

Prevention and Management of Pressure Ulcers Policy

Date	Version
12 th September 2012	2

Purpose

This policy will enable compliance with current guidance and recommendations for prevention and management of pressure ulcers, including NICE guidance, High Impact Action “Your Skin Matters” as well as the South West Quality Improvement Framework for the Prevention and management of Pressure Ulcers. Effective implementation will reduce co-morbidity enable patients to return their normal activity and home or place of care, reduce inpatient time and health care costs. Application will improve communication and ensure consistency of care across healthcare providers.

Who should read this document?

All clinical staff.

Key messages

Pressure ulcers are largely avoidable if action is taken to prevent and manage patients appropriately and at an early stage.

The following actions are needed:

- Risk and skin assessments (on admission and ongoing)
- Implementation of prevention strategies based on assessment
- Documented care planning and evaluation.

Accountabilities

Production:	Tissue Viability Matron
Review and approval	Matrons, Ward Managers, Specialist Staff – vascular, diabetes, plastic surgery. Tissue viability & link nurses
Ratification	Chief Nurse
Dissemination	Tissue Viability Matron
Compliance	Operational Matrons/Tissue Viability

Links to other policies and procedures**Version History**

V1	May 2010	Initial Document
V2	August 2012	Revised and Reformatted
V3	September 2012	Revised
Last Approval		Due for Review
September 2012		September 2017

The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.

Section	Description	Page
1	Introduction	
2	Purpose, including legal or regulatory background	
3	Definitions	
4	Duties	
5	Standards- Key Performance Indicators	
6	Overall Responsibility for the Document	
7	Consultation and ratification	
8	Dissemination and Implementation	
9	Monitoring Compliance and Effectiveness	
10	References and Associated Documentation	
Appendix 1	Dissemination Plan	
Appendix 2	Review and Approval Checklist	
Appendix 3	Equality Impact Assessment	

1 Introduction

Plymouth Hospitals NHS Trust recognises that the prevention and management of pressure ulcers is crucial to good patient outcomes and improving the patient experience. The Trust will ensure that all inpatients undergo an assessment of their physical condition on admission and all appropriate measures will be taken to prevent the development of avoidable pressure ulcers while in the care of the Trust. Where patients are admitted with pressure ulcers or develop them in our care, treatment will be administered that prevents any further deterioration and promotes healing.

2 Purpose, including legal or regulatory background

Pressure ulcer prevention forms a key part of clinical care for patients in all areas of the Trust and all clinical staff are expected to take responsibility for ensuring all appropriate measures are taken to minimise risk.

This policy will enable compliance with the current National Institute for Clinical Excellence (NICE), European Pressure Ulcer Advisory Panel/National Pressure ulcer Advisory panel (EPUAP/NPUAP) recommendations for prevention and management of pressure ulcers, High Impact Action “Your Skin Matters” as well as the South West Quality Improvement Framework for the Prevention and management of Pressure Ulcers. Effective implementation will reduce co-morbidity enable patients to return their normal activity and home or place of care, reduce inpatient time and health care costs. Application will improve communication and ensure consistency of care across healthcare providers.

3 Definitions

European Pressure Ulcer Advisory Panel (EPUAP)/National Pressure Ulcer Advisory Panel (NPUAP) 2009

The European Pressure Ulcer Advisory Panel (EPUAP) and American National Pressure Ulcer Advisory Panel (NPUAP) have worked together to develop evidence based recommendations for the prevention and treatment of pressure ulcers that could be used by health care professionals throughout the world.

International NPUAP-EPUAP Pressure Ulcer Definition (2009)

“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. A number of contributing or confounding factors are also associated with pressure ulcers; the significance of these factors is yet to be elucidated”

Four levels of injury were agreed by the panel:

Grade (category/stage): 1-4

It is also recognised that there will be a category of “unstageable” where it is impossible to confirm the severity of tissue injury as the actual depth of the ulcer is obscured by eschar or slough. (This would however indicate grade 3 or 4) Within the south west it is recommended that these are reported as grade 3 with the potential to be a grade 4 on debridement/

South West Improvement Framework for the Prevention and Management of Pressure Ulcers (05/12): sets out a consistent approach to the prevention and management of pressure ulcers in all healthcare settings in the south west.

SKIN bundle: Surface/Skin assessment; Keep Moving, Incontinence, Nutrition

All Clinical Staff

All clinical staff are responsible for the initial and ongoing assessment of patients for the risk of acquiring pressure ulcers, escalating and reporting any incidence of pressure ulcers or any safeguarding concerns, and for the delivery of preventative measures and treatment of pressure ulcers.

All Ward/Departmental Managers

All Ward/Departmental Managers are responsible for ensuring the policy is implemented by staff in their area of responsibility, to monitor and investigate any incidence of hospital acquired pressure ulcer and to implement any necessary actions to reduce overall incidence/incidents.

All Matrons

All Matrons are responsible for ensuring the policy is implemented in area of responsibility and providing assurance to the Directorate Management Team of compliance with the policy.

Directorates

Directorates must review and monitor compliance with the policy. They must identify any areas of concern and implement changes to practice where required.

Tissue Viability Team

The Tissue Viability Team provides support for staff implementing the policy and specialist advice where required for patient management. Monitor the effectiveness of the policy and provide support for Matrons / Ward managers to develop and implement action plans, report to the Nursing & Midwifery Advisory Board on the effectiveness of the policy.

5.1 On admission

- All patients will receive an assessment of their risk of developing pressure ulcers and comprehensive skin assessment (using the European Pressure Ulcer assessment tool, EPUAP 2009) as part of the overall assessment within six hours of admission.

The risk assessment and the findings from the assessment of the patient's skin using the EPUAP tool must be recorded in the nursing admission notes/record.

- A clear plan of care and any interventions must be documented and should take into account the care guidance available on the risk assessment form as well as all elements of the SKIN bundle. (HIA,2009) If indicated intentional care and documentation should be commenced.

Surface	Equipment required
Keep Moving	Repositioning plan
Incontinence	Care planning

Nutrition MUST assessment & care planning in line with the Trust Nutrition and Mealtime policy. (TRW.NUT.POL.464.2 Improving the Patient Experience - 2. Nutrition and Mealtimes Policy)

- The site, extent and grade of any skin damage should be documented and if wound dressings are required a wound assessment/treatment chart used.
- All Patients admitted with any pressure damage (EPUAP grade 1-4) must have a clinical incident form completed within 24 hours.
- Consideration needs to be given to vulnerable patients with skin damage and where there are concerns the Trust's reporting procedure for Safeguarding Vulnerable Adults. (CLI.SAF.POL.329.2 Vulnerable Adults Policy)

5.2 Prevention

- All unit / ward nurses will develop a plan of care for all patients considered at risk of pressure damage. This plan will include the use of self care strategies, pressure relieving equipment, positioning schedules, skin care requirements (including continence management) manual handling needs and nutritional requirements. (See NICE guidance for further advice). Consideration needs to be given to all aspects of the SKIN bundle and where necessary ongoing use of intentional rounding.
- The plan of care will take into consideration the findings of the risk assessment, patient comfort and acceptability, critical care needs, patient weight (BMI) and MUST assessment, general health, skin assessment, continence issues, cost considerations and the safety issues.
- Equipment such as pressure relieving devices and manual handling aids will be utilised after full assessment. This is only a part of the total package of care received by the patient/client and this will be reflected in the care plan.

If equipment required is not in place within 6 hours a clear plan of care must be documented which includes actions taken to minimise risk of damage (eg. increased frequency of repositioning) and the plan for obtaining equipment. All patients who are deemed vulnerable should as a minimum preventative measure, be placed upon a high specification foam mattress.

- Staff will seek specialist advice as appropriate, e.g, manual handling, dietician, tissue viability team. All Staff will document when they have referred the patient in the nursing notes. When the specialist advice has been provided the nurse will ensure it is incorporated into the patient's plan of care within 24 hours.
- A Waterlow risk assessment and skin assessment will be documented daily (and if the patient's clinical condition changes significantly) and the care plan updated to reflect any changes.

5.3 Treatment

- All patients with pressure damage EPUAP grades 1-4 must have an incident form completed within 24 hours. A referral to tissue viability must be made for all patients with grade 3 or 4 skin damage and when a safeguarding concern has been raised relating to pressure damage.

- Once pressure damage has been identified it must be reassessed on each dressing change using the EPUAP grading tool, this should at the very least be twice a week unless the patient is only having weekly dressing changes. weekly However, the patient's overall skin condition should be examined each shift, using the EPUAP tool as a guide. All findings must be recorded in the nursing notes
- Wound documentation will include wound dimensions, using ruler measurements. This can be supported with tracings, body mapping or medical photography. A wound assessment chart must be completed.
- The ward / unit nurse responsible for the patient must ensure a plan of care is provided, detailing measures to prevent further damage and assist with the treatment. This plan will include for example, use of self care strategies, pressure relieving equipment, positioning schedules, skin care requirements, manual handling needs, nutritional and wound care requirements. Specialist advice on treatments will be sought as required.

Patients with Diabetes Mellitus and who have a lower limb pressure ulcer will be referred to foot team for review within 24 hours.

- Diabetes team - SpR bleep 89535
- Podiatry - Graham Bruce: 53032/53047
- Diabetes nurse inpatient team - bleep 0989
- If evidence of ischaemia and / or infection refer to Vascular surgery - Contact the on call vascular SpR (89705 or 89668) or the on call Vascular Consultant directly via switchboard for review the same day
- Ulcers on the feet that are a result of pressure should also be reported through the Datix system.

5.4 Patient and Carer participation

- Staff will actively encourage patients/ informal carers to participate in the prevention and treatment of those at risk of pressure damage. This will encompass strategies of repositioning, skin observation, safe use of equipment and passive exercises.
- Staff will utilise a range of information resources to assist with this process, for example the tissue viability resource file, or NICE (2005) information for the public.
- All interventions and education must be clearly documented in the nursing care record.

5.5 The Multidisciplinary Approach

- Provision of care will utilise the best practice/ knowledge bases, through use of specialist advice, as appropriate. When a referral is made to a specialist it must be documented in the nursing notes. When the specialist advice has been provided the nurse will ensure it is incorporated into the patient's plan of care within 24 hours.
- Ward and unit staff will ensure that when patients are transferred or discharged, arrangements are made to facilitate continuing care packages. This will involve good communication and forward planning between all members of the care team. They must go with a concise care plan, detailing Waterlow score and the skin integrity using the EPUAP tool and a Wound assessment chart (if appropriate). Requests for equipment must be made at an early stage in discharge planning.

5.6 Education

- Staff will undertake training to acquire and maintain knowledge of the prevention and treatment of pressure damage.
- Learning resources include; a) European Pressure Ulcer Advisory Panel web site <http://www.epuap.org/index.html> then click onto Pressure ulcer classification ((PUCLAS2) at the bottom of the page. b) Tissue Viability service, Plymouth Hospitals Trust, Derriford Hospital, Plymouth. c) Tissue viability link nurses. d) Podiatry Department, Diabetes Centre, Derriford Hospital, Plymouth.
- A designated registered nurse and unregistered nurse will act as ward link nurses, and attend the nurse link meetings.

6 Overall Responsibility for the Document

The Matron for Tissue Viability has overall responsibility for developing this policy in consultation with other relevant clinical staff, implementation lies with clinical teams within Directorates. This policy will be reviewed in line with Trust Policy of five years and earlier if any significant changes are indicated.

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Nursing and Midwifery Advisory Board and ratified by the Chief Nurse.

Non-significant amendments to this document may be made, under delegated authority from the Chief Nurse, by the nominated author. These must be ratified by the Chief Nurse and should be reported, retrospectively, to the approving board.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Chief Nurse and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

The following indicators will be monitored:

- Incident Reporting of Pressure Ulcers (Hospital Acquired) Grades 1-4. This information is available for Ward Managers / Matrons to review and trends will be reported back to Ward areas and Nursing & Midwifery Board on a monthly basis by the Tissue Viability team.
- Hospital Acquired Pressure Ulcers : All grade 3 and 4 hospital acquired pressure ulcers are reported as Serious Incidents Requiring Investigation (SIRI), and follow the Trust policy for investigation and reporting. As part of this process an interim review meeting will be undertaken with the Director of Nursing (or nominated Deputy), Tissue Viability Matron and the Matron and Ward manager for the area involved. The root cause analysis and learning points will be reviewed at NMAB and disseminated across the trust.
- Process monitoring will undertaken by Ward Managers/Matrons as part of the regular audits using Meridian. Ward managers/Matrons will be responsible for implementing any remedial actions required, with support from the tissue viability team as needed.
- The Trust will meet any statutory requirements for data collection/audit to meet external requirements (eg. Patient Safety Thermometer) and action plans agreed at ward level dependent on results.

10 References and Associated Documentation

- European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel (2009) *Prevention and treatment of pressure ulcers*. Washington DC: National Pressure Ulcer Advisory Panel
- DoH, Department of Health, (2010) *Essence of Care; Benchmarks for Prevention & Management of Pressure ulcers*. The Stationary Office, London.
- DoH, Department of Health, (2001b) *The Expert Patient; A New Approach To Chronic Disease Management for the 21st Century*.
- NICE guidelines: pressure ulcer management, <http://guidance.nice.org.uk/CG29>
- *DOH/NHS Institute for Innovation and Improvement (2009) High Impact Actions for Nursing & Midwifery*. www.institute.nhs.uk/building_capability/general/aims/
- Plymouth Diabetes Health Community web site: www.plymouthdiabetes.org.uk
- National Institute of Clinical Excellence, NICE (cg119) March 2011 Diabetic Foot problems Inpatient management
- National Institute of Clinical Excellence, NICE (2003) The uses of pressure relief devices (Beds, mattresses and overlays) for the prevention of pressure ulcers in Primary and Secondary Care. Guideline 7. www.nice.org.uk/CG7 accessed 04/04/07

- National Institute of Clinical Excellence, NICE (2005) The Prevention and Treatment of Pressure Ulcers quick reference guide. Guideline 29. www.nice.org.uk/CG029 accessed 04/04/07
- Royal College of Nursing, RCN & National Institute of Clinical Excellence, NICE (2005) The Prevention and Treatment of Pressure Ulcers in Primary and Secondary Care. Guideline 29. www.nice.org.uk/CG029 accessed 04/04/07

Core Information				
Document Title	Prevention and Management of Pressure Ulcers			
Date Finalised	September 2012			
Dissemination Lead	Matron for Tissue Viability			
Previous Documents				
Previous document in use?	Yes			
Action to retrieve old copies.	By Document Controller			
Dissemination Plan				
Recipient(s)	When	How	Responsibility	Progress update
All staff	October 2012	Vital Signs	Document Control	
Tissue Viability Link Nurses	October 2012	E mail & hard copy for Ward/Department resource file	Matron for Tissue Viability	
Matrons/Ward Managers	October 2012	E mail	Matron for Tissue Viability	

Review		
Title	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Process	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
Content	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
Evidence Base	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
Approval	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes
	Does the document identify which Executive Director will ratify it?	Yes
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
Document Control	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
Review Date	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Core Information

Manager	Pia Prince
Directorate	Head & Neck (Trust wide document)
Date	
Title	Prevention and Management of Pressure Ulcers Policy
What are the aims, objectives & projected outcomes?	To ensure compliance with the external guidance and recommendations for prevention and management of pressure ulcers. Implementation will reduce co-morbidity, enable patients to return their normal activity and home or place of care, reduce inpatient time and health care costs. Application will improve communication and ensure consistency of care across healthcare providers

Scope of the assessment

Pressure ulcer prevention forms a key part of clinical care for patients in all areas of the Trust and all clinical staff are expected to take responsibility for ensuring all appropriate measures are taken to minimise risk.

Collecting data

Race	<p>There is no evidence to suggest that there is an impact on race regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p> <p>Consideration will be made if information provided is required in a different language.</p>
Religion	<p>There is no evidence to suggest that there is an impact on religion or belief and non-belief regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p> <p>The plan of care for patients includes nutritional requirements which may relate to specific religious beliefs.</p>
Disability	<p>There is no evidence to suggest that there is an impact on disability regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p> <p>The document considers issues that may be identified in the plan of care for patients and recommendations will be made as required</p> <p>Consideration will be made if information is required in different formats or the translation services are required.</p> <p>Consideration has been made for vulnerable adults and mental health and learning disability issues will be highlighted within the care plan as appropriate.</p>

Sex	<p>There is no evidence to suggest that there is an impact on sex regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
Gender Identity	<p>There is no evidence to suggest that there is an impact on gender identity regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
Sexual Orientation	<p>There is no evidence to suggest that there is an impact on sexual orientation regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
Age	<p>There is no evidence to suggest that there is an impact on age regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
Socio-Economic (Consider inequalities arising from social class, background, income, where they were born/live)	<p>There is no evidence to suggest that there is an impact on socio-economic regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
Human Rights	<p>The document has considered safe guarding issues which will be addressed following the Trust safe guarding processes.</p> <p>Informal carers will be encouraged to participate in the prevention and treatment as required.</p> <p>Data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
What are the overall trends/patterns in the above data?	<p>No comparative data has been used to date which means that no trends or patterns have been identified</p>
Specific issues and data gaps that may need to be addressed through consultation or further research	<p>No gaps have been identified at this stage but this will be monitored via data collected from datix incident reporting and complaints.</p>

Involving and consulting stakeholders				
Internal involvement and consultation	Matrons Ward Managers Specialist Staff – vascular, diabetes, plastic surgery Tissue viability & link nurses Chief Nurse Equality & Diversity Lead			
External involvement and consultation				
Impact Assessment				
Overall assessment and analysis of the evidence	<p>Consideration will be made if information provided is required in a different language.</p> <p>The plan of care for patients includes nutritional requirements which may relate to specific religious beliefs.</p> <p>The document considers issues that may be identified in the plan of care for patients and recommendations will be made as required</p> <p>Consideration will be made if information is required in different formats or the translation services are required.</p> <p>Consideration has been made for vulnerable adults and mental health and learning disability issues will be highlighted within the care plan as appropriate.</p> <p>The document has considered safe guarding issues which will be addressed following the Trust safe guarding processes.</p> <p>Informal carers will be encouraged to participate in the prevention and treatment as required.</p>			
Action Plan				
Action	Owner	Risks	Completion Date	Progress update
Collect and monitor data collected from Datix on incidents and complaints				