

## Pressure Sores Prevention & Awareness

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**Surname:**

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**Company:**

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**Date:**

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Please complete the above, in the blocks provided, as clearly as possible.

Completing the details in full will ensure that your certificate bears the correct spelling and date.

The date should be the day you finish & must be written in the DD/MM/YYYY format.

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N.B: We are aware that official practice is to use the terms “service users” or “people using this service” to describe those receiving care. We prefer the term “client” and use it throughout our training package.

Key:



worksheet



example



important

## Learning outcomes.

- Recognise a pressure sore.
- Identify causes of pressure sores.
- Know how to prevent pressure sores.
- Identify a person at risk of developing pressure sores.
- Understand how pressure sores should be treated and recognise complications.

## Fundamental standards.

The fundamental standards are the standards by which CQC will inspect social care. The standards are based on the regulations from the Care Act 2014 and CQC have changed the focus for the purposes of inspection.

The fundamental standards are those standards that no care setting must fall below.

## The standards are based on five areas as follows:

<b>Safe.</b>	People are protected from abuse and avoidable harm.
<b>Effective.</b>	People's care, treatment and support show quality of life and promote good outcomes, and providers should show evidence to prove it.
<b>Caring.</b>	Care should be person centred involving dignity and respect, and compassion.
<b>Responsive.</b>	Following correct working procedures as agreed by your workplace and as set out in the client's care plan.
<b>Well led.</b>	Management leadership and governance should ensure all of the above happens. Staff training should be recognised and openness and fairness be apparent.

These areas are known as key lines of enquiry or KLOES. Each KLOE has a set of criteria which CQC use to check whether the fundamental standards are being met.

## Pressure Sores Prevention & Awareness

The fundamental standards are as follows:

**Person centred care.** Ensuring that those receiving the care are at the centre of all decisions.

**Dignity and respect.** Providing the client with dignity and respect in all aspects of their care.

**Need for consent.** Asking the client's permission before carrying out tasks that affect them.

**Safe care and treatment.** Following correct working procedures as agreed by your workplace and the client's care plan.

**Safeguarding service users from abuse.** Following agreed working and safeguarding procedures and being aware of signs and symptoms.

**Meeting nutritional needs.** Being aware of dietary needs, working with the care plan, ensuring clients have the right equipment and conditions to eat.

**Cleanliness, safety and suitability of premises and equipment.** Carrying out required checks of premises and equipment, implementing cleaning rotas and carrying out safety checks.

**Receiving and acting on complaints.** Having a complaints policy and procedure in place that is accessible to all and act in accordance with the policy when dealing with complaints.

**Good governance.** Ensuring that all aspects of the workplace is overseen and policies and procedures are implemented and monitored regularly.

**Staffing.** Fit and proper persons employed.  
Fit and proper person requirement for Directors is followed.

**Duty of candour.** Relevant information must be volunteered to all persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made.

Our Redcrier manuals will provide your staff with training to support attainment of the fundamental standards.



## Introduction.

Pressure sores, also known as bedsores, pressure ulcers or decubitus ulcers affect areas of the skin and underlying tissue. Throughout this manual we will refer to them as pressure sores rather than using any of the other terms.

These sores are caused when the affected area of skin is placed under too much unrelieved pressure. Some parts of the body are more at risk of developing pressure sores than others. Areas most at risk are those that are not covered by a large amount of body fat and are in direct contact with a supporting surface, such as a bed or a wheelchair.

It is estimated that just under half a million people in the UK will develop at least one pressure sore in any given year. This is usually people with an underlying health condition. For some pressure sores are an inconvenience that require minor care. For others, they can be serious and lead to life threatening complications, such as blood poisoning or gangrene. The cost of treating a pressure sore varies from £1,200 to £15,000. Costs increase with the severity of the sore because of the time required to heal is longer and the incidence of complications is higher in more severe cases.

In 2010, more than 27,000 people died with pressure sores or infected wounds, 218 of these recorded pressure sores as the cause of death. As you can see in most cases the pressure sores are not the cause of death but their presence demonstrates that thousands of patients are receiving poor care during the last days and weeks of their lives.

In February 2016 a negligent care home director was jailed for corporate manslaughter after one of his residents died. When the client was found she was skeletal, severely dehydrated, lying on a bed soaked in urine and had a large open pressure sore at the base of her back, which was contaminated with faeces. This is the first corporate manslaughter conviction for a care home setting in England.

**1 in 20 people who are admitted to hospital with a sudden illness will develop a pressure sore.**

People over 70 years old are particularly vulnerable to pressure sores as they are more likely to have mobility problems and ageing of the skin.

People with dementia are more vulnerable to pressure sores because of associated problems, such as mobility, poor diet and hydration, incontinence, agitation or restlessness causing friction on skin.

This manual will outline why it is important that care staff are aware of what they are, how to treat them, and why its important to try and implement procedures that halt any potential development of pressure sores.



## Unit One

### Causes and prevention of pressure sores.

For us to be able to understand how to prevent pressure sores it is important that we are able to identify what causes them.

Pressure sores occur when soft tissue such as the skin is compressed causing distortion, which prevents the blood from being able to pass through. It can develop over a long period of time or, depending on the susceptibility of the person, over a relatively short period of time: between 1 to 6 hours.

Immobility is often thought of as the main cause of pressure sores and it is true that being immobile means you may be unable to move around unaided, which may make you more susceptible to pressure sores. However pressure sores most often occur when the skin is constantly compressed in the same position and this usually only happens where the person has a loss of sensation.

Think about your own body: you may think you are immobile when you are sitting down or lying in bed. Now think about how often your body moves to adjust your position. Often they are just little movements, but enough to relieve the pressure on one spot and shift it elsewhere. This is because your body can feel discomfort and reacts to it.

### Loss of sensation.

When a loss of sensation occurs the person cannot feel pain and discomfort which would normally cause them to move or ask for help, so they remain in the same position and the pressure is not relieved. Loss of sensation may occur due to damage to the nervous system and can be either:

- Congenital – for instance in a disability such as Spina Bifida.
- Traumatic – for instance where a spinal injury has occurred.

Where the central nervous system is affected due to unconsciousness or brain damage this may be caused by brain injury or long term treatment for conditions such as depression or schizophrenia. In these cases although the body is able to make the necessary movements, the brain is not receiving the appropriate signals to enable it to happen.

### Other causes of loss of sensation may include:

- The diabetic who has neuropathy of the feet which may result in abnormal circulation.
- A paralysed client who has lost sensation and the ability to move.



- The patient in a critical care unit who is unable to feel or move due to anaesthesia or because they are unconscious.

### Other causes of pressure sores:

Prolonged pressure from a hard surface, such as a bed or wheelchair. Pressure that is placed on the skin through involuntary muscle movements, such as muscle spasms or moisture, can break down the outer layer of the skin (epidermis) and make it more susceptible.

When pressure sores occur usually one or more of the following have happened:

#### **Sustained pressure.**

This occurs when the skin and underlying tissue becomes trapped between your bone and a surface such as a chair or bed.

#### **Friction.**

Friction can occur if you move someone to a new position by dragging them across a surface. Friction can be greater if the skin is moist. Fragile skin which may occur through age, medication, medical conditions etc. may be more vulnerable.

#### **Shear.**

Occurs when your body moves and your skin stays in place and is pulled in the opposite direction. Shears can injure both tissue and blood vessels.

Now we have identified the causes, we need to know how to prevent pressure sores occurring. There are many factors that can increase the likelihood of pressure sores and the more of these factors that are present the greater the risk.

### Factors that increase the likelihood of pressure sores.

- Mobility problems – anything that affects your ability to move some or all of your body.
- Pressure on the skin – tight shoes or clothing, tight bedding, wheel chair foot plates, arm rests, ill fitting glasses etc.
- Poor nutrition – for your skin to remain healthy, it requires nutrients that can only be supplied by eating a healthy balanced diet.
- An underlying health condition that disrupts your blood supply or makes your skin more vulnerable to injury and damage.
- Being over 70 years old.
- Urinary incontinence and bowel incontinence.
- Serious mental health conditions.

- Paralysis.
- Injury or illness that requires bed rest or wheelchair use.
- Recovery after surgery, sedation or coma.
- Poor manual handling.

### Prevention.

When a client is admitted to your workplace as part of the admissions procedure, they should be assessed for the presence of bedsores or their potential risk of developing them. Your workplace should have a risk assessment in place which is then carried out and the results entered in the clients care plan together with any procedures required to prevent the client developing pressure sores if they have been identified as being at risk.

## Pressure Sores Prevention & Awareness

### Pressure sore risk assessment.

The assessment should include the following:

Gender of Client			
Age			
		Yes	No
BMI	Average 20 – 24.9		
	Above average 25 – 29		
	Obese 30 +		
Skin type	Healthy		
	Dry		
	Clammy		
	Thin		
	Discoloured		
Continence (or catheterised)			
if no	Urine		
	Feecal		
	Both		
Mobility	Fully mobile		
	Restless / fidgety		
	Bed bound		
	Chair bound		
Appetite	Normal		
	Loss		
Medication			
Medical conditions	Diabetes		
	Dementia		
	Motor or sensory deficiencies		
	Anaemia		
	Organ failure		

Whether they have had illness or recent surgery or are a smoker as all of these can increase their potential risk.

This information should be recorded in the clients care plan and updated as necessary. There are a number of scoring charts available that can be used to score the clients risk level, and therefore identify those more at risk, however good pressure sore prevention should be applied to all clients as applicable so that early detection of risk is identified and appropriate equipment and care is put in place.

Within your workplace the following should be applied:

- Training on how to detect early signs and prevent pressure sores.
- Assessment on risk of developing sores.
- Where risk is identified appropriate resources are sought and introduced promptly.
- Timely referrals are made and support received from other professionals.
- On identifying pressure sores, body maps are completed.
- Regular reviews of pressure sore care and relevant actions plans are carried out.

There are a number of areas to consider which will help in the prevention of pressure sores. Wherever possible involve the client in helping themselves, explain the importance to them.

### **Skin care.**

One of the most important parts of preventing pressure sores is checking the skin. Pressure sores start with discolouration of the skin, but if ignored can quickly become deep and infected. Help the client to check their skin and ask them if there are any areas of their skin they are worried about or feels different to normal. Give them a mirror so that they can check parts that are difficult to see. They may identify strange sensations, numbness or tingly feelings or have noticed an area is red. These should be noted and reported to the appropriate person immediately as we have already identified that pressure sores can develop in a couple of hours in some people. Checks of the skin should be carried out regularly with the permission of the client.

When carrying out a skin inspection, we should look for redness that does not go white when light finger pressure is applied. This is an important sign of pressure damage and the first stage of a pressure sore. Pressure sores may be more difficult to detect in people with darker skin. They may show up as patches, with a blue or purple tint, which do not go away. People with diabetes should pay particular attention to their feet. Keep person cool as heat and sweat can cause skin to become soft and fragile and therefore susceptible to pressure sores. Ensure client is completely dry after a bath or shower, pat dry not rub. Talc can be used on moist skin and lotion on dry skin to help redress the balance but always check the client is not allergic to them and ask their permission before using. Do not rub or massage red areas of skin as this can cause further damage.

## Repositioning.

One of the best ways to prevent pressure sores is to ensure that the client moves position regularly. This can be built into their routine where possible or if necessary a repositioning schedule can be compiled and put into their care plan or a timer can be used. If the client can do it themselves this should be encouraged. A repositioning schedule identifies times when the client should be moved and the position they should move to, if the client has the mobility and is able to move themselves they can be given a timer and the schedule and do the repositioning themselves.

## Chair or wheelchair bound.

The client should be encouraged to move every 15 minutes to relieve pressure and be repositioned every hour. If they can lift themselves encourage them to do wheelchair push ups, lifting their bottom out of the chair using the arms of the wheelchair to push up. Some specialist wheelchairs have the facility to tilt allowing you to remove pressure. Foam, gel, air or water filled cushions can be used. Physiotherapists can help to identify where to position them. Resources such as mattresses or cushions are not a substitute for moving.

## Bed bound.

The client should change position every two hours. If they have upper body strength they may be able to do it themselves or you could use slide sheets to reposition them. This will reduce friction and shears. Specialised mattresses can be used, these may be foam, water or air filled and will help with positioning, relieving pressure and protecting vulnerable areas. If using a profiling bed tilt the head no more than 30° to help prevent shearing.

## Nutrition.

Ensure their diet has plenty of protein minerals and vitamins, this speeds up healing so will help to prevent bed sores. A well balanced diet should be available including eggs, meat, fish and fruit and veg.

A dietician can be consulted to help draw up a diet. Where the client has a small appetite encourage smaller more regular meals and provide a timetable to ensure they receive the right nutrition. If the client has swallowing difficulties, nutritional drinks and pureed food will ensure they get the right nutrition.

## Fluids.

Encourage plenty of fluids to keep the skin hydrated. Ensure the client always has their preferred water or fruit juice drink available.

## **Clothes / bedding.**

Change clients bedding regularly and encourage them to change their clothing next to the skin daily. Watch out for buttons, zips etc on clothing to avoid pressure on the skin. Avoid close fitting clothes and bed linen that can wrinkle and cause irritation. Manage incontinent clients so the client is not sat in wet clothes or a wet bed.

## **Exercise.**

Promote daily exercise, this encourages the body to move and so relieve constant pressure. Exercises can be carried out in bed or in a chair as well as by standing and moving around. A physiotherapist can help with devising exercise plans to meet the client's needs which improve blood flow, build up vital muscle, stimulate appetite and strengthen the body. All of this will help prevent pressure sores.

When working to prevent pressure sores we need to look at the link between the client, their equipment and the immediate environment. We take account of the client's capabilities and limitations and look at all aspects of their environment to make sure they are suitable to enable the client to perform activities of daily living and repositioning.

## **Avoiding friction.**

It is important that when we are performing tasks with clients that we ensure we do not cause damage that may lead to pressure sores. The following may help:

- Be careful not to drag the client when moving them from bed to chair.
- Sit them in the right position, so that they don't slide down the bed or chair.
- Check for rough seams in clothes or items in pockets before helping them to move.
- Check bedding is smooth with no wrinkles in sheets etc.
- Consider bed linen and clothing made of natural fibres as they are less likely to cause further damage.
- The use of correct manual handling techniques and equipment: Ensuring staff have the appropriate training and correct equipment should reduce the chances of damaging the skin.

## **Manual handling**

As we have said repositioning is important in the prevention of pressure sores. Because shear and friction forces act on the skin, damage can occur when the patient is being moved and handled so it is important to move and handle correctly to prevent contributing to skin breakdown or slow healing.

Limiting the potential for rubbing or dragging the individual's skin during turning and repositioning can prevent shear and friction occurring. Shear occurs on skin when it is pulled sideways over

muscle or bone when moving; this can stretch and block the blood vessels, restricting blood flow to skin. An example could be the client sliding down the bed due to the effects of gravity which then causes friction or shearing.

Devices to assist manual handling e.g. slide sheets, hoists, turning and repositioning aids and also aids to enable independent movement should be considered. When deciding on how to move a client, remember every client is different and the person centred approach should be adopted.

Formal risk assessments of your clients personal handling needs should be in their individual care plans. Alongside this you should do an informal risk assessment immediately prior to doing any manoeuvre. The mnemonic TILEE will help you to remember the things to think about.

### TILEE

#### Task

- What is the task?
- Is it necessary, can it be avoided?
- What does the task involve?

#### Individual

- Am I capable?
- Am I trained?
- Am I able to lift weight?
- Am I dressed appropriately?
- Do I have any health problems?
- You must inform employer / manager if health problems affect your work.

#### Load

- Mobility - how much can they do?
- Weight - how many carers will be needed?
- Are they appropriately dressed?
- Consent - do they want to be moved?

#### Environment

- Lighting: Is there sufficient?
- Flooring: Is it clear and even?
- Safety: Is the environment safe?
- Heating: Is it warm enough?
- Space: Is there sufficient, is the way clear?

#### Equipment

- Is it the correct item for the task?
- Is it the correct size for the load?
- Has it been checked for wear and tear?

- Has it been checked and dated by a competent person within the last six months?
- When using slide sheets be aware of the potential areas for pressure sores developing on that client, so you can avoid unnecessary contact with that area.

### **Avoiding possible hazards when moving and handling.**

#### **Chairs.**

- Choose chairs that the client is able to get out of easily.
- Ensure the seat surface covering or padding does not cause uneven distribution of pressure, perspiration or friction.

#### **Wheelchairs.**

- Ensure that wheelchairs fit the person to avoid causing undue pressure.
- Be aware that a self propelling wheelchair may cause an obstruction in a sideways transfer.
- Remove footplates before transferring a client to avoid skin damage on contact.

#### **Beds.**

- Ensure client is able to alter their position in bed or provide a timetable to support them. Use slide sheets to move them.
- Be aware of harsh edges to commodes and shower chairs and avoid keeping them seated for long periods.

#### **Sliding boards.**

- Avoid bare skin on the board surface as this may cause grazing.
- Also be aware of clothing being pulled against skin and feet being dragged as they move. Remember that to use a sliding board a client must be able to transfer themselves with minimal assistance.

#### **Slide sheets.**

- Use slide sheets that are long enough for the height of the person to avoid the feet dragging on the bed sheet. Be aware of skin contact when placing sheet as fabric may crumple against skin. Check that feet and arms are within the area of the slide sheet before moving to avoid friction.

Being aware that every client has the potential to develop bed sores will ensure that preventative methods are used.

## Unit One Questions

1. Name two causes of pressure sores.

1.

2.

2. Name two factors that increase the likelihood of pressure sores.

1.

2.

3. What should be included in a pressure sore risk assessment?

4. Why is repositioning an important part of pressure sore prevention?

5. Why is it important to drink plenty of fluids to prevent pressure sores?