NICE Pressure Ulcer Guidance

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Why is this important?

- Important patient safety issue
- Pressure ulcers can be prevented (All)
- Pressure ulcers are expensive for NHS
- Pressure Ulcer data will be scrutinised by commissioners and inspectors
- CQUINs based on pressure ulcer rates – local or national?
- Applies to all care setting – not just hospital!
Why are pressure ulcers important?

• An estimated 4–10% of patients admitted to an acute hospital develop a pressure ulcer
• Major cause of sickness, reduced quality of life and morbidity
• Associated with a 2–4-fold increase in risk of death in older people in intensive care units
• Substantial financial costs
### National data at a glance

<table>
<thead>
<tr>
<th>Type of incident</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed sores</td>
<td>4,968</td>
</tr>
<tr>
<td>Slips / trips / falls</td>
<td>1,121</td>
</tr>
<tr>
<td>Delayed diagnosis</td>
<td>385</td>
</tr>
<tr>
<td>Surgical error</td>
<td>251</td>
</tr>
</tbody>
</table>

SOURCE: BBC INSIDE OUT
Why is this important?

The NHS Outcomes Framework, published in December 2010, introduced a framework structured around the five outcome domains below:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Preventing people from dying prematurely</td>
</tr>
<tr>
<td>2</td>
<td>Enhancing quality of life for people with long-term conditions</td>
</tr>
<tr>
<td>3</td>
<td>Helping people to recover from episodes of ill health or following injury</td>
</tr>
<tr>
<td>4</td>
<td>Ensuring that people have a positive experience of care</td>
</tr>
<tr>
<td>5</td>
<td>Treating and caring for people in a safe environment and protecting them from avoidable harm</td>
</tr>
</tbody>
</table>
Expensive?

• In 2004 the estimated annual cost of pressure ulcer care in the UK was between £1.4 billion and £2.1 billion a year.

• Mean cost per patient of treatment for a grade IV pressure ulcer was calculated to be £10,551.
Pressure Ulcers:

Risk factors include:

- pressure
- shearing
- friction
- level of mobility
- sensory impairment
- continence
- level of consciousness
- acute, chronic and terminal illness
- comorbidity
- posture
- cognition, psychological status
- previous pressure damage
- extremes of age
- nutrition and hydration status
- moisture to the skin

Reassess on an ongoing basis
Are there “unavoidable” Pressure Ulcers?

Answer = a few

But ask: Did you:-

• Evaluate the patients condition and risk
• Plan and implement prevention
• Monitor and evaluate intervention
• Revise interventions as required
• Etc.
Unavoidable?
(no excuses please)

• Patients refuse interventions
• Terminal care
• Sudden unexpected event
• Severe peripheral arterial disease

Probably needs “independent” root cause analysis to verify
Current Work: Guideline development

“Pressure ulcers: prevention and management of pressure ulcers”

update of:
'Pressure ulcers’ 2005
'Pressure ulcer prevention’ 2003
Published May 2014
Scope: Groups covered

- a) People of all ages.
- b) Subgroups that are identified as needing specific consideration will be considered during development but may include:
  - people who are immobile
  - people with neurological disease or injury (including people with multiple sclerosis)
  - people who are malnourished
  - people who are morbidly obese
  - older people
Healthcare setting

The NHS!
(or where the NHS is paying)
NICE guidance: The process

• Scope: All adult patients, including primary care
• Consultation, scoping workshops
• “Expert” GDG group - multidisciplinary
• Thorough evidence search and review
• Economic modelling as required
• Cost effectiveness as well as clinical effectiveness
Key clinical issues

- a) Risk assessment, including the use of risk assessment tools and scales.
- b) Skin assessment.
- c) Prevention,
- d) Assessment and grading of pressure ulcers.
- e) Management:
Age groups:

- Adults: 18 years or older
- Neonates: under 4 weeks
- Infants: between 4 weeks and 1 year
- Children: 1 year to under 13 years
- Young people: 13 to 17 years
Risk

1. Not at risk

2. At risk of developing a pressure ulcer: those who, after assessment using clinical judgment and/or a validated risk assessment tool, are considered to be at risk of developing a pressure ulcer

3. At high-risk of developing a pressure ulcer: usually have multiple risk factors identified during risk assessment with or without a validated risk assessment tool.
Prevention

- **Risk assessment**
  - Carry out and document an assessment of pressure ulcer risk for adults:
    - being admitted to secondary care/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
  - Reassess pressure ulcer risk if there is a change in clinical status.
  - Consider using a validated scale to support clinical judgment
Prevention

• **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. 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\(^1\)
  – variations in heat, firmness and moisture (for example, because of incontinence, oedema, dry or inflamed skin).

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

Repositioning

• Encourage adults at risk of developing a pressure ulcer to change their position at least every 6 hours, and high-risk patients 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.
Prevention

• **Care planning**

• Develop and document an individualized care plan for all patients 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 co-morbidities
  – patient preference.
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 in contact with high-risk patients for pressure ulcers. 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.
Management, including:

- Measurement and categorisation
- Debridement
- Pressure-relieving devices
- Nutritional interventions (including hydration) for people with and without nutritional deficiency
- Antimicrobials and antibiotics
- Wound dressings
- Management of heel pressure ulcers
- Other therapies, including electrotherapy, negative pressure wound therapy and hyperbaric oxygen therapy.
Debridement

• Assess the need to debride a pressure ulcer in adults, taking into consideration:
  – The amount of necrotic tissue
  – The grade, size and extent of the pressure ulcer
  – Patient tolerance
  – Any co-morbidities.
Key Definitions in Pressure Ulcer data

• Heath care acquired Pressure Ulcers
  – HCA PU’s
• “preventable” Pressure Ulcers
  – PPU’s
• “Incidence” “Prevalence”
• “Moisture Lesions” vs “Pressure Ulcers”? Or mixed??
Thank You!

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