Pressure ulcer prevention
A guide for patients and carers

Surface
Skin inspection
Keep moving
Incontinence
Nutrition & hydration
Pressure ulcer prevention
A guide for patients and carers

Contents
Introduction........................................3

Think....Surface.................................5

Think....Skin inspection.........................9

Think....Keep moving..........................13

Think.....Incontinence........................17

Think....Nutrition and hydration.............19

Contact details....................................23
Introduction

Birmingham Community Healthcare NHS Trust is working with other NHS Trusts to improve patient safety. This leaflet is specific to pressure ulcer prevention, which is part of the national Safety Express programme.

Our aim is to work together and develop safer system in hospitals and in community settings to dramatically reduce harm from:

- Hospital and community acquired pressure ulcers
- Falls
- Urinary tract infections in patients with catheters
- Blood clots (DVT and pulmonary embolism)

Harm from pressure ulcers, falls urinary catheters and venous thromboembolism is estimated to affect over 200,000 people each year and the estimated direct costs to the NHS is over £430 million per year.

Early detection, action or treatment can eliminate preventable harm in these four key areas and improve patient care and comfort.
These harms are often linked, for example:

A patient is not eating and drinking well, making them dizzy when they stand and at risk of falling.

They have a catheter and are dehydrated. The catheter is not draining well and they develop a urinary tract infection.

Lack of food is making them tired and they now have poor mobility and could be at risk of a blood clot.

They are spending more time in their chair and in their bed and are not eating and drinking enough so pressure ulcers may develop.

Safety Express is about working with the patient, family or carer to reduce harm and help patients to:

- Eat well and drink the right amounts of fluid.
- Encourage regular movement and at the same time consider their risk of falling.
- Think about their medication, taking it at the right time.
- Consider their skin with particular regard to continence and moisture.

The Safety Express programme looks at these 4 harms together from a patient’s perspective. None of our patients to experience any of these 4 harms while they are in our care.
Pressure ulcer prevention

What is a pressure ulcer?

Pressure ulcers, also known as bed sores, are wounds to the skin 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 wheel / arm chairs and poor personal hygiene.
Surface

There are many different types of mattress, cushion and other aids that help reduce pressure. Your need for equipment will be assessed regularly by a Health Care Professional.

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. Also products that you sit or lie on for other reasons (such as moving or continence aids) may increase your risk of developing a pressure ulcer.

<table>
<thead>
<tr>
<th>✔️</th>
<th>❌</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memory foam</td>
<td>Rubber rings</td>
</tr>
<tr>
<td>Modular foam</td>
<td>Fibre filled heel muffs</td>
</tr>
<tr>
<td>Dermal Pads</td>
<td>Fibre filled overlays</td>
</tr>
<tr>
<td>Heel Lift Suspension Boot</td>
<td>Sheepskins</td>
</tr>
<tr>
<td>Static air (Repose / Roho / Vicair)</td>
<td>Fleeces</td>
</tr>
<tr>
<td>Alternating air mattresses</td>
<td>Alternating air cushions</td>
</tr>
<tr>
<td>Domestic cushions</td>
<td>Foam dressings / plasters</td>
</tr>
</tbody>
</table>
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 Repose equipment, ensure the blue plastic tube is always to hand. It is required to re inflate the products as they require as a minimum weekly inflation.
Hints and tips...

- Repose foot protectors and Dermal 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 health care 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 is sore or has an ulcer, don’t 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 Repose Foot Protector or Heel Lift Suspension Boot.
What is a pressure ulcer?

Pressure ulcers, also known as bed sores, are wounds to the skin caused by sitting or lying in one position for too long. They generally occur over a bony area on the body. Sometimes a pressure ulcer starts beneath the skin where it can’t be seen. It is important to know the changes that show on the surface of the skin so we can correct the underlying tissue damage.
Skin inspection

Your District Nurse has identified that you are at risk of developing a pressure ulcer. Part of your plan of care should include an examination of your skin, at least once a month.

The nurse will check any vulnerable areas for signs of pressure ulcers developing. These areas are usually bony, like elbows or heels, but can also include more padded areas such as buttocks and hips.

Pressure ulcers can occur anywhere on the body, but there is a group of common at-risk areas.

Remember, there are many things that can put pressure on the skin, such as oxygen masks, tight shoes, clothing, wheelchair foot plates / arm rests or eyeglasses.
**Hints and tips...**

- When you sit or lie in one position, eventually a feeling of numbness or discomfort will prompt you to move. It is a normal response to feel these sensations. If you feel these sensations regularly over a pressure area, it should be inspected. This can be done by yourself with a hand mirror or by a nurse or carer.

  If you have any nerve problems and do not feel pressure, numbness or discomfort, it is even more important that all pressure areas are inspected regularly as pressure ulcers can develop without you realising.

- If you have diabetes, pay particular attention to your feet or ask someone else to do it.

- When performing a skin inspection, we should look for redness that doesn’t go white when light finger pressure is applied. This redness is called ‘non blanching erythema’ and it is an important sign of pressure damage.
Hints and tips...

- In people with dark skin, this redness is not so easy to spot. Instead you need to look for a change in skin tone over the pressure area. The area may also feel warmer or harder to the touch.

- As well as redness look for any blisters, abrasions and black / purple discolouration to the skin. If these occur, contact your health care professional IMMEDIATELY as you will require a change in treatment.

- It is the results of skin inspection that will govern how the nurse will try to prevent you from developing a pressure ulcer. If any of the above signs of tissue damage occur, the plan of care will change to ensure your healthy, intact skin is restored. This may mean a new mattress and / or cushion, a new cream to apply to the skin, or advice on moving regularly throughout the day.
What is a pressure ulcer?
Pressure ulcers, also known as bed sores, are wounds to the skin caused by sitting or lying in one position for too long. They generally occur over a bony area on the body.

Whether you can walk independently, are dependent on others to move you, or a combination of both - regular movement can greatly reduce your risk of developing a pressure ulcer.
Keep moving

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

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.

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

One of the functions of these types 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. Try altering the head of the bed by as much as is comfortable once every hour. 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.
Frequently asked questions

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

A foam 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 two 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 couple of hours.

Remember:

- Move as much as you are physically able.
- 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.
A & B: By moving side to side and lifting the bottom, pressure is relieved temporarily.

C: Good posture helps to spread the weight of the person and reduces pressure on bony areas.

D: Lift the bottom regularly to relieve pressure.
Pressure ulcer prevention

What is a pressure ulcer?
Pressure ulcers, also known as bed sores, are wounds to the skin caused by sitting or lying in one position for too long. They generally occur over a bony area on the body.

Incontinence
Being incontinent is a well known 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 future treatment or management.

Think......
Incontinence

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

Whatever products are used there should be a reassessment periodically, either by the district nurse or a member of the continence team.

Pads come in many shapes and 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 to wear net pants with others. If so, it is important that your hips are measured regularly. Wearing them too small can cause pressure ulcers to develop.

Urine and faeces are toxic to the skin, and regular washing can dry the skin out. A foam skin cleanser can resolve this with a barrier cream to protect and hydrate. Brands such as Cavilon and Sorbaderm are available on prescription.

Prevention is better than cure

Use a barrier cream at every third episode of personal hygiene. 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 can 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 products such as Proshield Foam and Spray.

Ensure your skin is dried gently and thoroughly following any cleansing.
Pressure ulcer prevention

What is a pressure ulcer?
Pressure ulcers, also known as bed sores, are wounds to the skin caused by sitting or lying in one position for too long. They generally occur over a bony area on the body.
Nutrition and hydration

Nutrition and pressure ulcers

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 much 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 pressure ulcer patients too.

If you are concerned that you may be underweight or overweight, your GP or health care professional can provide you with further advice and refer you to a dietitian if necessary. Following the advice in this booklet should help you achieve a healthy weight and ensure you get all the nutrients your body needs.

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 at least 6 to 8 drinks a day. This could be from any combination of water, juice, squash, tea, coffee or milky drinks.
Are you eating a healthy diet?

The eatwell plate (below) shows the different types of food we need to eat - and in what proportions - to have a well balanced and healthy diet.

It’s a good idea to try to get this balance right every day, but you don’t need to do it at every meal. And you might find it easier to get the balance right over a longer period, say a week.

Based on the eatwell plate, you should try to eat:

- **Plenty of fruit and vegetables**
  These foods provide a range of vitamins and minerals including vitamin C, fibre and energy. Green leafy vegetables are also high in iron and calcium. You should aim to eat 5 portions of fruit and vegetables each day.

- **Starchy carbohydrates**
  This group includes bread, rice, potatoes, pasta and cereals. These foods provide a range of nutrients, including energy, fibre and B vitamins.
• **Milk and dairy:**
This group includes milk, cheese and yogurt. These foods are rich in calcium, energy and protein.

• **Meat, eggs and other non vegetarian sources of protein:**
This group includes meat, chicken, fish, eggs, 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.

**If you have a poor appetite?**
- Eat smaller portions of food more often - aim for a ‘little and often’ approach.
- You may find you are put off by cooking smells, if this is the case, try to avoid cooking smells where possible.
- A walk or sitting in the fresh air can help to give you an appetite.
- Have an aperitif such as sherry before dinner to stimulate your appetite.
- Choose full fat options for milk, yogurt, margarine etc. and avoid low fat foods where possible.
- Drink regular, nourishing drinks such as milky coffee, tea or malted drinks.
- **Ask your health professional for more advice.**

**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 and if you have not had a diabetes check up recently or have concerns contact your GP or diabetes nurse.
Pressure ulcer prevention

A guide for patients and carers

Contact details

Adult services:

Tel: 0300 555 1919
Email: www.bhamcommunity.nhs.uk/adultsSPA