POLICY ON A PAGE

Sussex Partnership NHS Foundation Trust

TPCL/030 Prevention and Management of Pressure Ulcers Policy

1 WHY DO WE NEED THIS POLICY?

Pressure ulcers are common in healthcare settings and represent a significant burden of suffering for patients and carers and are costly to the NHS. As the population ages and patterns of sickness change, the prevalence of pressure ulcers is likely to increase unless preventative action is taken. The presence of a pressure ulcer creates a number of difficulties psychologically, physically and clinically to the patient, carer and family.

Pressure ulcer prevention and management should be patient centred and an integral part of patient care, which requires a multidisciplinary approach. Sussex Partnership NHS Foundation Trust has a zero tolerance to pressure ulceration and it is everyone's responsibility to reduce the risk of a patient developing pressure ulceration whilst in our care.

2 WHAT DO I NEED TO KNOW?

The Royal College of Nursing and the National Institute for Health and Clinical Excellence (2005) identifies that health care organisations should have an integrated approach to the management of pressure ulcers with a clear strategy, which is supported by senior management. Care should be delivered in a context of continuous quality improvement where improvements are the subject of regular feedback and audit.
All pressure ulcers and suspected deep tissue injury (SDTI) should be staged using the categories based upon the European Pressure Ulcer Advisory Panel Classification System EPUAP & NPUAP (2009) Prevention of pressure ulcers: Quick Reference Guide. European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel. Washington DC. USA: http://www.epuap.org/wp-content/uploads/2016/10/final_quick_prevention.pdf A summary of the grading system can be found in this policy for ease of reference.

All pressure ulcers should be documented and reported via the Trust's incident and serious incident reporting policies and procedures.

Where appropriate, patients admitted to an SPFT ward must receive an initial pressure ulcer risk assessment followed by reassessment using the Waterlow Tool. NICE (2014) guidance recommends that the initial assessment of pressure area risk takes place within 6 hours of admission to a hospital or care home setting.

3 Quality Standards

The Trust is committed to both reducing the incidence of pressure ulcer development across its services and also to promoting healing following tissue damage. In order to do this, the Trust will ensure that:

Every patient who enters our services will receive an initial and ongoing assessment of their risk of developing a pressure ulcer using the Waterlow pressure ulcer risk assessment tool. This assessment tool can be located under the Physical Health tab on the Care Notes clinical case management system.

All pressure ulcers (whether acquired or inherited- see definition below) must be reported through the appropriate channels.

Grade 1 pressure ulcers must be reported via the Ulysses incident reporting system

Grade 2 pressure ulcers must be reported via Ulysses and then investigated as a Higher Learning Review or Immediate Management Review- the Serious Incident Team will advise.

All acquired avoidable stage 3 and 4 pressure ulcers will be reported via Ulysses as a Serious Incident to comply with organisational policy and procedure and NHS England Serious Incident Framework (2015). These injuries will necessitate a Level 1 concise Root Cause Analysis investigation.

Appropriate care interventions must be planned to prevent pressure ulcers developing for all patients who are identified at risk.

Key priorities to minimise further tissue damage must be identified in the implementation of treatment for pa with existing pressure damage

4 Understanding the Process

This revised policy offers expanded definitions of pressure and moisture related injuries, and provides detailed explanations of processes required for the assessment, management and prevention of pressure and moisture associated skin damage.

Clinicians who access this policy are offered a detailed explanation of predisposing factors that can lead to a loss of skin integrity to support a holistic assessment process.

The policy details intrinsic and extrinsic factors to be considered when undertaking a holistic assessment, and supports thorough skin inspection and the use of preventative measures to reduce risks, including prevention of skin damage, moisture control, pain management, repositioning, seating and heel protection. The policy also describes the application of pressure relieving devices to maintain good skin integrity.

Appendices have been expanded, to include a repositioning chart, a comfort rounds form, pressure ulcer and moisture associated skin damage grading tools, a wound assessment form, guidance on selection of appropriate continence products. Also, the appendices include guidance on incident reporting thresl safeguarding referral triggers and a flow chart to summarise the process of

5 CONTACT

Physical Health Team:
PhysicalHealthInfectionControl@spft.nhs.uk