

Prevention and Management of Pressure Ulcers Policy



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| Prevention and Management of Pressure Ulcers Policy | | | |
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Executive Summary

This policy outlines the key actions, roles and responsibilities in relation to the prevention and management of pressure ulcers.

Pressure ulcers (also called pressure sores, bed sores and decubitus ulcers) are defined as, localised damage to the skin and/or underlying soft tissue, which usually occur over a bony prominence or related to a medical or other device. The injury occurs as a result of intense and/or prolonged pressure, or pressure in combination with shear. It can occur in any person, who, for example, cannot reposition themselves, have limited mobility, cognitive impairment, palliative and end-of-life care needs, or who are acutely ill. Other contributory factors include poorly controlled diabetes, poor bladder or bowel function, and poor nutrition and hydration.

For pressure damage it is important to determine if the damage is:

1. Healable within an individual's life expectancy
2. Managed conservatively
3. Non-healable or palliative
4. Avoidable
5. Unavoidable

Pressure damage negatively affects quality of life and imposes a significant financial burden on healthcare systems.

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1.0 Purpose

The purpose of this policy is to ensure that all patients within NHS Lothian are systematically assessed and effective preventative strategies are implemented to reduce the risk to the skin of breakdown and facilitate healing of damaged tissue from pressure, shear, friction and moisture.

This policy includes the prevention, management and reporting responsibilities of all pressure ulcer related incidents.

2.0 Policy statement

This policy provides direction and standardised practice for staff on the prevention and management of pressure ulcers across all Lothian care settings. The policy will clarify the responsibilities and accountability of all members of the multidisciplinary team involved in the prevention and management of pressure ulcers and will clearly set out the key principles staff must to follow to ensure consistent, high quality care.

This policy should be read in conjunction with the [Healthcare Improvement Scotland \(HIS\) Pressure Ulcer Prevention Standards \(2020\)](#)

3.0 Scope

This policy is based on the best available evidence at the time of development and applies to all health and social care professionals working within Lothian that have direct or indirect involvement with patients at risk of pressure ulceration including registered and non-registered staff. This predominantly includes but is not limited to Medical teams, Nursing, Midwifery and Allied Health Professionals (AHPs) across all care settings, including bank and agency staff.

It includes the prevention, assessment and management of pressure ulcers in all settings, including hospitals, inpatient mental health settings, all care homes and in people's own homes.

When clinical judgement takes precedence above this policy the registered clinician will document clearly their rationale for any deviation from this policy.

4.0 Definitions

Pressure ulcers are graded by degree of damage (see [The Scottish Adaptation of the European Pressure Ulcer Advisory Panel \(EPUAP\) Pressure Ulcer Classification Tool](#)).

Medical Device related pressure ulcers - Pressure ulcers that have developed due to the presence of a medical device and are graded using the Scottish Adapted Classification Tool.

Mucosal Pressure Ulcers - Pressure ulcers that occur on the mucosal membranes of the skin i.e. lips, inside nostrils or genitals are referred to as 'mucosal pressure ulcers'. Due to the anatomical location and underlying structures they cannot be graded.

Tissue Viability - The promotion and maintenance of skin integrity. Tissue Viability refers to the assessment, treatment and management of patients with a wide variety of tissue integrity problems.

Unavoidable pressure ulcer – The person receiving care developed a pressure ulcer even though the provider of the care had evaluated the person's clinical condition and pressure ulcer risk factors. This includes planning and implementing interventions that are consistent with the persons' needs and goals, within recognised standards of practice and the impact of the interventions evaluated and revised as appropriate. Or the individual person declined to adhere to prevention strategies in spite of education of the consequences of non-concordance.

Avoidable pressure ulcer- The person receiving care developed a pressure ulcer and the provider of care did not do one of the following: evaluate the person's clinical condition and pressure ulcer risk factors; plan and implement interventions that are consistent with the persons needs and goals, and recognised standards of practice; monitor and evaluate the impact of the interventions; or revise the interventions as appropriate.

5.0 Implementation roles and responsibilities

5.1 Executive Director of Nursing, Midwifery and Allied Health Professionals

Has overall responsibility for the development, dissemination and implementation of the NHS Lothian Pressure Ulcer Prevention and Management Policy.

5.2 Directors of Nursing

Directors of Nursing are responsible for ensuring that pressure ulcer reduction strategies maintain a high profile at board and senior nursing level.

Directors of Nursing have responsibility for ensuring the effective implementation of this policy throughout the organisation and embedding processes within clinical areas including monitoring compliance with and the effectiveness of this policy

5.3 Chief Nurses, Chief Midwife, Director of Allied Health Professional, and Associate Nurse Directors

Chief Nurses, Chief Midwife, Director of Allied Health Professional, and Associate Nurse Directors are responsible for the implementation of this policy within their areas of responsibility, including the development of local standard operating procedures as necessary.

5.4 Safety and Quality Improvement Teams

Safety and Quality Improvement Teams have responsibility for the reporting, investigation and management of incidents and implementing improvement strategies for harm reduction.

- Monitoring the provision of safe care
- Auditing practice and implementing improvement strategies
- Agreeing annual Pressure Ulcer Quality Improvement objectives with clinical areas for pressure ulcer prevention and incidence reduction.
- Patient Safety Management Responsibilities (formerly known as risk management). Ensuring there is a system of pressure ulcer incidence monitoring that records the number and grade of pressure ulcers and provides validated information and assurance to relevant staff/ teams across the organisation.
- Ensuring all relevant pressure ulcer [Red Day Review Tools](#) are completed by the clinical areas, providing training and support as required to achieve this.
- Ensuring there is Health board wide learning from category 3, 4 and ungradable pressure ulcer incidents.
- Monitoring themes and trends from data and investigations of pressure ulcers and plan appropriate actions.

5.5 Tissue Viability Team

- Act as an expert advisor to the Executive Director of Nursing, Midwifery and AHPs and associated teams.
- Provide clinical leadership and support managers and clinical staff in implementing this policy.
- Updating local policies, guidelines and procedures in accordance with national and international guidance
- Ensure they remain updated with the latest clinical evidence and National and International guidelines on the prevention and treatment of pressure ulcers.
- Provision of education and training for health and social care staff on pressure ulcer prevention and management in a variety of formats, across settings.
- Provision of specialist tissue viability clinical advice, joint assessments and treatment plans when required to support staff and patients where standard interventions have failed to initiate an improvement.
- Ensuring all patient referrals to the Tissue Viability service are actioned within organisation defined key performance indicators. This may be face to face, via email communication, telehealth based on photographs or video consultations.
- Where Tissue Viability has been involved with a patient, the ongoing responsibility and monitoring of the patient remains with the clinical team caring for the patient.

- Provide input into the evaluation and purchase of pressure relieving equipment and associated contracts.
- Maintaining and updating of the Tissue Viability intranet page
- Working to improve pathways and patient experience
- Overseeing NHS Lothian`s total bed management contract to ensure the equipment and service is fit for purpose and meets the patient and organisations needs
- Support managers/teams with investigations into the development of pressure ulcers
- Maintain and support an active tissue viability link practitioner network

5.6 Tissue Viability Link Practitioners

- Actively promoting awareness and prevention of pressure ulcers within their clinical area
- Promoting adherence to this policy and other Tissue Viability related policies, guidelines and standard operating procedures.
- Attending Tissue Viability study days/meetings and disseminating all relevant pressure ulcer prevention and treatment information in their clinical area
- Acting as a resource for staff in their clinical area
- Provide support to staff with the implementation of local improvement action plans resulting from; audit results, pressure ulcer incidents metrics and learning from investigations.

5.7 Medical teams and General Practitioners (GPs)

- Will address specific medical problems that will increase the risk of pressure ulcer development
- Document all existing and new pressure ulcers for patients within their care. This is important on admission especially via front door areas
- Where full thickness Pressure Ulcers do develop, medical staff should review ulcer damage and where appropriate treat infections and ensure that surgical assessment and debridement is carried out if required

5.8 Clinical Nurse Managers, Charge Nurse and Midwives, Community Team Managers

- Ensure that patients are cared for in accordance with this policy and other related tissue viability policies and associated guidelines.
- Acting as clinical lead with regards to tissue viability matters within ward/teams.

- Ensuring that robust systems are in place to report and monitor the quality of response and action to Pressure Ulcer incidents in their clinical areas
- Being aware of the incidence of pressure damage within their clinical areas and ensuring strategies are in place to address this
- Participation and, where appropriate, leading on specific clinical incident investigations
- Mechanisms are in place for audits to be completed and findings shared
- Ensuring systems are in place to support the on-going training of staff in the prevention and management of pressure ulcers. Ensure all staff maintain and updates their knowledge, skills and competence in line with their roles and responsibilities to care for patients who are at risk of pressure damage in order to deliver consistently high standards of care based on the best available evidence.
Ensure an appropriate assessments such as, [Waterlow Risk Assessment Tool](#), [Intentional Rounding Chart \(community\)](#)/ [Intentional Rounding Chart \(hospital\)](#), [Wound Assessment and Treatment Plan](#) Chart are completed, implemented and reassessed within stipulated timescales detailed in the Pressure Ulcer Pathway for Acute or the Pressure Ulcer Pathway for Community, and additionally as required according to the patients individualised needs, by appropriately trained staff.
- Ensure [Safety Cross](#) is completed daily and clearly visible in the clinical area for the team to communicate days since last pressure ulcer, inherited and acquired.
- Accountable for all Pressure Ulcers (Grade 2 >), new and inherited are reported via Datix and this report is accurate in terms of location, aetiology and severity.
- Investigate all new pressure damage developed within care setting (after 6 hours of admission/first community visit), using the Red Day Tool to identify pressure damage and continuing to complete a Root Cause Analysis Tool for ALL acquired Grade 3 and 4 pressure ulcers.
- Action any issues identified from investigations and disseminating this information to all staff in order to achieve and maintain learning and quality improvement. Seeking Tissue Viability for educational assistance where required.
- Utilising audit and other data provided to engage in quality improvement activities in order to deliver reductions in Pressure Ulcer incidence acquired whilst under their care. Ensuring local quality improvement and assurance activity is displayed within clinical areas.
- Refer to the Tissue Viability Team where specialist input is required, this nurse-led service provides specialist advice for the management of patients with, complex wounds, wound healing challenges and pressure ulcer prevention. Diabetic Foot Ulcers should always be referred to Diabetic Podiatry Teams or Clinics.
- Monitor compliance with NHS Lothian Joint Formulary.
- Procurement, security and ensuring staff accessibility of either a medical photography service or a camera for community areas.

- Support and guide the Tissue Viability Link Practitioners to deliver their objectives of their role.
- Keep up to date records of staff tissue viability training via eESS and Healthroster.

5.9 All registered and non-registered clinical staff

All health and social care staff caring for patients have particular responsibilities for the prevention and management of pressure ulcers. Expected contributions will be dependent on role.

Shared responsibilities may include:

- Assessment of the skin integrity of the patients under their care, including within 6 hours of admission/first community visit, and on-going risk assessments. This should include medical photography if required.
- Devising, documenting and implementing a care plan for the prevention of pressure ulcers for patients who are assessed as at risk and evaluating the effectiveness of this care plan.
- Assessment of existing wounds of patients under their care utilising appropriate wound chart documentation
- Devising, documenting and implementing a care plan for the care of open wounds where they exist in accordance with Best Practice and evaluating the effectiveness of this care plan
- Direct provision of care, or indirect provision of care by supervising healthcare support workers
- Referring patients to the Tissue Viability service where patient's needs are complex or level of knowledge/skill within the immediate ward/community nursing team prohibits effective care delivery
- Being aware of the referral pathways and process and the timescales for tissue viability response as laid out in this policy
- Following the care plan developed in conjunction with the tissue viability service during referral and consultation process
- Attending Tissue Viability consultations with the client and Tissue Viability Service to inform the development of care plans and to take advantage of any learning opportunities
- Will access training, assessment and updates as required
- Will challenge unsafe practice.
- Maintain the knowledge and skills needed for safe and effective practice in pressure ulcer prevention and management
- Provision, maintenance and follow up of pressure redistributing equipment.
- Initial and on-going risk assessment is carried out and documented.

- Patients have a documented person-centred care plan based on the ongoing risk assessment.
- All Grade 2 and above pressure ulcers are recorded on the Pressure Ulcer Safety Cross, in the patient’s clinical record and on Datix.
- Competent in the use of all pressure redistributing equipment including correct use of a profiling bed/mattress to reduce risk of pressure damage.
- Ensure pressure redistributing footwear, cushions and mattresses are readily available and utilised as per risk assessment and skin inspection
- Follow Pressure Ulcer Pathway
- Each Nurse/ Midwife will ensure that when delegating care to Health Care Assistants, they ensure that Health Care Assistants understand this policy and implications for their practice.
- All registered and non-registered staff will have the necessary knowledge and skills relating to pressure ulcer observation, re-positioning, 30 degree tilt and skin cleansing, following the [Adult Skin Care Guidelines](#).

5.10 Podiatry Team

- Provision of specialist clinical review of pressure ulcers pertaining to ankle and foot when required
- Provision of education and training for clinical staff in pressure ulcer prevention and management in a variety of formats.
- Reviewing adverse event Datix reports submitted regarding pressure ulcers to ankle and foot.

5.11 Allied Health Professionals

- Therapists will offer advice and assistance on manual handling, positioning and posture correction. Also advise on appropriate chairs, wheelchairs and other equipment to all patients at risk of pressure ulcer development
- Therapists will include in their records all new and existing pressure ulcers on patients within their care including location and grade of pressure ulcer.
- The Dietitian will give advice and support on nutritional screening and management to both patients, and members of the multidisciplinary team.

5.12 Transfer of Care

- All patients who have been identified as being at risk must have their skin inspected for any damage prior to transfer. Skin condition must be documented in the patient’s records, as part of the transfer process.

- Where possible ensure transfer area is aware of pressure re-distributing equipment required prior to transfer to allow time to source.
- Provide receiving area with documented information of patient's skin condition, pressure ulcer grade and current treatment, prior to transfer.
- The receiving team must ensure that they are aware of a patient's pressure ulcer risk status at the time of transfer to their care and inspect skin upon arrival (6 hours/first visit).

5.13 Education and training

Education events are available to all registered and non-registered staff, dates and events will be available on the Tissue Viability intranet webpage and via eESS. Self directed e-learning education is available to all staff, via Turas – 'Prevention and Management of Pressure Ulcers'.

6.0 Associated materials

The following documents NHS Lothian documents

- [Adult Skin Care Guidelines](#)
- [Best Practice Statement; The Prevention and Management of Pressure Ulcers](#)
- [Dry Black Heel Guide](#)
- [Healthcare Improvement Scotland. The Prevention and Management of Pressure Ulcers](#) Standard 2020
- [Intentional Rounding Chart \(community\)](#)
- [Intentional Rounding Chart \(hospital\)](#)
- [Lothian Joint Formulary](#)
- [Pressure Ulcer Grade Recording Chart](#)
- Pressure Ulcer Pathway Acute
- Pressure Ulcer Pathway Community
- [Pressure Ulcer Safety Cross](#)
- [Prevent Pressure Ulcers](#) – patient/carer information leaflet, Approved by NHS Lothian Patient Information Team
- [Red Day Tool](#)
- [Scottish Adaptation of the European Pressure Ulcer Advisory Panel \(EPUAP\) Pressure Ulcer Classification Tool](#)
- [Scottish Excoriation and Moisture Related Skin Damage Tool](#)
- [Significant Adverse Event Pressure Ulcer Template](#)
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- [Waterlow Pressure Ulcer Risk Assessment Chart](#)
- [Wound Assessment and Treatment Plan](#)

7.0 Evidence base

- [Healthcare Improvement Scotland \(HIS\) Pressure Ulcer Prevention Standards \(2020\)](#)
- Guest, J.F., Ayoub, N., McIlwraith, T., Uchegbu, I., Gerrish, A., Weidlich, D., Vowden, K. and Vowden, P. (2017), Health economic burden that different wound types impose on the UK 's National Health Service. *Int Wound J*, 14: 322-330.
- Edsberg L.E., Black J.M., Goldberg M, McNichol L, Moore L, Seiggreen M, Revised national pressure ulcer advisory panel pressure injury staging system. *Journal of Wound Ostomy Continence Nursing*. 2016; 43(6): 585-597

8.0 Stakeholder consultation

Throughout the development of this policy and its associated materials staff from the following disciplines have been consulted with - Podiatry, Dietetics, Occupational Therapy, Physiotherapy, Community Nursing, Charge Nurses, and Health and Social Care Staff.

The draft version of this policy was made available on the NHS Lothian Consultation Zone for staff comment/feedback.

9.0 Monitoring and review

The incidence of Pressure Ulcers will continue to be monitored and supported via Datix with the update of the Significant Adverse Event Pressure Ulcer template to ensure effective completion and identify learning from the incidents for teams.

The Tissue Viability Service continues to provide education in a range of formats across Lothian.

The annual number of Pressure Ulcers reported in Lothian, including those which are hospital acquired and those acquired in the community, will be reported in the Tissue Viability Annual Report which is provided to the Executive Director of Nursing, Midwifery and Allied Health Professionals.

This policy will be reviewed every three years, as a minimum, or before if there are any changes in best practice or if the results of audit and/or inspections render the policy in need of review prior to this. The Tissue Viability Service will continuously review implementation of the policy and prompt early review if required.