

A Brief Guide to Pressure Care

Select Medical Ltd, Unit 10 Philips Rd, Whitebirk Ind Est, Blackburn, BB1 5NA



INTRODUCTION

Did you know around 5% of patients in England are affected by pressure ulcers?¹ Yet an estimated 80%-95% of these wounds could potentially be preventable.²

For over 10 years, Select Medical has been designing and manufacturing pressure relieving support surfaces to combat against problem pressure ulcers – improving care across a variety of settings. Our company ethos is underpinned by our <u>C3 values</u>, and is there to create positive outcomes for everyone. When we talk about everyone, we think of you...the care provider, you...the carer and you...the cared for.

Pressure ulcers have a major impact on the cared for; they can cause intense pain and suffering, and can severely affect quality of life. The burden of pressure ulcers impacts significantly on the carer too, leading to more time spent treating these problematic wounds, and less time available for delivering nursing care to those with general healthcare priorities. The wider significance to the care provider extends to reduced levels of care and increased financial costs as a result of these chronic wounds.



Select Medical is committed to finding ways in which to develop new pressure care products, fighting four fundamental extrinsic factors that are known to contribute to developing pressure ulcers:

- 1. Pressure
- 2. Shear
- 3. Friction
- 4. Microclimate

Through our endless efforts to further improve our products, we aim to create a better everyday life for you... the cared for.

FINANCIAL IMPLICATIONS

The financial burden of treating pressure ulcers is extremely costly and is a worldwide concern. Here in the UK alone, the estimated cost to the NHS is upward of ± 1.4 billion annually.³ Across other parts of the globe, the cost can be higher, for example, the United States hospital sector is believed to be spending ± 11 billion annually.⁴



The average hospital cost for treating pressure ulcers in the US is identified at $$14260 - \text{compared to } $3000 - $7000 in Korea.^{5}$

Healthcare and procurement professionals need to come together and consider how the implementation of appropriate pressure ulcer prevention protocols, coupled with the purchase of proven pressure redistributing equipment, may offer savings benefits in the longer term. Care providers worldwide are very aware of the costs associated with treating pressure ulcers – nursing time; consumables and medicines etc...Additionally, in a climate where litigation is increasing, the potential added expense has risen over recent years.⁶ The cost of purchasing a suitable pressure relieving support surface specific to the

environment where it will be utilised, as a prevention tool, may prove minimal in comparison to the costs of treating an established pressure ulcer.

Select Medical provides a range pressure care brands including <u>SELMED</u>, <u>OLA</u>, <u>SIMPULSE</u> and <u>PURE AIR</u>. Each is designed to suit both your budget and your environment, with a strong emphasis on clinical efficacy and life cycle costs.

PRESSURE ULCER PREVENTION

It is fundamental for every care establishment to work within a robust pressure ulcer prevention policy, with a commitment to ongoing education running in parallel.

Selections of the key elements to any pressure ulcer protocol are:

- Risk Assessment
- Regular Repositioning & Skin Assessment
- Pressure Ulcer Classification
- Selecting Appropriate Pressure Relieving Support Surfaces

RISK ASSESSMENT

There are a number of well known risk assessment tools used widely, including Waterlow, Braden and Norton.

Risk assessment tools are intended to assist you to recognise simply and swiftly those at risk of developing a pressure ulcer. They do this by concentrating on a number of reasons known to impact on an individual's risk of developing one of these sores. Throughout the organisation, a care provider should encourage its carers to use clinical judgment and knowledge of individual patients to support the formal assessment process. When selecting a suitable support surface, it is important to always consider a 24hr care approach; choice of mattress and cushion should reflect the patient's risk status.

Carers should be all too familiar with the fact that people change and risks change too – at all times you should work within a process of continual assessment, especially when there is a notable change in circumstances or the condition of your patient.

REPOSITIONING

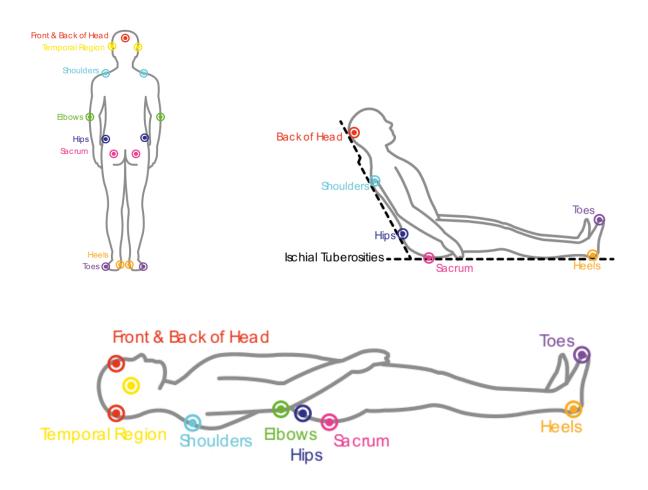
Turning or repositioning your patient allows different parts of the body in turn to be exposed to pressure, and is vital to delivering good standards of nursing care. NICE recommend that you:

"Encourage adults who have been assessed as being at risk of developing a pressure ulcer to change their position frequently and at least every 6 hours."⁷ You can keep track of repositioning routines through the introduction of daily charts to record your schedule. This method can be a simple form which you can retain with the patient's notes and which can be completed at every repositioning interval. The charts promote good practice and should help you and others in the care team to keep accurate observations of your efforts to minimise the risk of pressure ulcers developing.

When aiming to meet the pressure care needs of the cared for, always give thought to the sensitivity of the situation when repositioning – there may be other considerations when delivering palliative care.

SKIN ASSESSMENT

Skin assessment is a helpful means of determining risk or identifying the start of pressure damage. Initial signs of likely pressure injury may be an area of superficial reddening of the skin that lightens under light finger pressure. Skin assessment should be a regular occurrence along the care pathway of the cared for. Frequency of inspection should be determined by changes in your patient's condition, based upon the most vulnerable areas and include: **Temporal Region, Front & Back of Head, Shoulders, Elbows, Hips, Sacrum, Ischial Tuberosities, Heels & Toes**



Wherever possible your patient should be encouraged, following education, to inspect their own skin. The use of a mirror can help to examine the areas that cannot easily be seen.

You should always remain vigilant and look for signs that may indicate pressure ulcer development and any changes in skin condition should always be documented.

The two reported areas that are the most common location for pressure ulcers are **the sacrum and heels**.^{8&9} Following a 6-year prevalence and incidence study, the sacrum recorded an incidence rate in acute care settings of up to 31%.⁸



To illustrate the status of a wound, EPUAP and NPUAP suggest pressure ulcers be divided into categories – from 1 to 4^{10} .

A category 1 ulcer may indicate at risk, while category 4 means full thickness tissue loss with exposed bone, tendon or muscle – commonly pressure ulcers may be referred to as stage/grade 1, stage/grade 2 etc...

The use of 'category' was introduced to move away from the feeling that there is always a progression.

SUPPORT SURFACES

All patients with pressure ulcers should have access to appropriate pressure relieving support surfaces including mattresses, cushions and repositioning aids – 24 hours a day.

Patients with complex needs, including those requiring Bariatric care, may need specialist <u>bariatric</u> <u>mattresses</u>. Equally as important, smaller emaciated individuals and children may have the need for specially designed <u>paediatric mattresses</u> or <u>low air loss mattresses</u>.

Any request for pressure care equipment should be registered; either directly within your care establishment or with your supplier and be documented in the patient's notes. It is important to take precautionary measures whenever a pressure relief mattress is not readily available or there is a known delay in obtaining the pressure mattress – always summarise this in the patient's notes.



Within Select Medical's extensive range of pressure redistributing equipment, from 'At Risk' to 'Very High Risk', we can provide the right system to match both patient needs and the care environment where the equipment will be used – often delivering our products the very next working day.

Follow our link to take a look at our range of brands.

SHARE NOW ON:



BIBLIOGRAPHY

- 1. Madsen, J. (2014) <u>NHS Safety Thermometer: Patient Harms and Harm Free Care.</u> [online] Available at: http://www.hscic.gov.uk/catalogue/PUB13920/nhs-safe-rep-mar-2013-mar-2014.pdf [Accessed 10/07/2015]?
- 2. NHS (2013) Stop The Pressure. [online] Available at: http://nhs.stopthepressure.co.uk [Accessed 10/07/2015]
- 3. Bennett, G, et al (2004) The Cost of pressure Ulcers: Age and Ageing. 33:230-235
- 4. Bales, I & Padwojski, A (2009) Reaching For The Moon: achieving zero pressure ulcer prevalence: Journal of Wound Care .4: 137-144
- 5. Sung, Y.H, et al (2011) Factors Affecting the Healing of Pressure Ulcers in a Korean Acute Care Hospital: Journal of Wound, Ostomy & Continence Nursing. 1:38-45
- Dimond, B (2003) <u>Pressure ulcers and litigation [online]</u> Available at: <u>http://www.chc4all.com/sites/default/files/201401/030204Pressure-ulcers-and-litigation-1.pdf</u> [accessed 10/07/2015]
- 7. Nice (2014) <u>Pressure Ulcers: Prevention and Management of Pressure Ulcers.</u> [online] Available at: https://www.nice.org.uk/guidance/cg179 [Accessed 10/07/2015]
- Whittington, K & Briones R (2004) National Prevalence and incidence study: 6- year Sequential Acute Care Data: <u>Advances in Skin and</u> <u>Wound Care</u> 17: 490-494
- 9. VanGilder, C et al (2008) Results of nine international pressure ulcer prevalence surveys: 1989 to 2005: Ostomy Wound Manage: 54 (2): 40-54
- 10. National Pressure Ulcer Advisory Panel and European Pressure Ulcer Advisory Panel (2009) <u>Prevention and Treatment of Pressure</u> <u>Ulcers: Clinical Practice Guideline.</u> Washington DC: National Pressure Ulcer Advisory Panel

Disclaimer

The above guide is not a complete resource for managing and preventing pressure ulcers. It represents only a selection of elements that may form part of a pressure ulcer prevention protocol. As with any clinical guide, recommendations may not be appropriate for use in all circumstances. Decisions to adopt any particular recommendations must be made by the practitioner. If you are in any doubt, contact your local Tissue Viability Team for specialist advice.

Select Medical Ltd, Unit 10 Philips Rd, Whitebirk Industrial Estate, Blackburn, BB1 5NA.

www.selectmedical.co.uk ◊ sales@selectmedical.co.uk

Tel: 01254 66 88 99