



**Definition:** A pressure ulcer is a localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. (NPUAP –EPUAP 2009)

## PREVENTION OF PRESSURE ULCERS

### Risk Assess

#### Each healthcare setting should have a risk assessment policy in place

- A structured risk assessment tool e.g.: Waterlow / Braden should be used which is refined by clinical judgment of risk factors.
- Main risk factors include: Reduced mobility & sensation, poor nutrition & hydration, underlying disease affecting perfusion & oxygenation, unrelieved pressure, moisture, friction & shear.
- Repeat and record risk assessment as frequently as required by patient acuity

### Skin inspect

#### Inspect skin especially at bony prominences

- Record whether the skin is moist, dry, indurated, unusually warm or cool, broken or discoloured. In dark skin look for purplish / bluish oedema.
- If skin is red note whether the redness is blanching or non blanching on touch (this indicates if capillaries are damaged).
- The European Pressure Ulcer Advisory Panel (EPUAP) Classification system should be used to grade pressure ulcers (see overleaf)
- Assess continence management

### Support surface

#### Plan care in order to minimise risk factors

All foam mattresses on beds and trolleys should be of good quality high density foam with pressure redistribution properties

- Decisions about using a pressure relieving mattresses (dynamic/ electric) should be based on holistic assessment of the individual which includes risk score, skin assessment, general health status, critical care needs and acceptability to the patient.
- Ensure heels are free of bed surface
- For individuals at 'high' or 'very high' risk of pressure damage restrict the seating to short intervals using a chair / cushion with redistribution properties
- Consult with an Occupational Therapist for advice on specialized seating for individuals with pressure damage.
- Examine the functionality & appropriateness of support surfaces at each encounter



#### Provide Patient Information

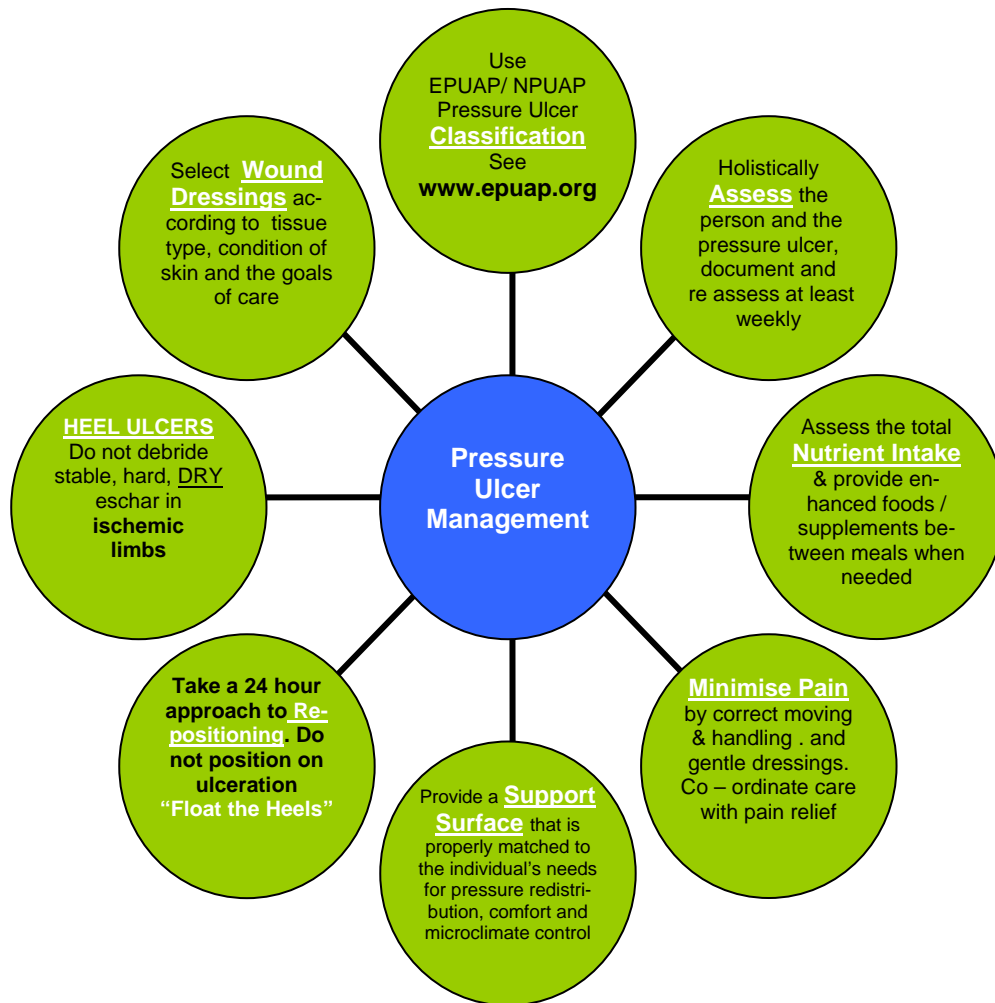
### Keep moving

Repositioning frequency should be determined by the individual's tissue tolerance, their level of dependency, their general medical condition, service user's preferences, the overall treatment objective and assessment of the individual's skin.

- Instigate a written repositioning schedule for individuals who cannot reposition themselves
- take a 24 hour approach to repositioning which include periods of seating
- Use a 30 degree tilt to increase the range of positions available.
- Keep the elevation of the head of the bed as low as possible in keeping with the individual's condition
- Do not position the individual directly on a pressure ulcers

# PRESSURE ULCER MANAGEMENT

It is advised that pressure ulcer management strategies should be in line with the European Pressure Ulcer Advisory / National Pressure Ulcer Advisory Panel Guidelines (EPUAP / NPUAP) 2009 Guidelines. The following are highlights of that document only.



- Seat spinal – cord injured individuals with ischial (buttock) ulcers on a seating support surface that provides contour, uniform pressure redistribution and high immersion or off-loading
- Ideally, ischial ulcers should heal in an environment where ulcers are free of pressure, however this approach should be balanced with physical, social and psychological needs of the individual.
- Limit sitting time for spinal injured individuals with ischial ulcers according to skin tolerance and pressure ulcer response.

Reference: European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel. The treatment of Pressure Ulcers: Quick Reference Guide. Washington DC: National Pressure Ulcer Advisory Panel 2009.

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