



*National Institute for
Clinical Excellence*

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Clinical Excellence***

11 Strand
London
WC2N 5HR

Web: www.nice.org.uk

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A Guide for Patients and their Carers



**National Institute for
Clinical Excellence**

Working together to prevent pressure ulcers

April 2001

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Working Together to Prevent Pressure Ulcers

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Ordering Information

The full guidance issued to the NHS is available from the NICE website (www.nice.org.uk). Further copies can be obtained by contacting the NHS Response Line on 0870 1555 455 and quoting ref. no. 23643 for the full guidance and ref no. 23644 for the patient leaflet.

This leaflet is also available in Welsh, reference number 23651.

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London
WC2R 5HR

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About Clinical Guidelines

The National Institute for Clinical Excellence (NICE) is a part of the NHS. It produces guidance for both the NHS and patients on medicines, medical equipment and clinical procedures and where they should be used. This guidance exists to help patients and their healthcare team make the right decisions about health care. The recommendations in this booklet are adapted from a guideline produced by the National Institute for Clinical Excellence based on the work of the Royal College of Nursing. The advice is based on the results of scientific studies and expert knowledge of the best ways to prevent pressure ulcers.

This booklet contains the best advice currently available to help people avoid getting a pressure ulcer. It is for people who are at risk of developing a pressure ulcer (also known as pressure sores or bed sores). If you have a relative or carer who helps to look after you, they may also find this booklet useful. It has been written to help you be involved in your care and to know what to expect from healthcare staff who look after you.

Clinical guidelines are recommendations for good practice. They are not regarded as a substitute for a health professional's clinical judgement. Therefore there may be good reasons for the treatment you are offered to differ from the recommendations in this booklet. If the care you receive is very different, then you (and/or your carer) should discuss the reasons with your doctor or nurse.

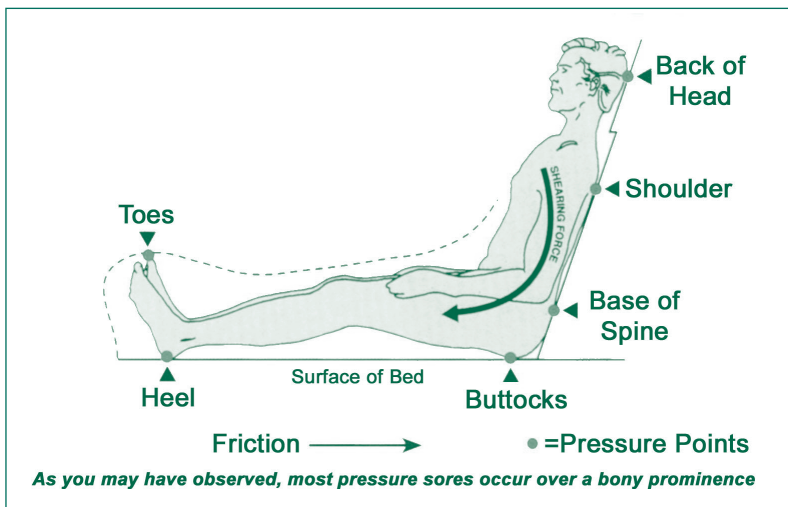
What are pressure ulcers?

Pressure ulcers are areas of damage to the skin and underlying tissue. They are also known as pressure sores or bed sores.

If care is not taken, pressure ulcers can be serious. They can damage not just the skin but also the fatty tissue beneath the skin. Pressure ulcers may cause pain, or lead to a longer stay in hospital. They can become infected, sometimes causing blood poisoning or bone infections. In severe cases, the underlying muscle or bone may be destroyed. In extreme cases pressure ulcers can become life threatening.

Pressure ulcers are caused by a combination of:

- **Pressure** – normal body weight can squash the skin in people at risk and damage blood supply to the area which can lead to tissue damage;
- **Shearing** – strain forces the skin and upper layers away from deeper layers of skin. This can happen when you slide down, or are dragged up, a bed or chair;
- **Friction** – poor lifting and moving techniques can remove the top layers of skin. Repeated friction can increase the risk of pressure ulcers.



(Diagram courtesy of the Tissue Viability Society)

Usually, people can relieve the effects of pressure, friction or shearing by moving around, changing position and adjusting clothing and bedding. If you are unable to do this you may be at increased risk of developing pressure ulcers.

You may be at risk of developing pressure ulcers for a number of reasons, including:

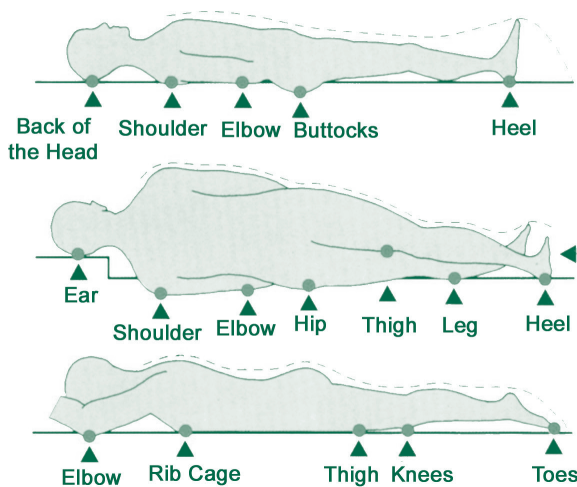
- Problems with movement**

Your ability to move may be limited or you may be unable to move. This may be due to a variety of causes, for example a spinal cord injury, old age, very young age, a long-term illness such as osteoarthritis, a sudden event or condition such as being unconscious or during an operation.

- **Problems with sensitivity to pain or discomfort**
Some conditions (for example diabetes, stroke) and some treatments (eg epidural pain relief) may reduce your sensitivity to pain or discomfort so that you are not aware of the need to move.
- **Poor circulation**
Poor circulation caused, for example, by vascular disease or heavy smoking, may increase your risk of pressure ulcers.
- **Moist skin**
You may be at increased risk if damp skin caused, for example, by incontinence, sweat, or a weeping wound, is not kept clean and dry.
- **Pressure ulcers in the past**
Scar tissue from a previous pressure ulcer is weaker and more prone to further damage.
- **Inadequate diet or fluid intake**
Poor diet may cause you to be malnourished. Lack of fluid intake may lead to dehydration. Losing too much weight can lead to loss of padding over bony points.

To assess your risk of developing pressure ulcers, a member of the health care team looking after you will examine you and ask you certain questions. This is called a 'risk assessment'.

Common sites for pressure ulcers



(Diagram courtesy of the Tissue Viability Society)

Assessing your risk

Your risk assessment should be carried out by someone who has had special training in identifying people at risk of developing pressure ulcers. The timing of the risk assessment will depend on your individual circumstances and condition but should take place within six hours of any admission to hospital. If you (or your carer) are aware of a risk you should inform the health care staff looking after you as soon as possible. The results of the risk assessment should be noted in your medical records.

If the assessment reveals that you are at risk your health care team should draw up a plan of action (a prevention plan) to help prevent the development of a pressure ulcer. The prevention plan should be discussed with you (and/or your carer if appropriate), written into your medical records and put into action shortly after the examination.

Care from your health care staff - what you can expect

If your condition or circumstances change over time, your risk of developing pressure ulcers should be reassessed.

You (and your carer if appropriate) should be fully informed about your care and be involved in decisions about your care. The health care staff who look after you should respect and take into account your knowledge and experience, especially if you have been at risk of pressure ulcers for a long time.

The care and advice you should expect to receive from health care staff to prevent pressure ulcers should include:

Skin inspection

Your skin will be inspected regularly. How often will depend on how quickly your condition is changing. The areas of skin that your health care staff inspect will depend on the areas identified as vulnerable in your risk assessment.

Position

If you are able to do so, you will be encouraged to change your position at frequent intervals and advised about correct seating positions, supporting your feet and posture.

If you need help to move, staff looking after you will move you at regular intervals. How often you are moved and to what position will depend on your level of risk. This should be agreed with you and recorded in your notes. If you are uncomfortable at any time, tell the staff who are looking after you.

Staff may use special lifting equipment and should not leave you on the equipment once it has been used to move you.

Equipment

You should not use the following as pressure relieving aids: water filled gloves; synthetic sheepskins; genuine sheepskins; and doughnut-type devices.

No seat cushion has been shown to out-perform another. It is not possible to recommend any particular type to use for pressure redistribution purposes.

Information and training

If you (or your carer) want information or training on how to prevent pressure ulcers yourselves, health care staff can offer this. They can provide information and advice on:

- the risk factors associated with developing pressure ulcers
- areas of your skin that are of the greatest risk of pressure damage
- how to inspect your skin and recognise skin changes
- how to care for your skin
- methods for relieving or reducing pressure
- the need to seek professional advice as soon as you notice signs of pressure
- where to seek further advice and assistance if you need it

Things you can do for yourself to avoid pressure ulcers are described in more detail below.

Self care - what you and your carer can do

Skin inspection

If you are willing and able to do so, staff can teach you how to inspect your own skin. Training can also be given to your carer (if you have one). You or your carer should inspect your skin regularly, looking for signs of possible or actual damage.

The signs to look for are:

- Purplish/bluish patches on dark-skinned people
- Red patches on light-skinned people
- Swelling
- Blisters
- Shiny areas
- Dry patches
- Cracks, calluses, wrinkles

The signs to feel for are:

- Hard areas
- Warm areas
- Swollen skin over bony points

If you or your carer notice possible or actual signs of damage, you should inform your health care staff immediately. Contact the nursing staff if you are in hospital or your district nurse or GP if you are at home.

Relieving pressure

You (and your carer if you have one) should be given advice on how best to relieve or reduce pressure on areas of your skin that are susceptible to pressure damage. You should be given advice about:

- What are the correct seating and lying positions
- How to adjust your lying or sitting position
- How often you need to move or be moved
- Which equipment you should use and how
- How to avoid pressure (e.g. by making sure bedding is free of creases, clothing does not have thick seams, zips, studs and buttons, and shoes and socks are not too tight)

Further Information

For further information about pressure sores talk to your Doctor or Nurse. Tissue Viability Nurses are specially trained in pressure ulcer care. Advice on and assessment of your need for seating aids and equipment may be available from your local physiotherapy or occupational therapy department.

For confidential healthcare advice and information contact

NHS Direct Phone 08 45 46 47
NHS Direct online web www.nhsdirect.nhs.uk

For specialist information on pressure ulcers and how to prevent them contact:

The Tissue Viability Society Phone: 01722 429057
The Glanville Centre Mon to Fri 9.00am –
Salisbury District Hospital 5.00pm
Wiltshire e-mail: tv@s@di@l.pipex.uk
SP2 8BJ web: www.tvs.org.uk

For further information about NICE, the Clinical Guidelines Programme or other versions of this guideline (including the sources of evidence) you can visit the NICE website at www.nice.org.uk. Full copies of the guideline can be requested from 0870 1555 455, quoting the reference number 23643.

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