



Pressure ulcers: prevention and management

Clinical guideline

Published: 23 April 2014

www.nice.org.uk/guidance/cg179

Your responsibility

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

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This guideline replaces CG29 and CG7.

This guideline is the basis of QS89.

Introduction

This guideline updates and replaces 'Pressure ulcers' (NICE clinical guideline 29) and 'Pressure ulcer prevention' (NICE clinical guideline 7). See [About this guideline](#) for details.

Pressure ulcers are caused when an area of skin and the tissues below are damaged as a result of being placed under pressure sufficient to impair its blood supply. Typically they occur in a person confined to bed or a chair by an illness and as a result they are sometimes referred to as 'bedsores', or 'pressure sores'.

All patients are potentially at risk of developing a pressure ulcer. However, they are more likely to occur in people who are seriously ill, have a neurological condition, impaired mobility, impaired nutrition, or poor posture or a deformity. Also, the use of equipment such as seating or beds which are not specifically designed to provide pressure relief, can cause pressure ulcers. As pressure ulcers can arise in a number of ways, interventions for prevention and treatment need to be applicable across a wide range of settings including community and secondary care. This may require organisational and individual change and a commitment to effective delivery.

Pressure ulcers are often preventable and their prevention is included in domain 5 of the Department of Health's [NHS outcomes framework 2014/15](#). The current guideline rationalises the approaches used for the prevention and management of pressure ulcers. Its implementation will ensure practice is based on the best available evidence. It covers prevention and treatment and applies to all people in NHS care and in care funded by the NHS.

Recommendations for prevention include methods for identification and risk assessment and the preventive measures that should be applied. Treatment of pressure ulcers includes recommendations on wound care, adjunctive therapies and support surfaces. While there is much clinical expertise and good practice focused on preventing and treating pressure ulcers, it is hoped that this evidence-based guidance will contribute to reducing the number of pressure ulcers nationally through its implementation throughout the NHS.

The guideline will assume that prescribers will use a drug's summary of product characteristics to

inform decisions made with individual patients.

NHS Improvement has also produced a guide to help deliver a consistent approach to defining and measuring pressure ulcers, and help to understand the level of pressure damage harm in England: [Pressure ulcers: revised definition and measurement framework](#).

Safeguarding children

Remember that child maltreatment:

- is common
- can present anywhere, including primary and secondary care and community settings (such as the child's home)

Consider or suspect abuse (particularly malnourishment) as a contributory factor to or cause of pressure ulcers in children. Abuse may also coexist with pressure ulcers. See the [NICE guideline on child maltreatment](#) for clinical features that may be associated with maltreatment^[1].

Safeguarding adults

The Department of Health and Social Care has issued a [Safeguarding adults protocol: pressure ulcers and the interface with a safeguarding enquiry](#). It aims to help practitioners and managers across health and care organisations to provide caring and quick responses to people at risk of developing pressure ulcers.

It includes a process for deciding whether an adult safeguarding response is needed.

^[1] This section has been agreed with the Royal College of Paediatrics and Child Health.

Key priorities for implementation

The following recommendations have been identified as priorities for implementation.

Adults: risk assessment

- Carry out and document an assessment of pressure ulcer risk for adults:
 - being admitted to secondary care or 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, for example:
 - ◇ significantly limited mobility (for example, people with a spinal cord injury)
 - ◇ significant loss of sensation
 - ◇ a previous or current pressure ulcer
 - ◇ nutritional deficiency
 - ◇ the inability to reposition themselves
 - ◇ significant cognitive impairment.

Adults: 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 (see [recommendation 1.3.4](#)). 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^[2]
 - variations in heat, firmness and moisture (for example, because of incontinence, oedema, dry or inflamed skin).

All ages: care planning

- Develop and document an individualised care plan for neonates, infants, children, young people and adults 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 comorbidities
 - patient preference.

Adults: repositioning

- Encourage adults who have been assessed as being at risk of developing a pressure ulcer to change their position frequently and at least every 6 hours. If they are unable to reposition themselves, offer help to do so, using appropriate equipment if needed. Document the frequency of repositioning required.

Adults: devices for prevention of pressure ulcers

- Use a high-specification foam mattress for adults who are:
 - admitted to secondary care
 - assessed as being at high risk of developing a pressure ulcer in primary and community care settings.

Neonates, infants, children and young people: risk assessment

- Carry out and document an assessment of pressure ulcer risk for neonates, infants, children and young people:
 - being admitted to secondary care or tertiary care or
 - receiving NHS care in other settings (such as primary and community care and emergency departments) if they have a risk factor, for example:
 - ◇ significantly limited mobility (for example, people with a spinal cord injury)
 - ◇ significant loss of sensation
 - ◇ a previous or current pressure ulcer
 - ◇ nutritional deficiency
 - ◇ the inability to reposition themselves
 - ◇ significant cognitive impairment.

All ages: 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 who have contact with anyone who has been assessed as being at high risk of developing a pressure ulcer. 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.

Adults: management of heel pressure ulcers

- Discuss with adults with a heel pressure ulcer and if appropriate, their carers, a strategy to offload heel pressure as part of their individualised care plan. (See also the NICE guideline on [diabetic foot problems](#) for advice on heel pressure offloading.)

^[3] Healthcare professionals should be aware that non-blanchable erythema may present as colour changes or discolouration, particularly in darker skin tones or types.