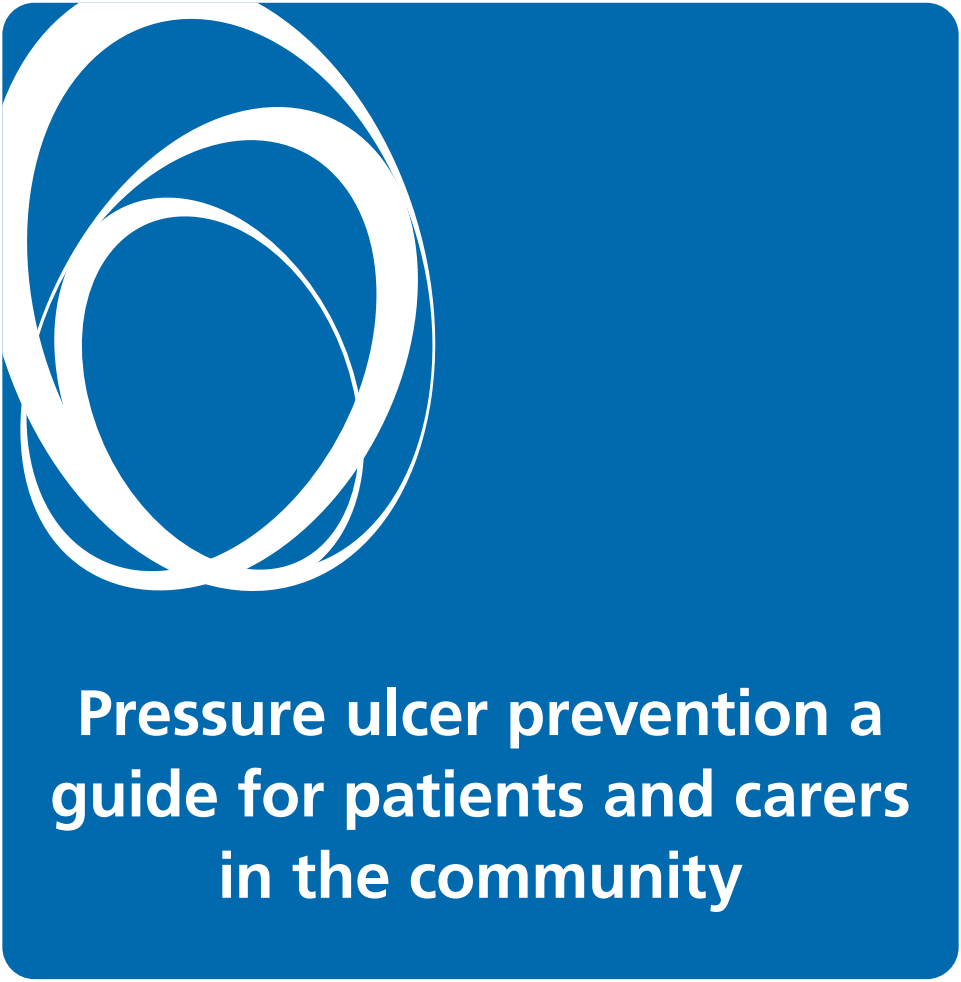
NHS
University Hospitals Birmingham
NHS Foundation Trust



Pressure ulcer prevention a guide for patients and carers in the community

Building healthier lives

UHB is a no smoking Trust

Think...

Assess risk

Skin assessment/care

Surface

Keep moving

Incontinence

Nutrition

Giving information

Introduction

University Hospitals Birmingham is committed to reducing pressure ulcers and skin damage caused by moisture associated skin damage (MASD). You have been given this booklet as a risk has been identified. Your risk is:

Low ☐
Medium ☐
High ☐

This booklet is designed to help you understand your risk and how to monitor and maintain your skin.

Low risk

You can change position without help or prompting. You have a good appetite and no acute health problems.

Medium risk

You may have reduced mobility and require prompting to move regularly. You may have occasional incontinence and poor appetite.

High risk

You cannot change your position without help or prompting. You may have persistent incontinence, poor appetite or poor general health.

Contact details

Your details

Name _____

Address _____

_____

_____

Telephone number (daytime) _____

Telephone number (evening) _____

Emergency contact

Name _____

Relationship to you _____

Address _____

_____

_____

Telephone number (daytime) _____

Telephone number (evening) _____

Health professional details

Community nurse contact number _____

GP details _____

_____

Bladder and bowel contact number _____

Other services _____

Assess risk

One way the Community Nurses assess your risk is using a Walsall score. Factors included in this are:

- Awareness
- Mobility
- Skin changes or current pressure damage
- Nutritional status
- Bladder continence
- Bowel continence
- Carer input

Once the Community Nurse has established your Walsall number and subsequent risk level of your skin developing a pressure ulcer they may implement equipment and regimes accordingly. They will keep you informed of any changes. This risk number may change over time and changes to your care can be made when necessary.

Other risk factors can include:

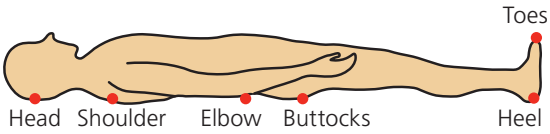
- Sleeping in a chair
- Medications
- Ill fitting glasses/footwear/clothing
- Ill fitting bed sheets

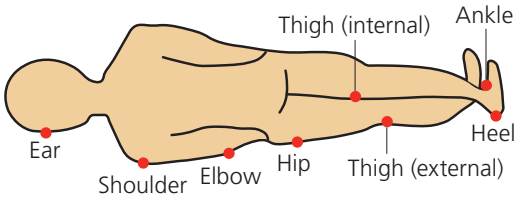
S Skin assessment/care

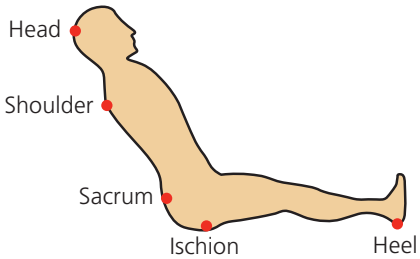
Your Community nurse has identified that you are at risk of identifying a pressure ulcer. Part of your plan of care should include a full inspection of your skin at least once per month.

Nurses, carers and relatives can check pressure areas for signs of any developing redness and potential skin damage. The main at-risk areas are bony areas like elbows or heals but can also include more padded areas such as buttocks and hips.

Please see picture below for high risk areas and note any skin changes on the following assessment chart which should be completed minimum, monthly or if any changes to health/mobility, or skin, increase frequency.







S Surface

What is a pressure ulcer?

Pressure ulcers, also know as bed sores and pressure sores, are wounds to the skin which are caused by sitting or lying in one position for too long.

They can also be caused by ill fitting footwear; sliding down the bed; inappropriate wheelchairs/armchairs and poor personal hygiene.

There are many different types of mattresses and cushions that can be provided to prevent and/or treat pressure ulcers. An assessment will need to take place to decide your level of risk and the type of equipment that you require. You may be offered a foam or static air cushion to sit on. You may also be offered a foam, static air, alternating air mattress or combination. Your equipment needs will be assessed regularly by a district nurse. If you have any concerns regarding the use of the equipment, contact your district nurse for further advice.

There are many products on the market which claim to reduce pressure but it can be difficult to find out how good they are or whether they are appropriate for your needs. There are also products that are only for comfort which may be poor at preventing pressure ulcers. Products that you sit or lie on for other reason (such as moving or continence aids) may increase your risk of developing a pressure ulcer.

S Surface

Hints and tips…

Mattress protectors may be comfortable, but they can reduce the effectiveness of a pressure reducing mattress which should only be covered with a bed sheet.

Fitted sheets should not be used on alternating air mattresses. Use a flat bed sheet only.

If you have been given inflatable pressure relieving equipment, it may be required to be inflated weekly. Your healthcare professional will advise you on this.

Foot protectors and pads often need to be cleaned. Do this with warm, soapy water and pat dry with a towel.

A concerned relative or friend may buy you an aid that they think will help with pressure reduction. Whilst this can be helpful, it may inadvertently make the problem worse. **Always** check with your healthcare professional before using such a product.

Remember, the equipment will only do so much and cannot compensate for regular movement. See ‘keep moving’ section.

If your heel feels sore or has a sore, do not rely on your mattress to treat it. Place a pillow under the leg so that the heel is lifted clear of any surface. Ask your healthcare professional for a foot protector or suspension device.

K Keep moving

You have been identified as being at risk of a pressure ulcer. One of the risks is reduced mobility and regular movement is a cornerstone of prevention.

Sitting or lying in one position for long periods could result a pressure ulcer, so being more active/mobile will help to reduce this risk.
Small movements are very effective, lifting one buttock up at a time when sitting, lifting one leg at a time, leaning forward if able to do so, all change the position of the body and help to reduce the continuous pressure.

Remember:

- Move your position as frequently as advised by your health care professional.
- If carers move you in bed, they **must** use a slide sheet.
- If they move you in a chair, they **must** assist you to stand or use a hoist, you should not be pulled up the chair.

Frequently asked questions

I'm bed bound, how often should I be turned?
This will be individual to you and should be decided upon by the healthcare professional in response to how quickly your skin marks. This can be anything between 2 and 4 hourly. If your skin is becoming damaged, your frequency of movement must increase in order to resolve the problem. If you have able-bodied carers, they should alter your position in bed each time they attend to you.

K Keep moving

I have an electric hospital bed, how can I use it to its full potential?

One of the functions of these type of beds is to maintain the optimum positions for pressure ulcer prevention. If you have breathing problems, you may be more comfortable in an upright position day and night. This hugely increases your risk of developing a pressure ulcer, and significantly decreases the effectiveness of your pressure reducing mattress.

Also, ensure the foot-end is slightly raised. This will help delay you sliding down in bed, which causes pressure on your bottom and feet.

I have a special cushion and/or mattress, does this mean I don't need to move?

A pressure reducing cushion or mattress is not a substitute for movement. They are designed to reduce pressure while you remain in one position. Your cushion and mattress will do this effectively for up to 2 hours, after that you need to move so that your circulation can function and the cushion and mattress regain their shape.

A pressure reducing cushion will not allow you to sit all day without the risk of developing a pressure ulcer. It is very important that you move every 15-30 minutes and sit for no longer than 2 hours

K Keep moving

Ensure when patient is in the chair they are fully to the rear of the chair with the feet flat on floor.

When relieving pressure lean forwards and stand slightly to reduce pressure to sacrum area hourly.

Slouching can lead to friction damage on the back and buttocks, ensure sitting upright and towards rear of chair.

If patient leans to one side ensure extra pressure relief is inserted to these areas or education to reduce leaning.

Incontinence

Being incontinent is a risk factor in the development of pressure ulcers. It can cause friction on the skin and makes it generally more fragile.

If you are incontinent of urine or faeces, an initial assessment should take place to decide on the future treatment you may receive to help manage this.

If you incontinent of urine, the risk can be reduced if you are assessed for a suitable continence aid or appliance. However, many people manage their incontinence by wearing pads.

Whichever products are used there will be a reassessment regularly, either by the community nurse or a member of the continence team. Pads come in different sizes and it is vital you wear the correct type for your needs.

Ideally, some pads should be worn in your own underwear but you may need net pants with others. If so, it is important that your hips are measured regularly. Wearing them too small can cause pressure sores to develop.

Urine and faeces are toxic to the skin and regular washing can dry the skin out. A foam cleanser can resolve this with a barrier cream to protect and hydrate the skin.

Incontinence

Prevention is better than the cure.

Use a barrier cream as directed by your healthcare professional.

Urine and faeces can cause wounds known as moisture lesions to develop. If you have reduced mobility, these can rapidly develop into pressure ulcers.

Avoid creams with oil in them—they reduce the absorbency of your pad. Also, avoid antiseptics as they can cause a reaction.

Good personal hygiene is vital, but soap is very drying to the skin. Avoid the use of baby wipes. Talk to your healthcare professional about soap-free cleansing products. Ensure your skin is dried gently and thoroughly following any cleansing.

N Nutrition

There are several factors which can influence the development of pressure ulcers. Your risk of developing a pressure ulcer is far greater if you are not eating and drinking well, and the chances of it healing quickly are reduced.

Weight has been shown to be a significant risk factor for pressure ulcer development. If you are underweight, the bony areas of your body become more prone to skin damage. Maintaining a healthy weight provides 'padding' of these areas in the form of fat. However, being obese is an ever increasing condition amongst patients who develop pressure ulcers too.

Are you drinking enough fluid?

An adequate fluid intake is needed to maintain healthy skin and decrease the pressure on the bony areas. In addition to the fluid from your food you need to be drinking 6 to 8 glasses per day. This could be in the form of water, juice, squash or milky drinks. Caffeine drinks such as tea and coffee should be limited as they de-hydrate your body.

Are you eating a healthy diet?

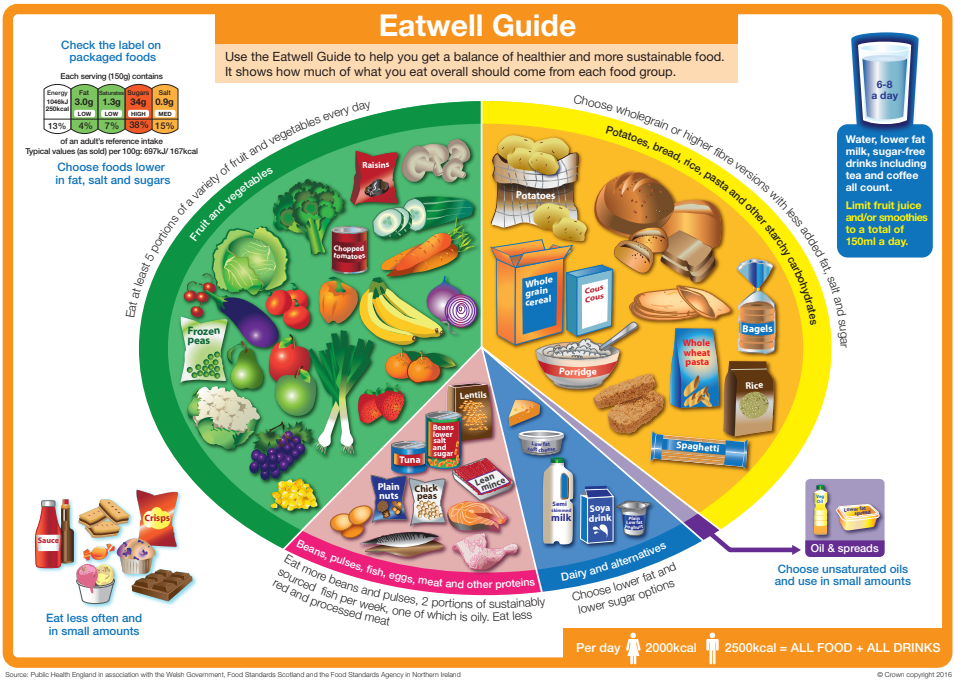
It's a good idea to try to get your balance of food types every day, but you don't need to do it in every meal. You might find it easier to get the balance right over longer period, say a week.

N Nutrition

Based on the Eat Well plate you should eat:

- **Plenty of fruit and vegetables:** these foods provide vitamin C, fibre and energy. Green leafy vegetables are also high in iron and calcium. You should aim for 5 portions of fruit and vegetables per day.
- **Starchy carbohydrates:** This includes bread, rice, potatoes, pasta and cereals. These provide nutrients including energy, fibre and vitamin B.
- **Milk and dairy:** This includes milk, cheese and yoghurt. These foods are rich in calcium, energy and protein.
- **Meat, eggs and other sources of protein:** This includes fish, meat and eggs. Vegetarian/vegan sources of protein include beans, lentils tofu and nuts. These foods are rich in protein, iron and zinc which are good for your skin and to help preserve muscle and fat stores.

Nutrition



Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

If you have diabetes?

Diabetes, if poorly controlled, can affect the condition of your skin and slow down healing. It is important that you follow all the instructions you have been given about your diet and medication. If you have not had a diabetes check up recently or have concerns contact your GP or diabetes nurse.

G Giving information

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G Giving information

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Right ankle							
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G Giving information

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Right ankle							
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Right heel							
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Toes							
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G Giving information

Repositioning chart

- Discuss and explain the reason for this chart with patient and carers
- agree plan with patient and carers
- Explore any potential obstacle and find an adequate solution which is realistic
- Identify pressure areas, which are at risk
- Ensure patient's pressure ulcer risk assessment is up to date and accurate
- Identify any previous or existing pressure damage which needs more vigilance

Date: _____

Time	Patient position	Comments	Signature
01:00			
02:00			
03:00			
04:00			
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G Giving information

12:00			
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Key
(L) Left side, (R) Right side, (B) Back, (C) To sit out in chair. Ensure bony prominences are offloaded.

Giving information

Extra information

Telephone:

University Hospitals Birmingham Community nurses:
0121 717 4333

University Hospitals Birmingham Community Bladder and Bowel service: 0121 704 2381

Please use the space below to write down any questions you may have and bring this with you to your next appointment.

This **Think ASSKING** guide has been discussed with:

Patient name _____

NHS number _____

Staff signature _____

Staff name _____

Date _____

How did we do? ☺😐☹

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