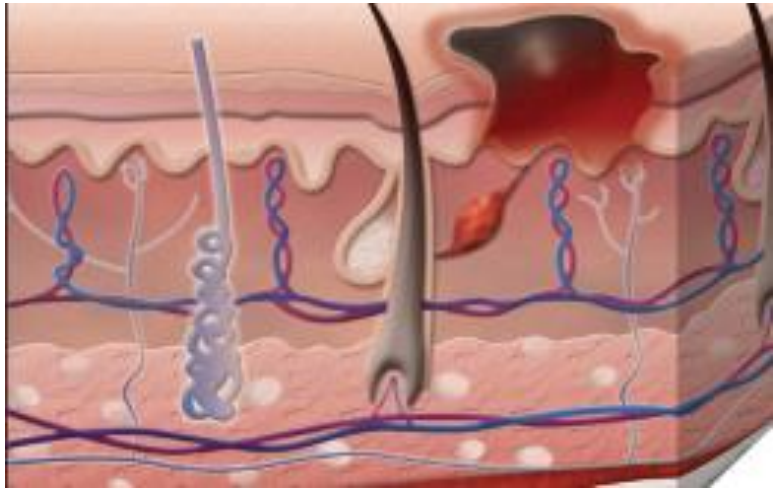
Category 1: Non-blanchable erythema

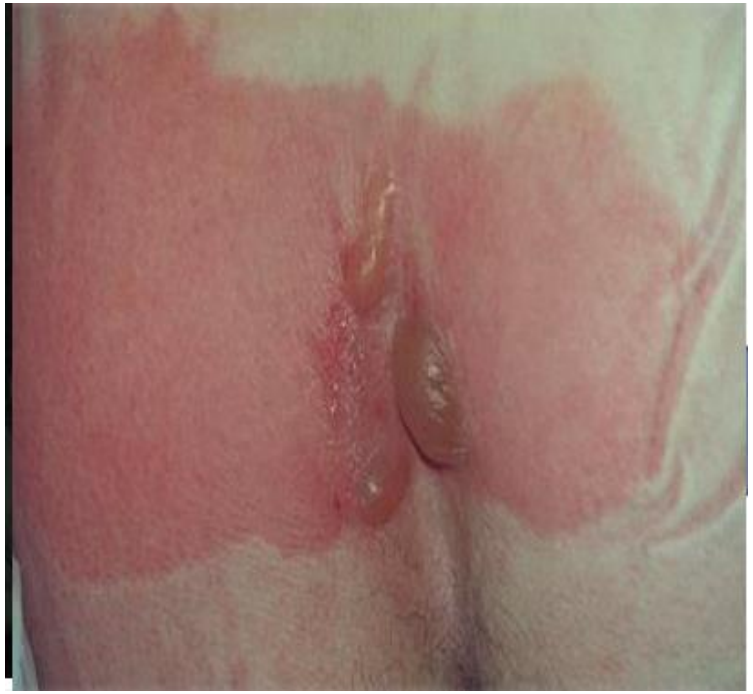


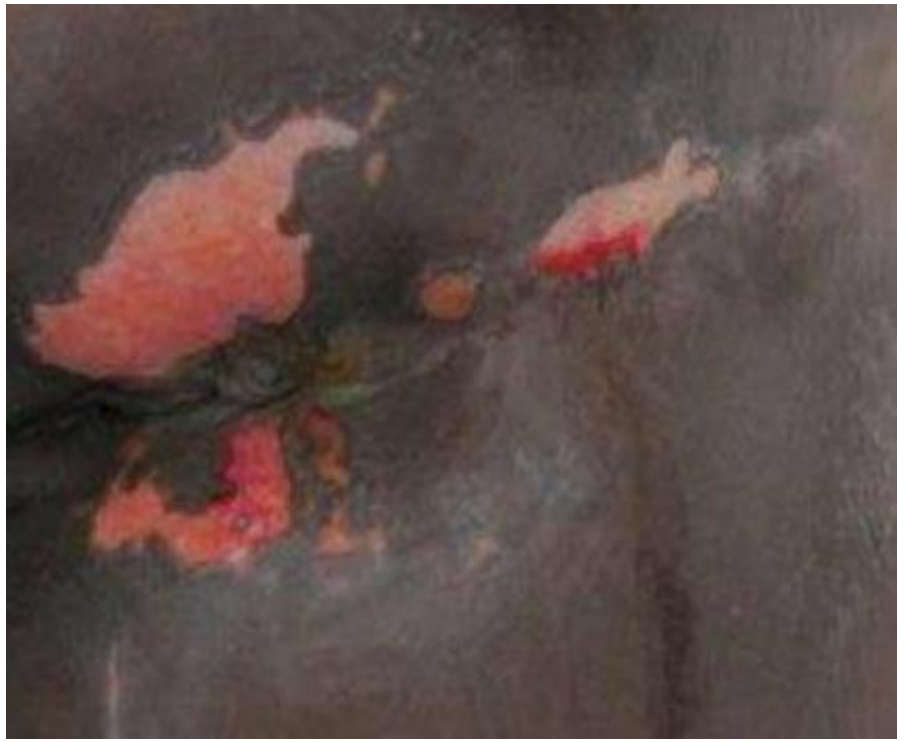




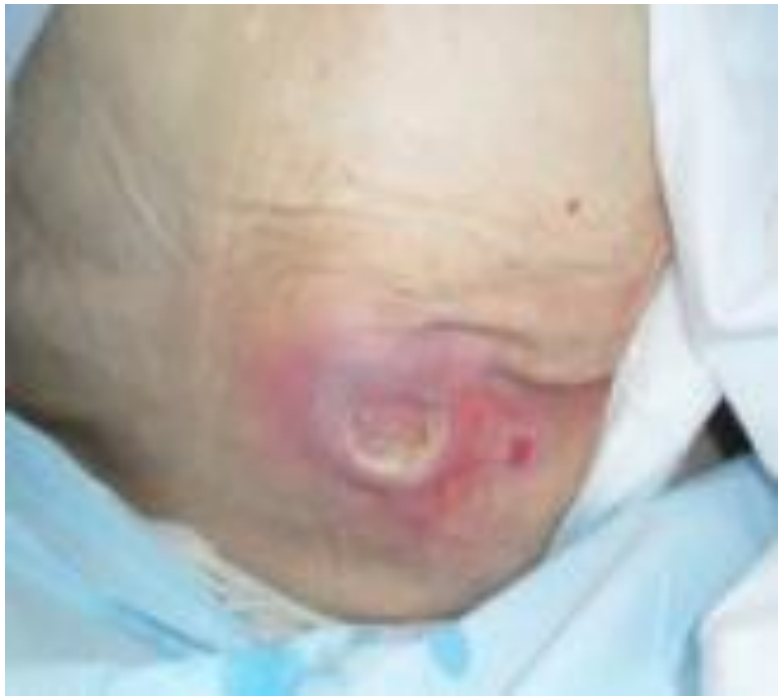
Category 2: Partial thickness skin loss

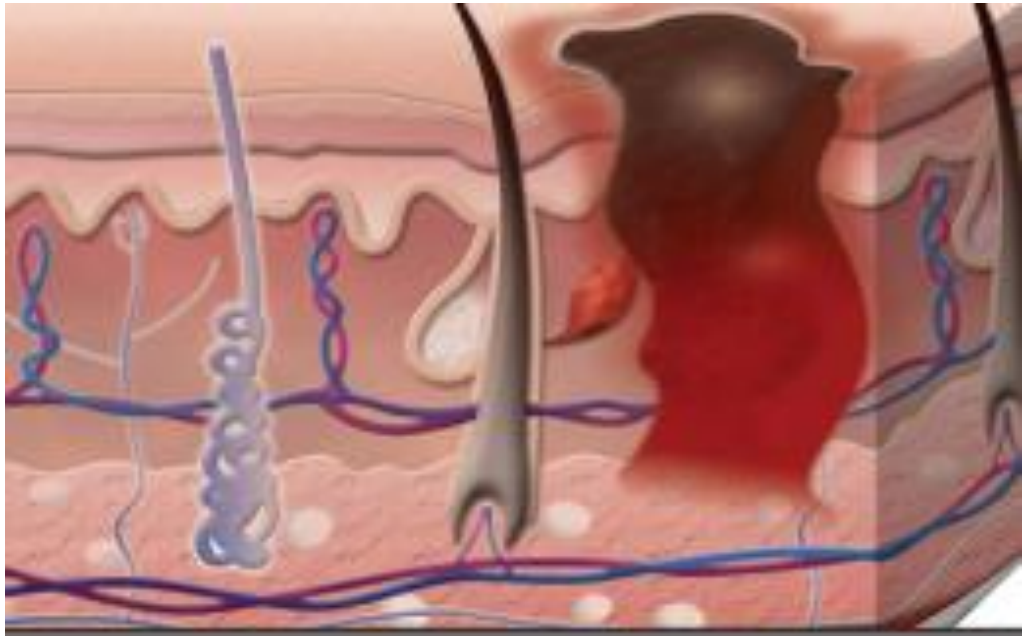


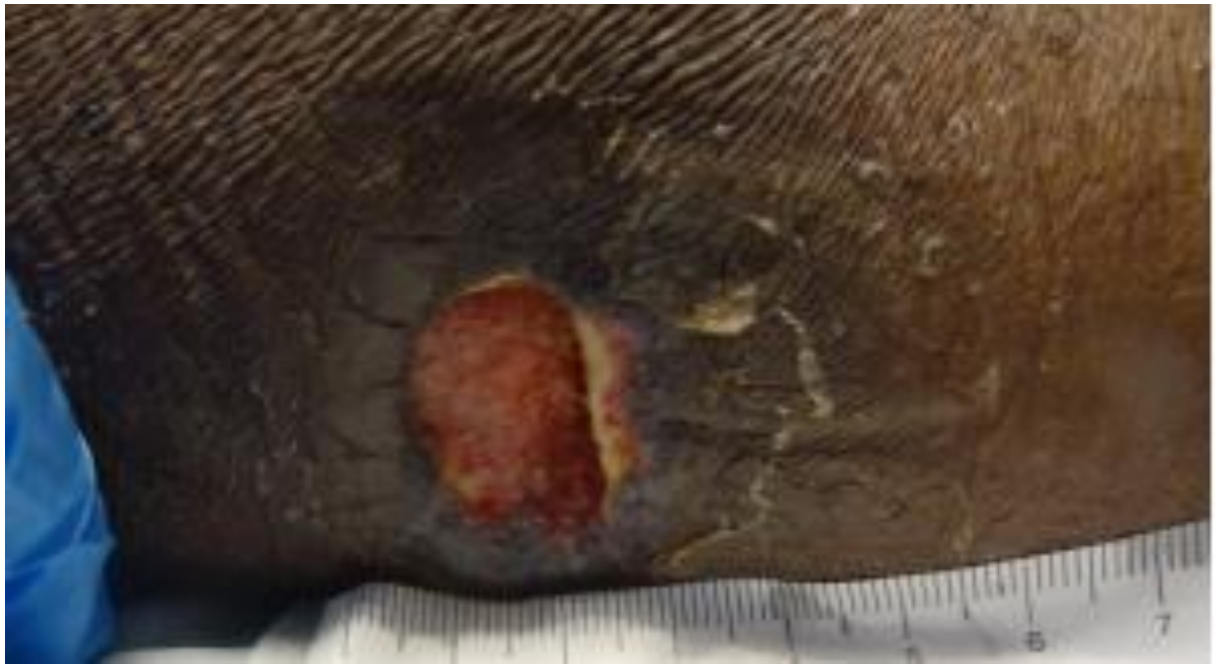




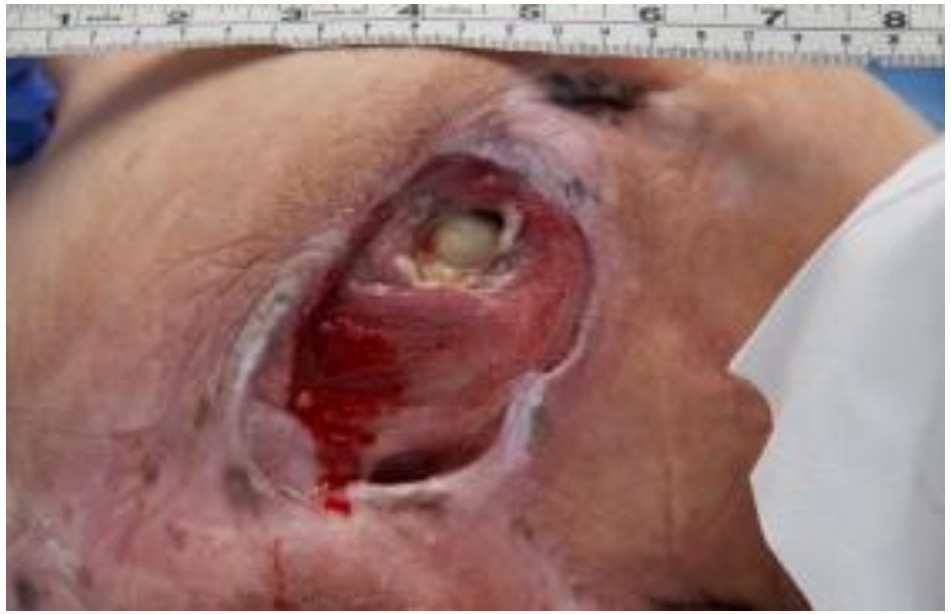
Category 3: Full thickness skin loss

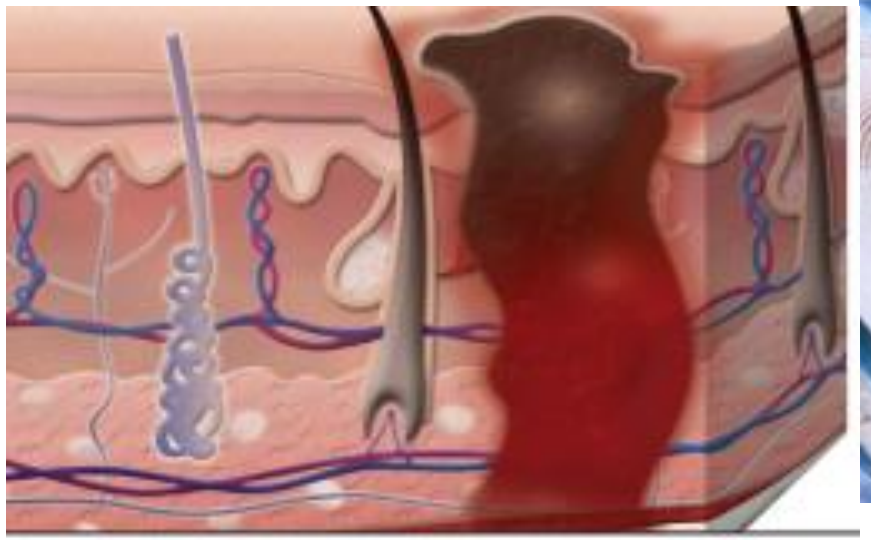


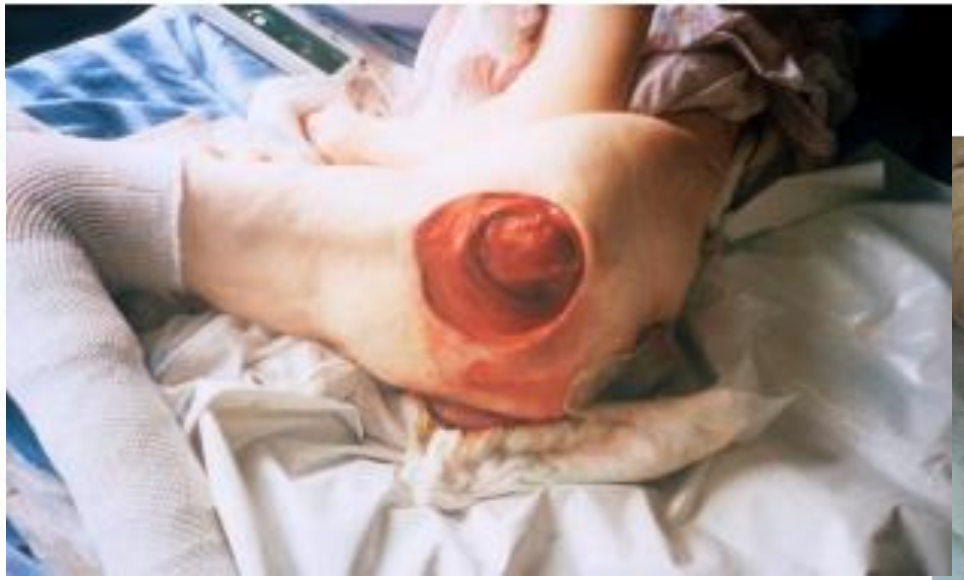




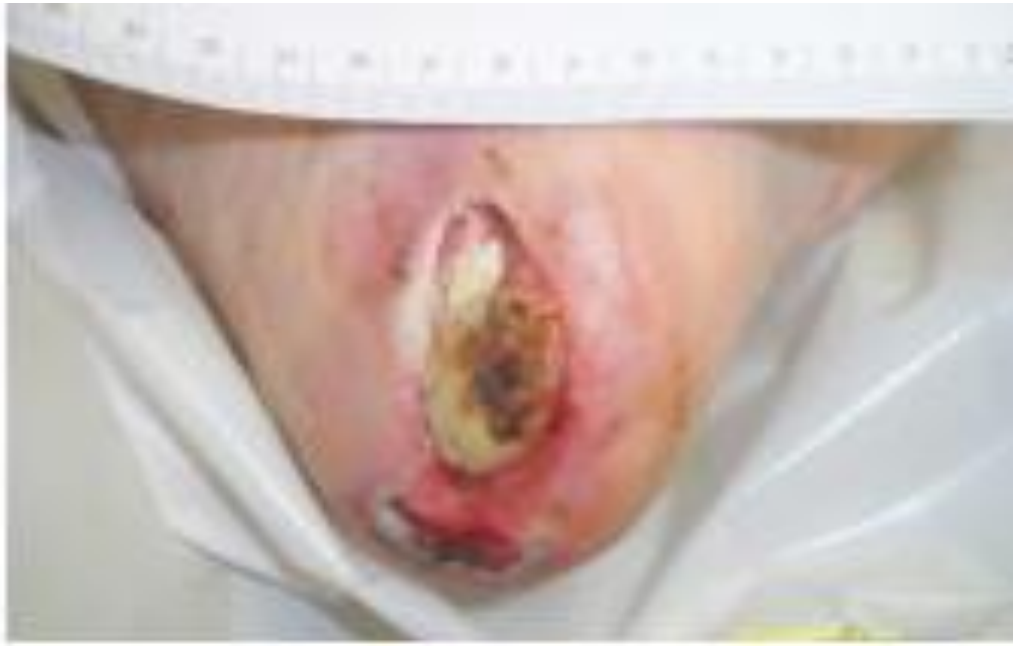
Category 4: Full thickness tissue loss

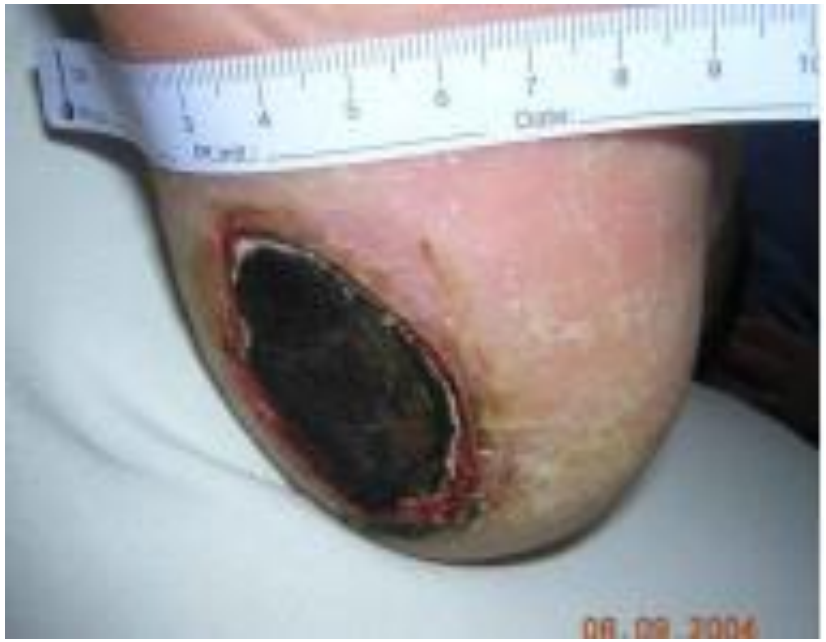






Unstageable: depth unknown





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?

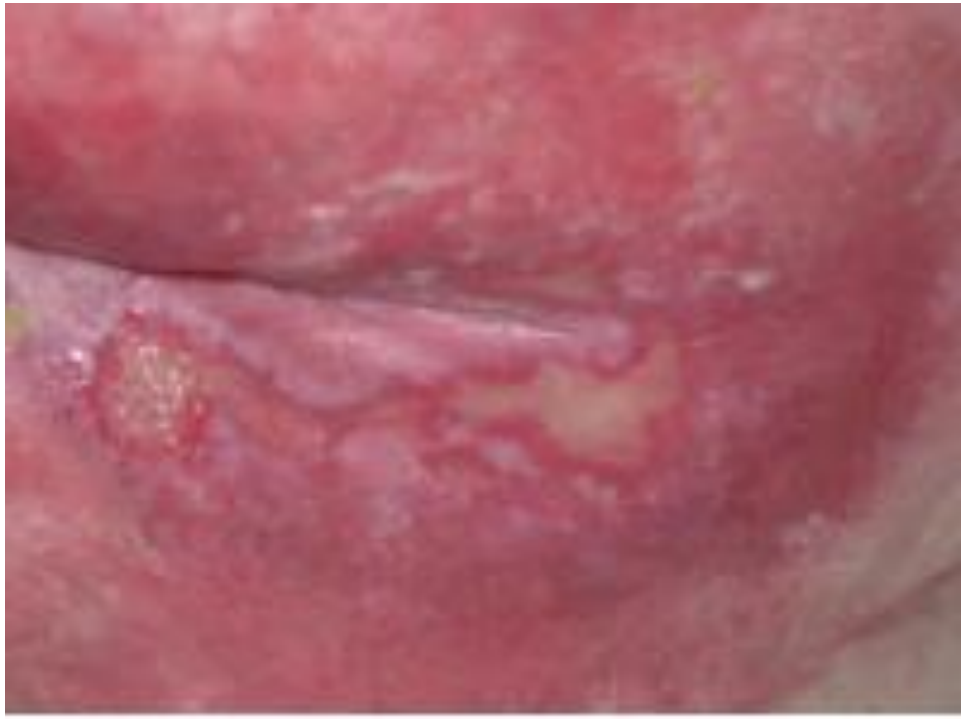
- Assess pressure ulcer risk regularly
- Help people to keep hydrated and to have a nutritious diet
- Help people to keep moving
- Help people to keep skin clean and dry
- Inspect the skin
- Use of pressure-relieving aides

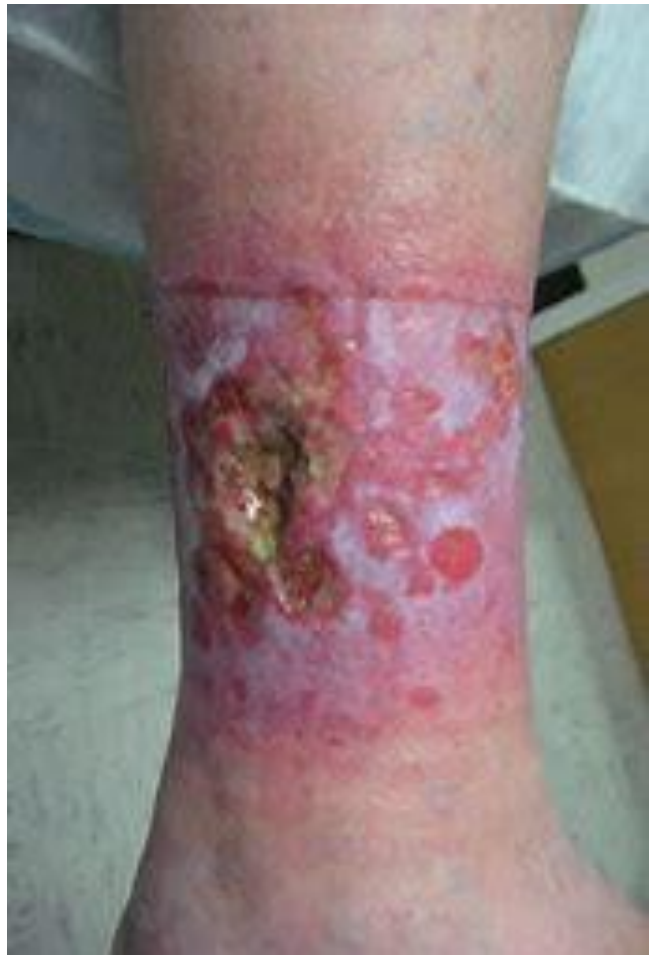
Which group are most likely to develop pressure ulcers?

- Older people

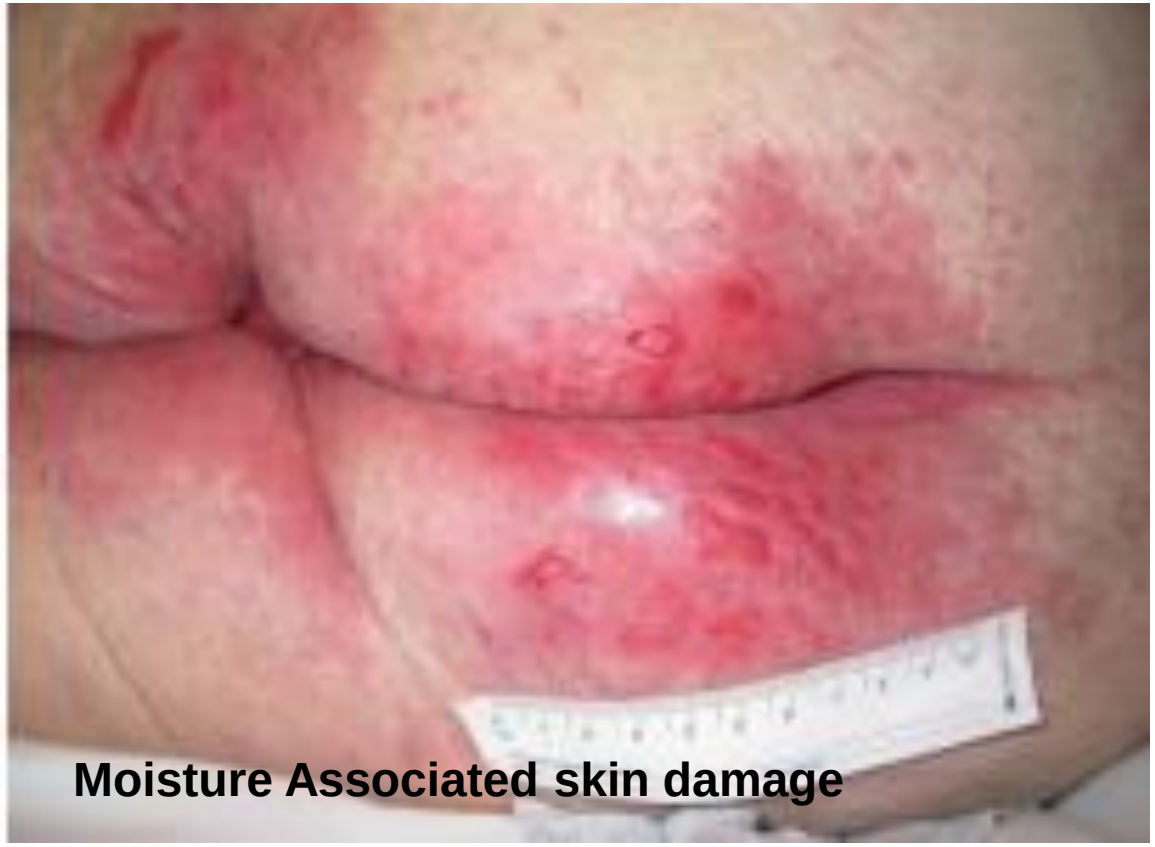
Moisture associated Skin damage

“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 ‘”

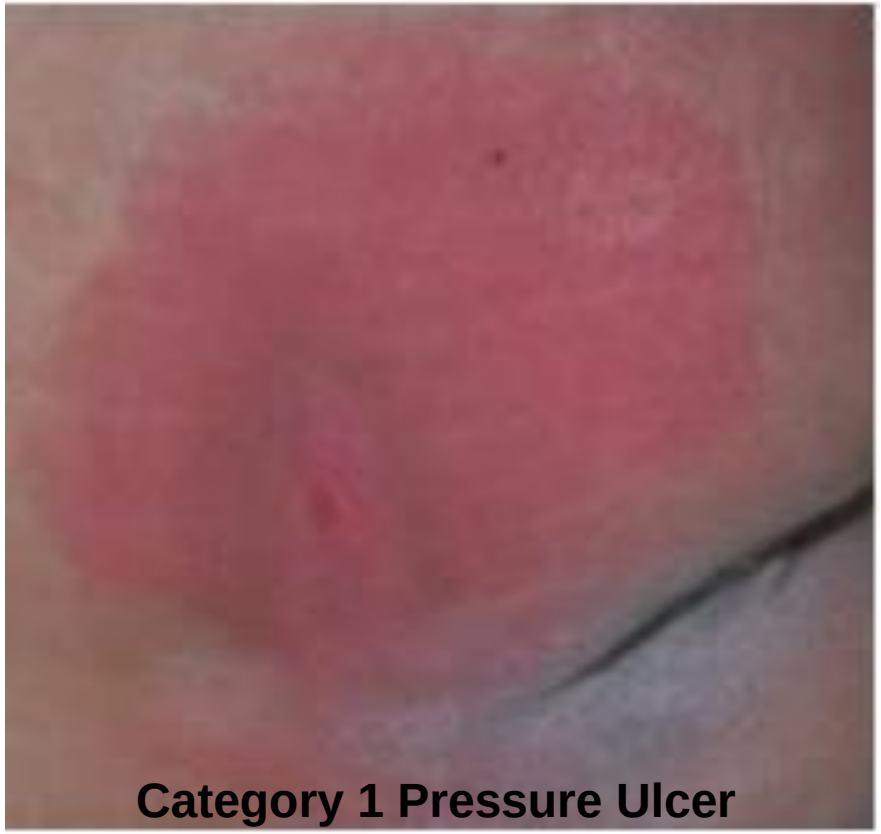




Category 1 or Moisture associated skin damage?

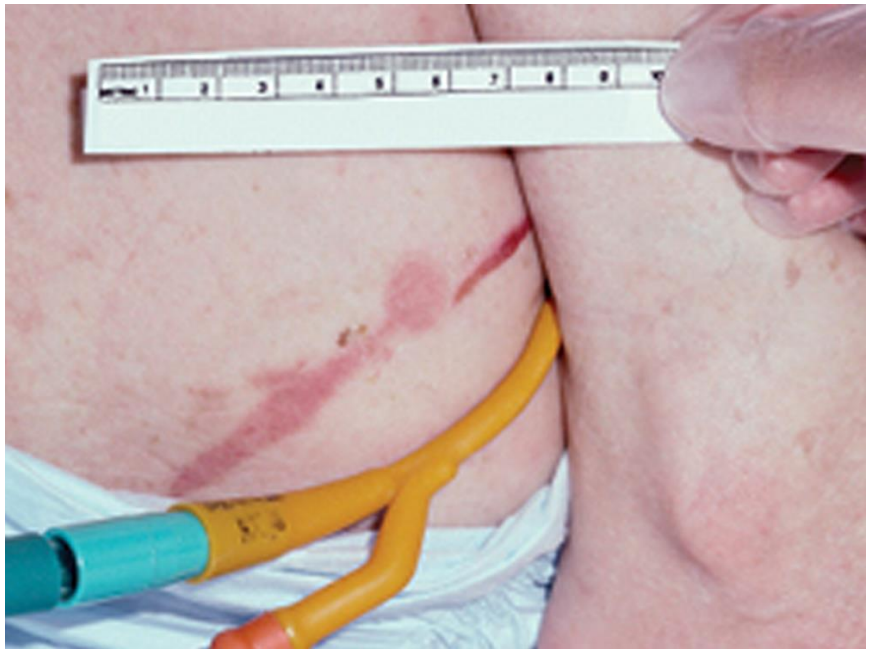


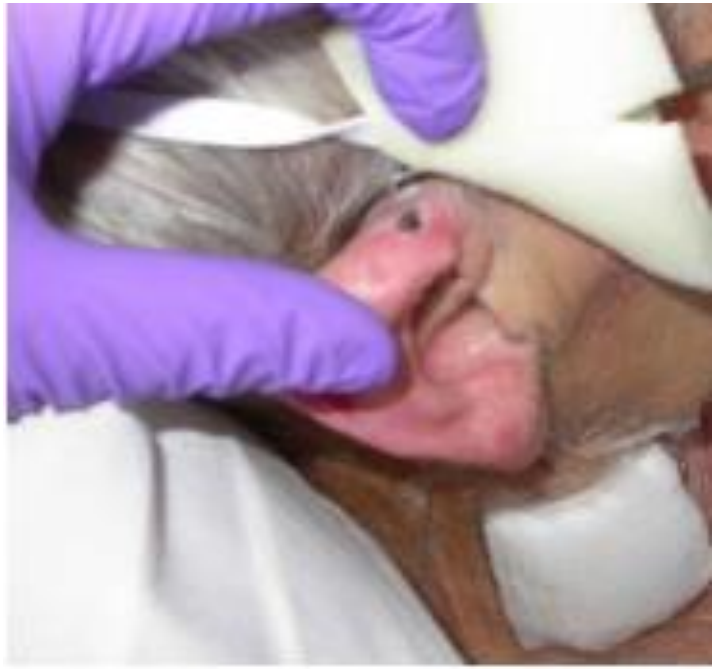
Moisture Associated skin damage

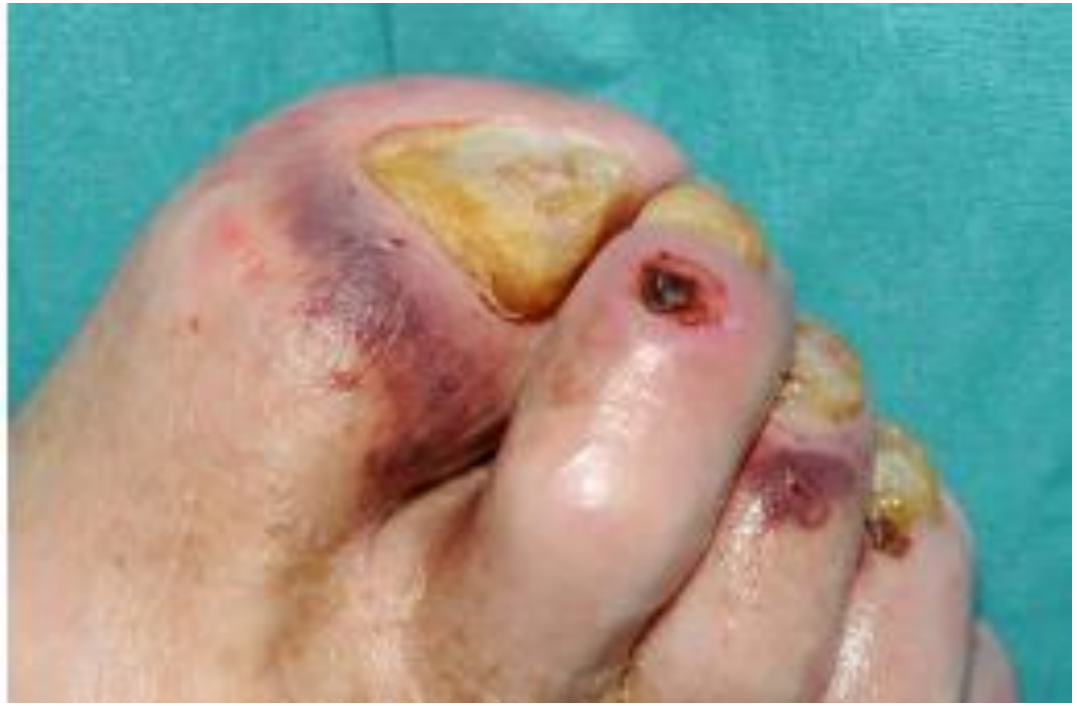


Category 1 Pressure Ulcer

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).
K
S
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N
a
g
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.

Assessment of risk

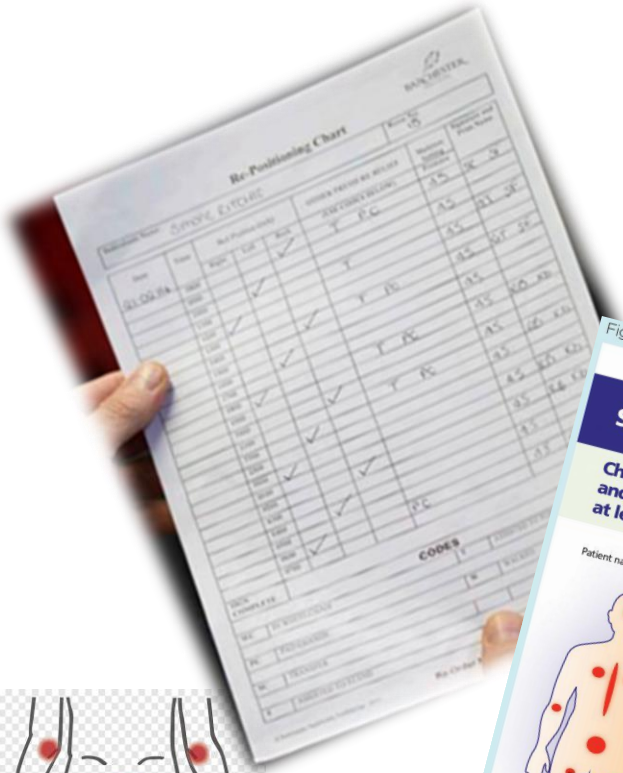
- Everyone
- Holistic
- Risk factors
- Who?
- Frequency?
- What are you looking for?
- Changes

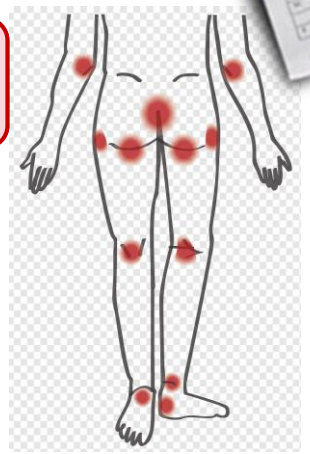
Surface

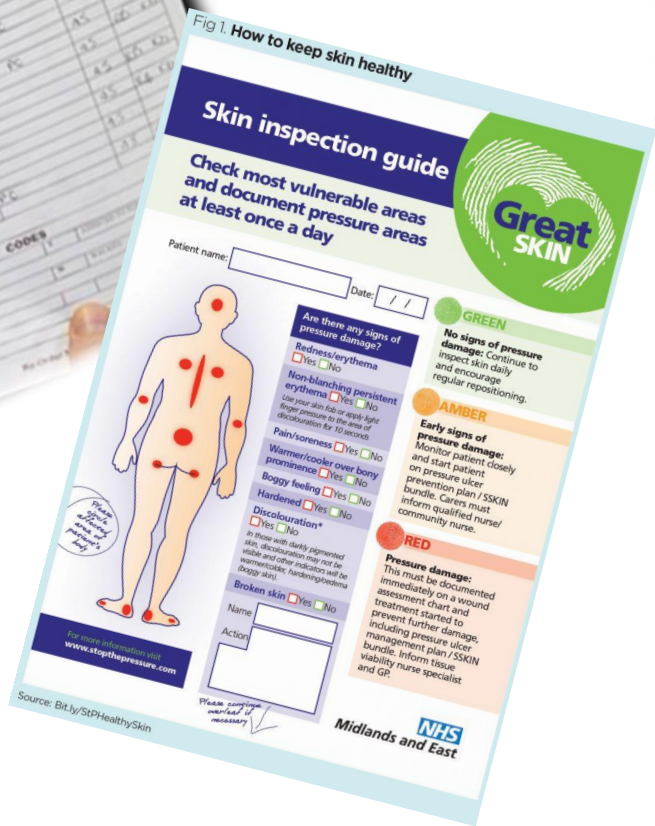
- Risk
- Mobility
- Cognition
- Perception
- Maintenance

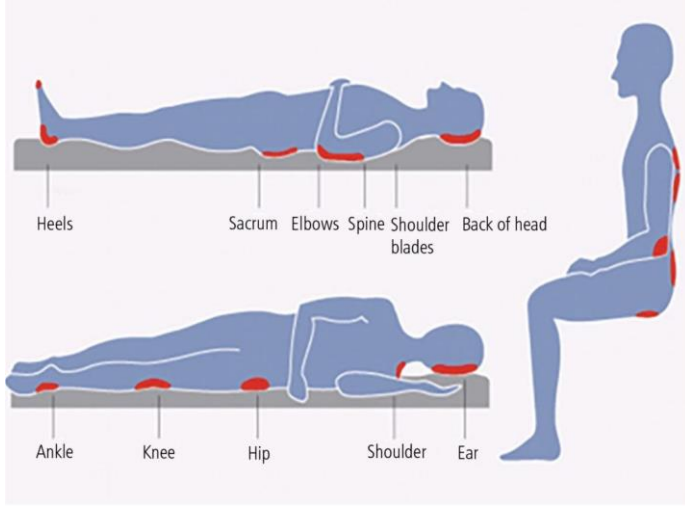
Skin inspection

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





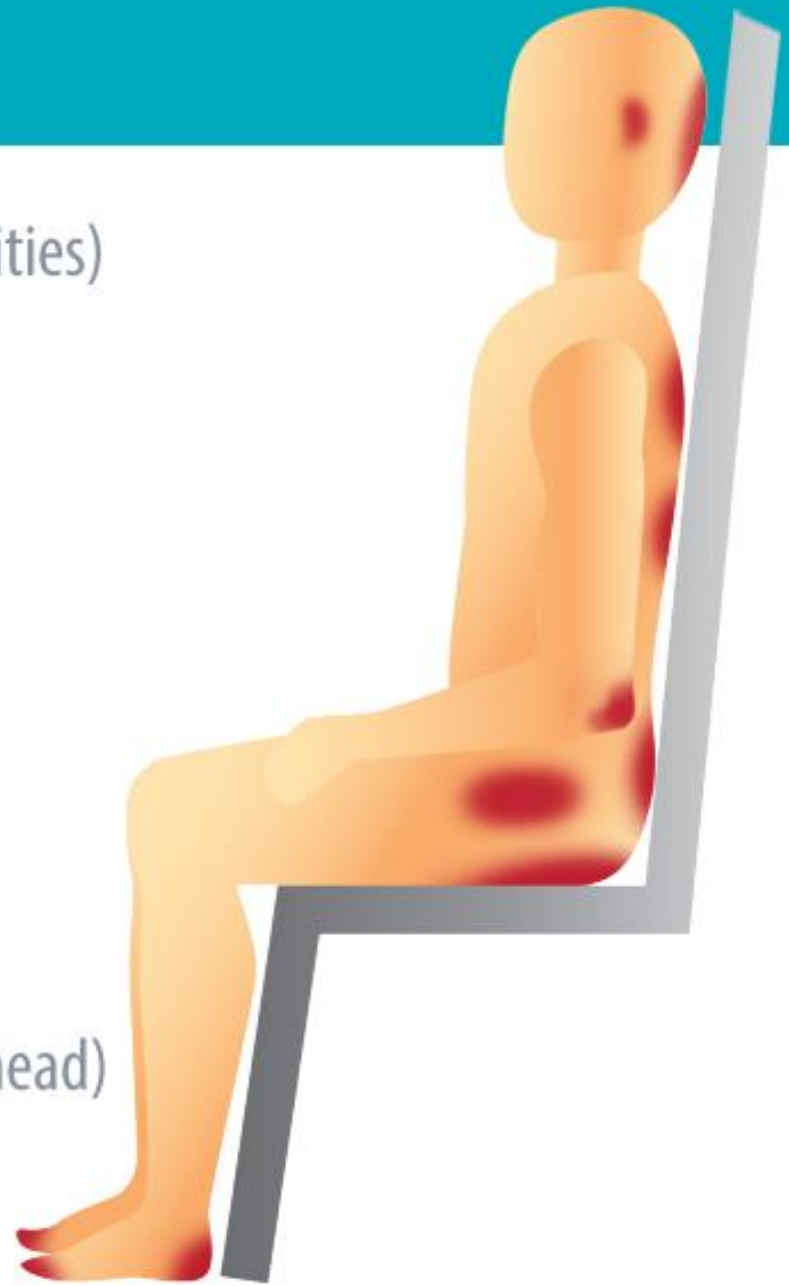




Take your 'BEST SHOT'

LOOK at all the areas which are at risk from pressure damage at every opportunity (as a minimum - morning and at night).

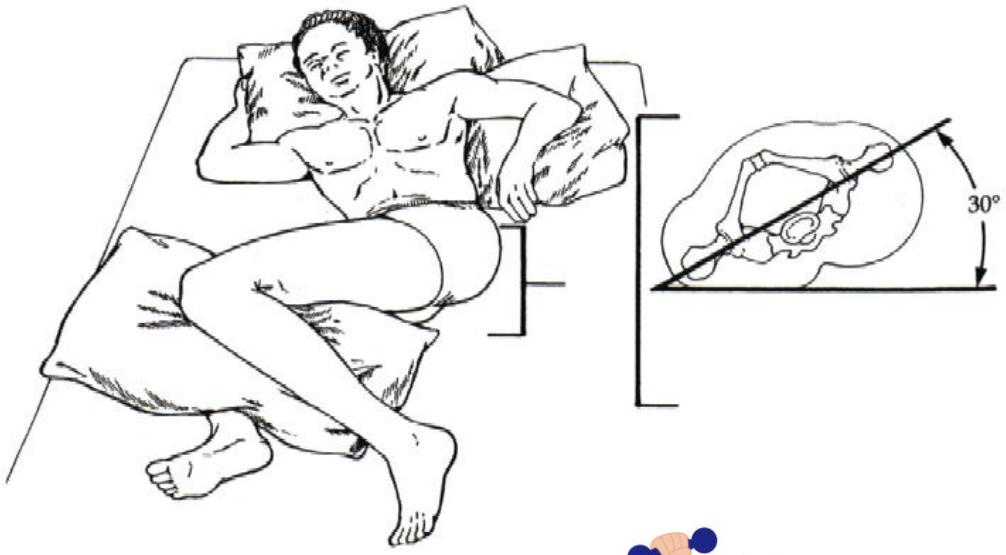
- **B** - **BUTTOCKS** (ischial tuberosities)
- **E** - **ELBOWS/EARS**
- **S** - **SACRUM** (bottom)
- **T** - **TROCHANTERS** (hips)
- **S** - **SPINE/SHOULDERS**
- **H** - **HEELS**
- **O** - **OCCIPITAL AREA** (back of head)
- **T** - **TOES**

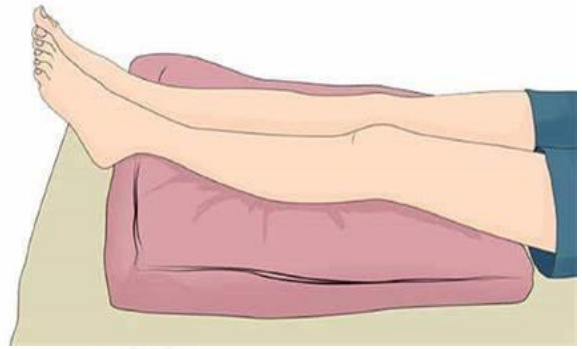


University Hospitals of Leicester NHS Trust, (2010). Best Shot. Tissue Viability Service.

Keep moving

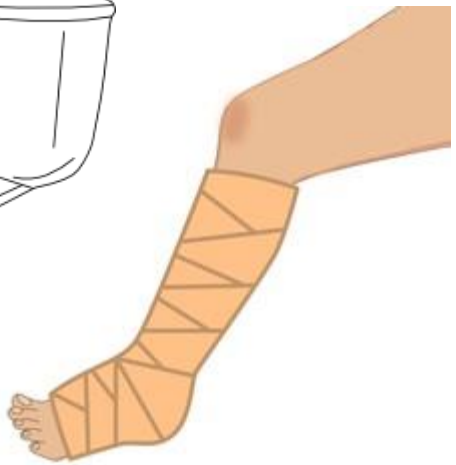
- Mobility
- Moving and handling
- Equipment
- Repositioning
- 30-degree tilt
- Offloading





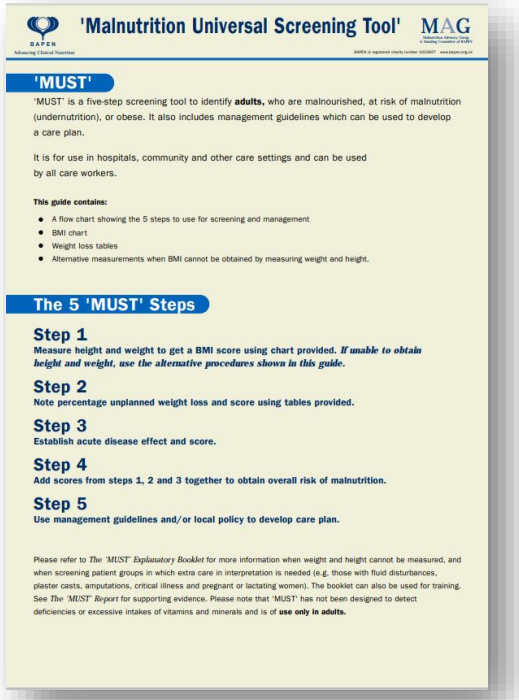
Incontinence and moisture

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



Nutrition and Hydration

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



'Malnutrition Universal Screening Tool'

MAG

'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.

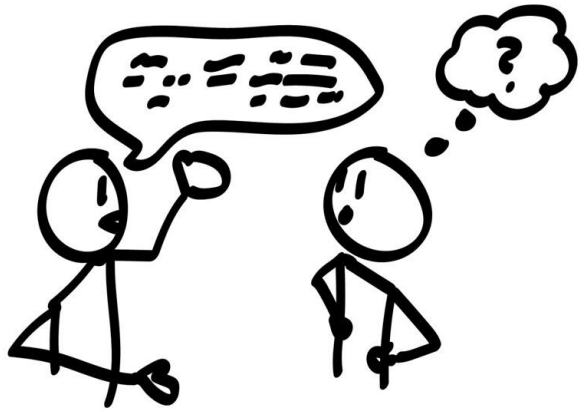
Step 4
Add scores from steps 1, 2 and 3 together to obtain overall risk of malnutrition.

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.**

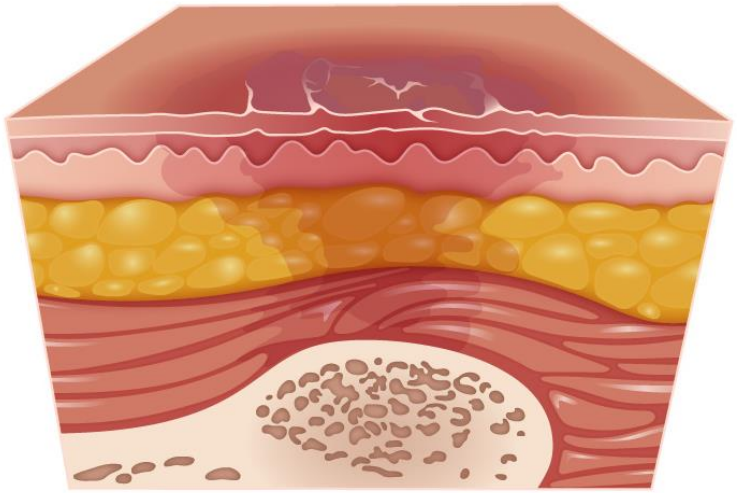
Giving information

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



Knowledge Check

1. What is a pressure ulcer?



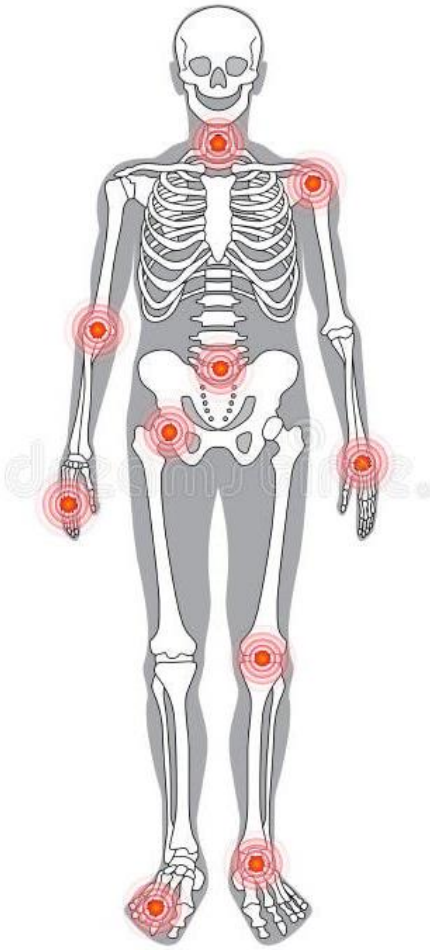
a. A bacterial infection
b. A skin rash
c. An Injury to the skin and/or underlying tissue, primarily caused by prolonged pressure
d. A spot or boil on the skin

2. What are the 3 major factors that can lead to pressure damage?

a. Pressure, shear and friction
b. Poor posture, friction and pressure
c. Pressure, sitting and laying
d. Poor mobility, pressure and shear

3. What areas of the body are pressure ulcers most likely to develop?

a. Upper body
b. Bony prominences
c. Buttocks and sacrum
d. Lower body



4. Which of the following will <u>not</u> help prevent pressure damage occurring?

a. Caring for someone in the same position for a long time

b. Helping people to keep hydrated and maintain a nutritious well-balanced diet

c. Encouraging/assisting people to change position regularly

d. Using pressure relieving equipment

5. Can pressure ulcers be prevented?

a. No, they are an inevitable part of ageing
b. Yes, with proper care and attention to potential risk factors
c. Only if the individual is in good health
d. If the individual exercises regularly

Thank You!

Any Questions?

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