

SSKIN

The 5 Critical Areas of Pressure Ulcer Prevention for Nursing Homes

Surface

Make sure your residents have the right support

Remember repositioning is still required for pressure relief even if using a pressure redistribution surface¹.

Mattress choice for prevention:

- ✓ Use a high specification reactive foam mattress for all patients assessed as being at risk of pressure ulcer development².
- ✓ Use an active support surface for patients at higher risk of pressure ulcer development when frequent manual repositioning is not possible².

Mattress choice for existing pressure ulcers:

- ✓ Consider using a high specification reactive foam mattress or non-powered pressure redistribution support surface for residents with stage 1-2 pressure ulcers².
- ✓ Select a support surface that provides enhanced pressure redistribution, shear reduction and microclimate control for residents with stage 3-4 pressure ulcers¹.
- ✓ **HEELS:** Stage 1-2, use a pillow (supporting the length of calf) or a suspension device to 'float the heels'².
- ✓ **HEELS:** Stage 3-4, use a device that elevates the heel from the surface of the bed - a pillow is usually inadequate².

Skin

Assess skin daily, early inspection leads to early detection

Check skin integrity of pressure areas i.e. all bony prominences and skin around medical devices.
Apply emollients to dry skin.

During assessment look for:

- ✓ Colour change or discolouration
- ✓ Localised pain
- ✓ Variations of heat/firmness/moisture
- ✓ Use your finger touch test to assess for non blanchable erythema¹.
- ✓ Start appropriate preventative action in adults who have non-blanchable erythema and consider repeating skin assessment at least every 2 hours until resolved³.
- ✓ Avoid positioning on reddened skin where possible³.

Keep Your Residents Moving

- ✓ Those who can mobilise safely: encourage walking or intermittent standing or lifting and self-repositioning.
- ✓ Limit the amount of time spent in a chair without pressure relief¹.
- ✓ Those who are restricted: avoid stress on the skin by frequently repositioning where possible.
- ✓ If they cannot tolerate major shifts in body position - consider more frequent small shifts in position to allow for some tissue reperfusion².

Incontinence/moisture

Aim to keep skin clean and dry

- ✓ Develop an individualised continence care plan².
- ✓ For prevention of IAD, use a pH balanced cleanser and apply a skin protector. Reapply post episode of incontinence¹.

Nutrition

Promote key nutrients for skin health and wound healing

- ✓ Consider using a supplement that contains high protein, arginine and micronutrients for adults who are malnourished with a pressure ulcer stage 3-4 or multiple ulcers for at least 8 weeks (HSE Grade A Evidence)¹.
- ✓ See Nutricia Dietitian's nutrition care pathway for unwell residents.
- ✓ Seek Dietitian advice if needed.

For further information or guidance please contact 1800 923 404 or email TVNreferrals@nutricia.com

This information is intended for Healthcare Professionals only. April 2020.

1. Health Service Executive (2018) National Wound Management Guidelines.

2. NPUAP, EPUAP & PPIA (2014) Prevention and treatment of pressure ulcers: quick reference guide. Emily Haesler (Ed). Cambridge Media: Perth, Australia

3. NICE (2014) Pressure ulcers, prevention and management. Clinical guidance (CG179) <https://www.nice.org.uk/guidance/cg179/chapter/1-Recommendations#prevention-adults> accessed on 30/04/20