NICE National Institute for Health and Care Excellence

NICE Pathways

Preventing pressure ulcers in adults

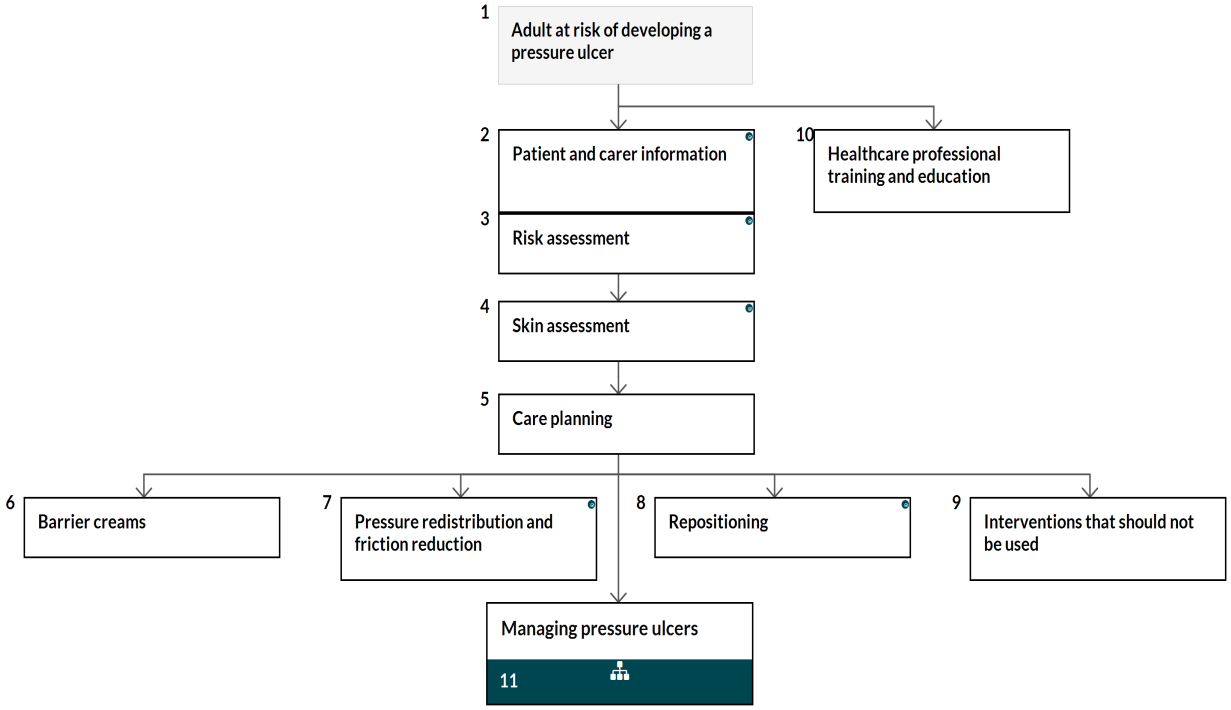
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/pressure-ulcers
NICE Pathway last updated: 09 April 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.

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1 Adult at risk of developing a pressure ulcer

No additional information

2 Patient and carer information

Offer timely, tailored information to people who have been assessed as being at high risk of developing a pressure ulcer, and their family or carers. The information should be delivered by a trained or experienced healthcare professional and include:

- the causes of a pressure ulcer
- the early signs of a pressure ulcer
- ways to prevent a pressure ulcer
- the implications of having a pressure ulcer (for example, for general health, treatment options and the risk of developing pressure ulcers in the future).

Demonstrate techniques and equipment used to prevent a pressure ulcer.

Take into account individual needs when supplying information to people with:

- degenerative conditions
- impaired mobility
- neurological impairment
- cognitive impairment
- impaired tissue perfusion (for example, caused by peripheral arterial disease).

NICE has written information for the public on pressure ulcers.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

7. Information on preventing pressure ulcers

3 Risk assessment

Carry out and document an assessment of pressure ulcer risk for adults

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- being admitted to secondary care or care homes in which NHS care is provided
- or receiving NHS care in other settings (such as primary and community care and emergency departments) if they have a risk factor, for example:
    - significantly limited mobility (for example, people with a spinal cord injury)
    - significant loss of sensation
    - a previous or current pressure ulcer
    - nutritional deficiency
    - the inability to reposition themselves
    - significant cognitive impairment.

Consider using a validated scale to support clinical judgement (for example, the Braden scale, the Waterlow score or the Norton risk-assessment scale) when assessing pressure ulcer risk.

Reassess pressure ulcer risk if there is a change in clinical status (for example, after surgery, on worsening of an underlying condition or with a change in mobility).

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

1. Pressure ulcer risk assessment in hospitals and care homes with nursing

2. Pressure ulcer risk assessment by community nursing services

3. Pressure ulcer risk reassessment

4 Skin assessment

Offer adults who have been assessed as being at high risk of developing a pressure ulcer a skin assessment by a trained healthcare professional (see healthcare professional training and education [See page 8]). The assessment should take into account any pain or discomfort reported by the patient and the skin should be checked for:

- skin integrity in areas of pressure
- colour changes or discoloration (healthcare professionals should be aware that non-blanchable erythema may present as colour changes or discolouration, particularly in darker skin tones or types)
- variations in heat, firmness and moisture (for example, because of incontinence, oedema, dry or inflamed skin).

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Use finger palpation or diascopy to determine whether erythema or discolouration (identified by skin assessment) is blanchable.

Start appropriate preventative action in adults who have non-blanching erythema and consider repeating the skin assessment at least every 2 hours until resolved.

NICE has published a medtech innovation briefing on SEM Scanner for pressure ulcer prevention.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

4. Skin assessment

5 Care planning

Develop and document an individualised care plan for those who have been assessed as being at high risk of developing a pressure ulcer, taking into account:

- the outcome of risk and skin assessment
- the need for additional pressure relief at specific at-risk sites
- their mobility and ability to reposition themselves
- other comorbidities
- patient preference.

6 Barrier creams

Consider using a barrier preparation to prevent skin damage in adults who are at high risk of developing a moisture lesion or incontinence-associated dermatitis, as identified by skin assessment (such as those with incontinence, oedema, dry or inflamed skin).

7 Pressure redistribution and friction reduction

Use a high-specification foam mattress for adults who are:

- admitted to secondary care

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- assessed as being at high risk of developing a pressure ulcer in primary and community care settings.

Consider a high-specification foam theatre mattress or an equivalent pressure redistributing surface for all adults who are undergoing surgery.

Consider the seating needs of people at risk of developing a pressure ulcer who are sitting for prolonged periods.

Consider a high-specification foam or equivalent pressure redistributing cushion for adults who use a wheelchair or who sit for prolonged periods.

Discuss with adults at high risk of developing a heel pressure ulcer and, where appropriate, their family and carers, a strategy to offload heel pressure, as part of their individualised care plan.

Friction reduction

Mepilex Border Heel and Sacrum dressings

The following recommendations are from NICE medical technologies guidance on Mepilex Border Heel and Sacrum dressings for preventing pressure ulcers.

Mepilex Border Heel and Sacrum dressings show promise for preventing pressure ulcers in people who are considered to be at risk in acute care settings. However, there is currently insufficient evidence to support the case for routine adoption in the NHS.

Research is recommended to address uncertainties about the claimed benefits of using Mepilex Border Heel and Sacrum dressings. This research should also explore issues such as:

- the incidence of heel and sacrum pressure ulcers in NHS acute care settings
- criteria for patient selection to reduce pressure ulcer incidence with Mepilex Border Heel and Sacrum dressings in addition to standard care.

NICE will consider reviewing this guidance when substantive new evidence becomes available.

Parafricta Bootees and Undergarments

The following recommendations are from NICE medical technologies guidance on Parafricta Bootees and Undergarments to reduce skin breakdown in people with or at risk of pressure ulcers.

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Parafricta Bootees and Undergarments show potential to reduce the development and progression of skin damage caused by friction and shear in people with, or at risk of, pressure ulcers. However, more evidence for their effectiveness in clinical practice is needed to support the case for routine adoption of Parafricta Bootees and Undergarments in the NHS.

Research is recommended to address uncertainties about the claimed patient and system benefits of using Parafricta Bootees and Undergarments. This should take the form of comparative research against standard care, preferably carried out in a hospital. The research should include development of criteria to recognise people who would most benefit from the technology in both hospitals and community care. NICE will explore the development of appropriate further evidence, in collaboration with the technology sponsor and with clinical and academic partners, and will update this guidance if and when substantive new evidence becomes available.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

8. Pressure redistribution devices

8 Repositioning

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. If they are unable to reposition themselves, offer help to do so, using appropriate equipment if needed. Document the frequency of repositioning required.

Encourage adults who have been assessed as being at high risk of developing a pressure ulcer to change their position frequently and at least every 4 hours. If they are unable to reposition themselves, offer help to do so, using appropriate equipment if needed. Document the frequency of repositioning required.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

5. Advice on repositioning

6. Help with repositioning

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9 Interventions that should not be used

Skin massage

Do not offer skin massage or rubbing to prevent a pressure ulcer.

Nutritional supplements and hydration

Do not offer nutritional supplements specifically to prevent a pressure ulcer in adults whose nutritional intake is adequate.

Do not offer subcutaneous or intravenous fluids specifically to prevent a pressure ulcer in adults whose hydration status is adequate.

10 Healthcare professional training and education

Provide training to healthcare professionals on preventing a pressure ulcer, including:

- who is most likely to be at risk of developing a pressure ulcer
- how to identify pressure damage
- what steps to take to prevent new or further pressure damage
- who to contact for further information and for further action.

Provide further training to healthcare professionals who have contact with anyone who has been assessed as being at high risk of developing a pressure ulcer. Training should include:

- how to carry out a risk and skin assessment
- how to reposition
- information on pressure redistributing devices
- discussion of pressure ulcer prevention with patients and their carers
- details of sources of advice and support.

11 Managing pressure ulcers

See Pressure ulcers / Managing pressure ulcers in adults

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Sources

Pressure ulcers: prevention and management (2014) NICE guideline CG179

Mepilex Border Heel and Sacrum dressings for preventing pressure ulcers (2019) NICE medical technologies guidance 40

Parafricta Bootees and Undergarments to reduce skin breakdown in people with or at risk of pressure ulcers (2014) NICE medical technologies guidance 20

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

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Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

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Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

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