Tissue Viability Bitesize Training

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What is a pressure sore/ulcer?

A pressure sore/ ulcer (sometimes called a bed sore) a area of damaged skin caused by continuous pressure. It can happen to anyone, anywhere on the body but usually over a bony part.

What should you look for on a service users' skin?

- You should look for red patches on light skin that don't blanch and grey/bluish/purplish patches on people with dark skin tones that don't go away.
- Blisters or damaged skin
- Swelling
- Patches of hot/cool skin
- Patches of hard or boggy skin
- Increased tenderness

What causes pressure sores?

- Pressure sores/ulcers can also develop as a result of moisture, friction and shearing(pressure that occurs when part of the body tries to move but the surface of the skin remains fixed.

How long does it take for a pressure sore/ ulcer to develop?

- AS short as 20 minutes

How many categories of pressure sores/ ulcers are there?

- Pressure sores are graded as 1, 2, 3, 4 . This has been devised by The European Pressure Ulcer Advisory Panel (EPUAP)
- Deep tissue injury
- Unstageable pressure ulcers

What do you do if you find a pressure sore?

- If you discover a pressure sore, its important to take immediate action to prevent further damage and promote healing.
- Relieve the pressure
- Clean the area
- Protect the area
- Seek professional help – REPORT to your Manager or Natalie Christie, who can assess if a referral to SPA needs to be made
- Nutritional support
- Hydrate
- Important considerations, (early intervention, personalized care, long term prevention)

Blanching

https://www.youtube.com/watch?v=THjmjtDDDoc

Gently press on the red area and see if the skin blanches (goes white) then goes back to red- this means the tissue is healthy. In darker skin tones, using the same method, the area may present as grey, blue or purplish. This is not a pressure sore/ulcer if blanching occurs.

What can you do to prevent a pressure sore/ ulcer occurring?

- Keep moving by altering position frequently, even small movements can help
- Have a balanced diet and drink plenty of fluids- aim to drink 8-10 cups of fluid per day
- Protect skin by keeping it clean using mild soap and water and drying well. Apply prescribed creams and document it on MAR charts.
- Use any pressure relief equipment that healthcare professionals have provided
- Check skin each day for changes, report and document! Look for skin that doesn’t go back to its normal colour

Waterlow Assessment

A tool for assessing skin integrity

A waterlow assessment takes in consideration several key factors of an individual, that can have an effect on their skin integrity;

- Gender
- Age
- Build
- Appetite
- Visual assessment of at-risk area of the skin
- Mobility
- Continence
- Tissue malnutrition, for example smoking or anaemia
- Neurological deficit, for example Diabetes, CVA, motor/sensory Major surgery.
- Medication, for example steroids (inhalers) and anti-inflammatory.

This should be done monthly and or if anything changes re-done. An example of this is if a service user loses a lot of weight, goes off their food, a change in skin condition, mobility or medication.

ASSKING

A

Assessment
Anyone can get a pressure sore.
Consider:- reduced or lack of mobility
Incontinence or perspiration
Poor diet/dehydration
Obesity
Skin type
Smoking
Long term health conditions
Alcohol
Recent major surgery
Medication
Acute illness, for example chest infection
Incorrect footwear (causing blisters of friction.

A

Ask
Use waterlow for a assessment tool- what is the level of risk
Low risk
Medium risk
High risk
Ask why?

S

Skin inspection
Early inspection means early detection!! Check skin daily.
Document when skin has been checked

S

Surface
Pressure sore/ulcer prevention equipment will not take away the need to reposition.
Get moving.

K

Keep moving
move as often as every 30mins.
Raise arms
Raise legs
Stand up
Sit down
Keep moving
Document what has been done.

I

Incontinence

It is important to keep skin as clean and dry as possible.

Follow care plans.

N

Nutrition/hydration

Have a balanced diet and drink plenty of fluids.

Seek health professional advice if concerns arise.

G

Giving information

Pressure ulcer prevention resources.

www.reactto.co.uk/resources/react-to-red

www.nhs.uk/live-well/eight-tips-for-healthy-eatingnhs.stopthepressure.co.uk

www.lnds.nhs.uk.Leicestershire Nutrition and Dietetic Service

React to Red…….prevention is key

What are complications that can arise from a pressure ulcer?

- Cellulitis
- Blood poisoning (SEPSIS)
- Bone Joint infection
- Necrotising fasciitis (flesh eating bacteria)
- Gangrene- serious form of infection that occurs when a pressure sore/ ulcer becomes infected with the clostridium bacteria.
- Any open wound is susceptible to a infection including MRSA
- Death

What treatment options?

- Think assking
- Adopting the seven key elements of pressure ulcer prevention will reduce the risk of developing a pressure ulcer or existing skin damage deteriorating.
- Take prescribed medication
- Adhere to medical advice
- Attend appointments to manage health and prevent deterioration in health conditions
- Change position
- Dressings
- Barrier creams
- Antibiotics
- Nutrition/ hydration
- Removing damaged tissue- surgically, dressings of larve.
- Topical negative dressing (TNP).

What are the 11 areas to check on the body?

Ear

Shoulder

Elbow – outer side

Buttock

Hip

Knee – outer side

Knee – inner side

Ankle

Heal

Sacrum

Head

These are at risk areas, but all the body should be checked and documented

Any Questions?

Tell us one thing you have learnt today and how this will help you