POLICY FOR PRESSURE ULCER PREVENTION AND MANAGEMENT

Amendments

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<td>Senior Specialist Nurse Wound Management changed to Lead Nurse Tissue Viability</td>
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<td>Huntleigh Resource File changed To Parkhouse Healthcare Resource File</td>
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<td>Updated all sections to reflect changes to job titles</td>
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<td>Updated all sections to update practice re assessment/ incident reporting/ safeguarding/ mental capacity/ equipment usage</td>
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Compiled by: Sue Harris, Lead Nurse Tissue Viability and Alison Williams, Tissue Viability Nurse Specialist Kingston Hospital NHS Foundation Trust

Ratified by: Nursing & Midwifery Committee

Date Issued: July 2010

Review Date: July 2013

Next Review Date: July 2016

Target Audience: All Staff

Impact Assessment Carried

Out By: Lead Nurse Tissue Viability
See also: Abuse or suspected abuse of vulnerable adults guidelines for staff
Ashford & St Peter’s Hospitals NHS Foundation Trust & Park House Healthcare File
Monitoring of Dynamic Pressure Relieving & Static Foam Pressure
Reducing Mattresses Policy
Management of Records Policy
Photographing Patients Policy

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1. POLICY STATEMENT

Ashford & St Peter’s Hospitals NHS Foundation Trust are committed to providing consistent, evidence based quality care in the prevention, management and treatment of pressure ulcers for all patients. This will incorporate a holistic assessment and demonstrate patient/carer involvement in the care provided.

These guidelines have been developed by joint working between Ashford & St Peter’s Hospitals NHS Foundation Trust and Kingston Hospital NHS Foundation Trust. The guidelines are based on NICE Guidance (2005), The Management of Pressure Ulcers in Primary and Secondary Care.

2. SCOPE

This policy applies to all employed clinical staff, qualified and unqualified, bank and agency staff required to work in clinical areas. This includes but is not limited to medical staff, nurses, allied healthcare professional (AHP) and health care assistants (HCA).

3. AIM

• To prevent Trust acquired pressure ulcers via the measures detailed within this policy.
• To provide consistent individualised high quality care in pressure ulcer prevention and management for all patients/clients of Ashford & St Peter’s Hospitals NHS Foundation Trust.

4. OBJECTIVES

• To establish continuity of care in the prevention and management of pressure ulcers across the health care boundaries.
• To promote cross boundary and multi professional working in the best interests of the patient.
• To inform practitioners of the best practice in pressure ulcer prevention and management.

5. DUTIES AND RESPONSIBILITIES

5.1 Healthcare practitioners

• Identifying patients at risk and undertaking risk assessments using the Waterlow Risk Assessment Tool and clinical judgement.
• Liaising with the patient and the multidisciplinary team to formulate strategies and interventions to reduce the risk of tissue damage.
• Ensuring that multidisciplinary patient focussed care plans are in place and interventions are recorded and dated in line with the Trust’s Record Keeping Policy.
• Ordering appropriate pressure reducing equipment in accordance with
- Holistic assessment of the patient
- Trust guidance on selection of pressure reducing equipment as detailed in the Huntleigh Healthcare resource file
- Risk assessment procedures and maintaining a safe patient care environment.

- Liaising with the patient, their relatives or carers and health and social care professionals regarding preventative strategies.
- Ensuring that they maintain their knowledge and competence in caring for patients who are at risk of developing pressure ulceration.
- Recording incidence of patients who develop new pressure ulceration during an episode of care by documenting this in the patients records, the Trust Weekly Pressure Ulcer Incidence and Prevalence Reporting Form (download from trustnet/clininet/wound management)
- Completing a clinical incident form for all pressure ulcers which are classified as stage 3 or 4 reporting this as a Serious Untoward Incident and Safeguarding alert
- Referring all patients with a stage 3 or 4 pressure ulcer to the Tissue Viability Team via PAS.
- To participate in the investigation of all Trust acquired Grade 3 and 4 pressure ulcers as serious untoward incidences
- Seeking the advice of the Tissue Viability Team where appropriate whilst maintaining the ongoing responsibility for the patient’s episode of care.

5.2 Associate Directors of Nursing /Clinical Nurse Leaders and Ward Managers

- Implementing this policy in their clinical areas
- Ensuring that patients are assessed and multidisciplinary care plans are agreed and implemented
- Ensuring that staff understand their accountability and responsibility and comply with this policy
- Ensuring that all staff have access to copies of appropriate guidelines and resources referred to within this policy:
  - NICE clinical guidelines: Pressure Ulcer Risk Assessment and Prevention
  - Waterlow Risk Assessment Tool
- Ensuring that staff have the knowledge, skills and competence commensurate with their role and responsibilities to care for patients who are at risk of developing pressure ulceration.
- Incorporate pressure ulcer risk assessment, prevention and management training into local induction programmes and continued professional development for all staff.
- Ensure staff access training commensurate with their role and responsibilities.
- Ensure staff have received training in pressure redistributing and relieving equipment
- Ensure all Trust acquired Grade 3 and 4 pressure ulcers are investigated as serious untoward incidents

5.3 Medical Directors’ and Consultants

- Ensuring that all relevant medical staff are aware of this policy
- Ensuring compliance with this policy within their areas of responsibility
5.4 Tissue Viability Team

- Support the Associate Directors of Nursing / Clinical Nurse Leaders and Ward Managers in implementing this policy.
- Monitor implementation of this policy via clinical audit and review.
- Provision of education and training for nursing and other members of the multidisciplinary team in pressure ulcer prevention and management.
- Provision of specialist advice within the Trust.
- Provision of specialist advice to managers with regard to case reviews and clinical incidents.
- Provision of monitoring and reporting of pressure ulcer incidence and prevalence data.
- Provision of support in the investigation of all Trust acquired Grade 3 and 4 pressure ulcers as serious untoward incidences.

N.B. In situations where the Tissue Viability Team is involved in an individual patient's care, the ongoing responsibility for the review and monitoring of the patient remains with the nursing and medical team in charge of their care.

Pressure ulcer management should be seen as a multidisciplinary activity.

6. PRESSURE ULCER DEFINITION

A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear (European Pressure Ulcer Advisory Panel [EPUAP] & National Pressure Ulcer Advisory Panel [NPUAP], 2009). Severity of pressure ulcers are categorised from one to four (see appendix B).

Whilst pressure ulcers are more likely to affect older people, it is now accepted that people of all ages may be affected, therefore the principles of practice issued within this policy can be applied to all age groups from neonates to the elderly.

7. PRINCIPLES

7.1 Assessment and documentation

- Each nurse/doctor/AHP is accountable for his/her own practice and for the initial and subsequent assessments that will be documented within the patient healthcare record (nursing and/or medical) and according to the Trust Management of Records policy.
- Pressure ulcer management decisions and procedures are defined and based on national guidance and recognised best practice.
- Training issues will be identified and addressed accordingly.
- All patients must be assessed by a registered nurse, using the Waterlow Risk Assessment Tool (2005) or Modified Glamorgan Scale for Paediatrics for risk of developing pressure ulcers within 4 hours of admission to the Trust.
- Waterlow risk assessment tool / Modified Glamorgan Scale must be completed by a registered nurse at least weekly or as the patient's condition changes.
- Pressure area damage must be documented on the body map in the Adult/Paediatric Assessment Document.
- Patients identified at risk of developing pressure ulcers must be commenced on the 'patient is at risk of developing pressure ulcers' care plan and a daily skin inspection and patient repositioning chart
- Patients identified as being at risk of developing pressure ulcers must have, with their permission, their pressure areas inspected and skin condition documented in the nursing records on every shift.
- Patients at risk of developing a pressure ulcer or patients with a pressure ulcer must be encouraged or assisted with repositioning at least two hourly or more frequently dependent on visual or verbal signs of potential tissue damage.
- Patients who have a pressure ulcer must be commenced on the 'patient has a pressure ulcer' care plan, a daily skin inspection and patient repositioning chart and clear documentation of the ulcer/s should be written on a wound assessment chart.
- Pressure area management must be agreed with the multi disciplinary team in partnership with patients and/or carers and demonstrate evidence of on going reassessment.
- All patients with a stage 3 or 4 pressure ulcer should be referred to the dietetics service.
- All Trust acquired stage, 3 and 4 pressure ulcers must be reported as a clinical incident.
- All Trust acquired stage 3 or 4 pressure ulcers must be reported as a Serious Untoward Incident via the incident reporting mechanism and referred to the Tissue viability Team.
- Wound dressing selection must be made using the Trust wide wound management dressings formulary.
- All adult inpatient areas must complete and submit a weekly pressure ulcer incidence and prevalence reporting form.
- For patients whose first language is not English, practitioners should involve link workers in communicating the level of risk to the patient. Consideration should be given to providing the information in a format that meets the diverse needs of patients e.g. Hard of hearing, partially sighted.

7.2 Equipment

- Patients identified as having a Waterlow risk assessment score of 20 and below and up to stage 1 pressure damage can be nursed on a Trust pressure reducing static foam mattress.
- Patients identified as having a Waterlow score above 20 or have stage 2 or above pressure ulcers should be nursed on a high specification pressure relieving air mattress (up to and including stage 4 pressure ulcers).
- Patients with a low BMI (including paediatrics) should be considered for a pressure relieving low air loss mattress.
- All patients must be offered a high specification seat cushion if they are deemed to be at risk of developing sacral/buttock pressure ulcers and are able to sit out in a chair.
- Registered Nurses must use their own clinical judgement when selecting pressure reducing/removing equipment for their patients.
- Those patients with a sacral pressure ulcer must be given a high specification pressure relieving cushion when sat out in a chair.
• Those patients with a stage 3 or 4 pressure ulcer to the sacral area should not be sat out in a chair for longer than one hour without having their position changed.
• Patients should be assessed as to whether they continue to require a high specification mattress and/or seat cushion on a daily basis and stepped down to a static foam mattress if their risk score and factors have reduced.
• Patients must not be discharged from a high specification alternating air mattress if they do not have equivalent at their home/ residential home/ nursing home. They must be stepped down to a high specification foam pressure redistributing mattress at least 24 hours prior to discharge and their skin integrity monitored.
• Patients who require a pressure relieving alternating air mattress/ cushion on discharge must have this requested from the Community Nursing Service.

7.3 Safeguarding issues

• Consideration must be made for referral to social services or Head of Nursing for all patients presenting to the Trust with a stage 3 or 4 pressure ulcer. In these instances a body map and full assessment must be completed and photographs taken by the Trust Medical Photographer according to the Trust photography policy at the earliest opportunity.

7.4 Patients who are assessed as having capacity to make a decision on the issue of complying with a care plan who make an unwise decision

There are five principles that are set out in section 1 of the Mental Capacity Act (2005). These principles are the values that underpin the legal requirements in the Act. The Act clearly states that someone can make an unwise decision, but just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision. In the event of a patient being assessed as having the capacity to make their own decision, and who decides to act in a manner that would not promote wound healing use the ‘Care Plan For Patients Who Make Unwise Decisions But Have Capacity To Make That Decision’.

Use this care plan to document evidence of what has been done to help the patient to make a decision and any resources that have been used, including any key personnel that have been involved. For example the Acute Learning Disability Liaison Nurse (care plan found in dementia section of core care plans). Providing more information that is appropriate to the patient could help their understanding of the need to adhere to staff requests for them to move etc. If that fails document what has been attempted. If the patient is assessed as lacking capacity to make decisions around this particular question under the Mental Capacity Act staff must document they believe the patient lacks capacity and act in their best interest. This will include complying with the appropriate care plan depending on the condition of the skin.

8. IMPLEMENTATION

This policy will be introduced via the Nursing and Midwifery Committee by the Lead Nurse Tissue Viability. It will then be cascaded onto the relevant areas by the Clinical Nurse Leaders and Ward Managers. It will also be available on the Trust intranet.
9. PROCESS FOR MONITORING COMPLIANCE WITH THE EFFECTIVENESS OF POLICIES

Practice will be monitored by the Tissue Viability Team and within individual wards by the Clinical Nurse Leaders and Ward Managers to ensure this policy is effectively implemented.

9.1 INCIDENCE DATA

Pressure ulcer incidence will be monitored and reported monthly via the Trust board performance report.

10. REVIEW

The Lead Nurse Tissue Viability will be responsible for the review of this policy at three yearly intervals.

11. REFERENCES


ARCHIVING ARRANGEMENTS

Responsibility for archiving trust-wide policies lies with the Quality Department where all paper copies will be stored, and electronic folders have been set up to hold master copies.

Requests for retrieval of documents can be made to the Quality Dept.
Appendix A

European Pressure Ulcer Advisory Panel (including National Pressure Ulcer Advisory Panel)
ulcer classification (2009)

Pictorial Version available on Trustnet/ clininet/ wound management

Category/Stage I: Non-blanchable redness of intact skin

Intact skin with non-blanchable erythema of a localized area usually over a bony prominence. Discolouration of the skin, warmth, oedema, hardness or pain may also be present. Darkly pigmented skin may not have visible blanching. The area may be painful, firm, soft, warmer or cooler as compared to the adjacent tissue. Category/stage I may be difficult to detect in individuals with dark skin tones. May indicate “at risk” persons.

Category/Stage II: Partial thickness skin loss or blister

Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum filled or sero-sanguinous blister. Presents as a shiny or dry shallow ulcer without slough or bruising. This category/stage should not be used to describe skin tears, tape burns, incontinence associated dermatitis, maceration or excoriations.

Category/Stage III: Full thickness skin loss (fat visible)

Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Some slough may be present. May include undermining and tunnelling. The depth of a Category/Stage III pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have (adipose) subcutaneous tissue and Category/Stage III ulcers can be shallow. In contrast, areas of significant adiposity can develop extremely deep Category/Stage III pressure ulcers. Bone/tendon is not visible or directly palpable.

Category/Stage IV: Full thickness tissue loss (muscle/bone visible)

Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present. Often include undermining and tunnelling.

The depth of a Category/Stage IV pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have (adipose) subcutaneous tissue and these ulcers can be shallow. Category/Stage IV ulcers can extend into muscle and/or supporting structures (e.g., fascia, tendon or joint capsule) making osteomyelitis or osteitis likely to occur. Exposed bone/ muscle is visible or directly palpable.

Pressure ulcers must not be reverse graded

Note: Skin damage to the buttock/ sacral/ groin/thigh areas in patients with faecal and/or urinary incontinence should not be documented as a stage/category I pressure ulcer. As these are caused by incontinence and not pressure/ sheering and/or friction they are classified as moisture lesions
APPENDIX B

ASHFORD & ST. PETER'S HOSPITAL NHS FOUNDATION TRUST

Equality Impact Assessment Summary

Name: Lead Nurse Tissue Viability

Policy/Service: Policy for Pressure Ulcer Prevention and Management

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<td>• Context in which the policy operates</td>
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<td>• Who was involved in the Equality Impact Assessment</td>
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<td>• The policy will ensure that there is a process whereby all clinical staff who are involved in the prevention and management of pressure ulceration are competent to do so</td>
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<td>• The equality and impact assessment was carried out by Sue Harris, Lead Nurse Tissue viability</td>
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| This policy has not been put in place; therefore effects are unknown at this stage |

The following individuals and groups have been consulted/involved in the development of this policy:
- Lead Nurse Tissue Viability
- Tissue Viability Nurse Specialist (Kingston Hospital NHS Foundation Trust)
- Surrey Tissue Viability Nurses Group
- Wound Management Link Nurses
- Strategic Nursing & midwifery Leadership Committee

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<td>• Identify if there is adverse or a potentially adverse impacts for any equalities groups</td>
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The policy does not involve any adverse or potentially adverse impacts for any group of patients

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<td>• Provide a summary of the overall conclusions</td>
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There are no identified adverse or potentially adverse impacts for any group of patients

**Recommendations**

- State recommended changes to the proposed policy as a result of the impact assessment
- Where it has not been possible to amend the policy, provide the detail of any actions that have been identified
- Describe the plans for reviewing the assessment

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<tr>
<th>Guidance on Equalities Groups</th>
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- **Race and Ethnic origin** (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)

- **Religion or belief** (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)

- **Disability** (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)

- **Sexual orientation including lesbian, gay and bisexual people** (consider whether the policy/service promotes a culture of openness and takes account of individual needs)

- **Gender** (consider care needs and employment issues, identify and remove or justify terms which are gender specific)

- **Age** (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)

- **Culture** (consider dietary requirements, family relationships and individual care needs)

- **Social class** (consider ability to access services and information, for example, is information provided in plain English?)
PROFORMA FOR RATIFICATION
OF POLICIES AND GUIDELINES BY RATIFYING COMMITTEE

- Please complete this form electronically
- Include contact telephone numbers
- The boxes will expand as required

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<td>Sue Harris</td>
</tr>
<tr>
<td>Date:</td>
<td>18\textsuperscript{th} August 2013</td>
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<th>Author(s) (Principle contact)</th>
<th>Sue Harris</th>
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<td>Name of author or sponsor to attend ratifying committee when policy/guideline is discussed</td>
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<tr>
<td>Date of final draft</td>
<td>18\textsuperscript{th} August 2013</td>
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<td>Has this policy/guideline been thoroughly proof-read to check for errors in spelling, typing, grammar and consistency?</td>
<td>Yes</td>
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<tr>
<td>By whom:</td>
<td>Sue Harris</td>
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Describe the development process used to generate this policy/guideline. Who was involved, which groups met, how often etc.? Policy developed via collaborative working, with the Surrey Tissue Viability Nurses Group, by Alison Williams Tissue Viability Nurse Specialist Kingston Hospital NHS Foundation Trust and Sue Harris, Lead Nurse Tissue viability Ashford & St Peter's Hospitals NHS Trust. Collaborated via email and met three times over a 4 month period

Who is the policy/guideline primarily for? Policy is for all clinical staff working within patient areas in Ashford & St Peter’s Hospitals NHS Foundation Trust

Is this policy/guideline relevant across the Trust or in limited areas? Relevant across the Trust

How will the information be disseminated and how will you ensure that relevant staff are aware of this policy/guideline? Disseminated via Trust intranet and cascaded via Heads of Nursing, Matron and Ward Managers

Describe the process by which adherence to this policy/guideline will be monitored. (This needs to be explicit and documented for example audit, survey, questionnaire) Audited via Ward Quality Indicators in pressure ulcer development, area documentation audits and annual pressure ulcer prevalence audit

Is there a NICE or other national guideline relevant to this topic? If so, which one and how does it relate to this policy/guideline? This policy is based on guidance and recommendations found in: National Institute for Health and Clinical Excellence (2005) ‘The Management of Pressure Ulcers in Primary and Secondary Care’ and European Pressure Ulcer Advisory Panel (2009) ‘Pressure Ulcer Prevention’

What (other) information sources have been used to produce this policy/guideline? The following Trust Policies /guidelines have
Has the policy/guideline been impact assessed with regard to disability, race, gender, age, religion, sexual orientation? | Yes
---|---
Other than the authors, which other groups or individuals have been given a draft for comment? (e.g. staff, unions, human resources, finance dept., external stakeholders and service users) | Trust Nursing and Midwifery Committee Membership
Which groups or individuals submitted written or verbal comments on earlier drafts? | Trust Nursing and Midwifery Committee Membership
Who considered those comments and to what extent have they been incorporated into the final draft? | Comments by Chief Nurse incorporated into final draft
Have financial implications been considered? | Yes