

Definition - Unavoidable Pressure Ulcer

Pressure Ulcer Management & Reduction
Programme Board



Midlands and East

Unavoidable means that the individual developed a pressure ulcer even though the individual's condition and pressure ulcer risk had been evaluated; goals and recognised standards of practice that are consistent with individual needs have been implemented; the impact of these interventions had been monitored, evaluated and recorded; and the approaches had revised as appropriate.

Critical illness with haemodynamic or spinal instability may preclude turning or repositioning and lead to unavoidable pressure ulcers.

Patients who refuse to be repositioned or to maintain a position change may also develop unavoidable pressure ulcers.

Patients following the Liverpool Care Pathway or who meet the criteria are deemed to be terminally ill and may not be able to tolerate repositioning at the optimum frequency for pressure ulcer prevention. In these cases, pressure damage may be an unavoidable consequence of their terminal status as the condition of skin failure does exist.

Unavoidable damage is also possible where the patient has:

- Not previously been seen by a health care professional.
- Has mental capacity and has refused assessment and / or has not complied with the agreed plan of care.

Unavoidable damage would also be possible where the patient is known to a health care professional but an acute / critical event occurs affecting mobility or the ability to reposition. This may include the patient being undiscovered following

- A fall
- Loss of consciousness due to, for example unexpected collapse; drug misuse; alcohol misuse

(BHTVNF Draft 2 based on NPUAP 2009)

The agreement that a grade 3 or 4 pressure ulcer was unavoidable will be determined through the SI / RCA process, and signed off by the organisations Director of Nursing or equivalent. This will then be ratified by the cluster Director of Nursing prior to submission to the SHA.