



A BRIEF GUIDE TO  
PRESSURE CARE

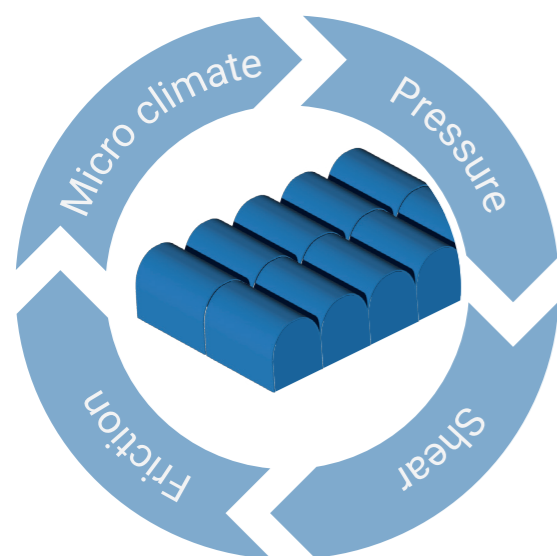


## INTRODUCTION

Did you know around 5% of patients in England are affected by pressure ulcers? Yet an estimated 80%-95% of these wounds could potentially be preventable.

WinnCare across Europe and the UK have for years been designing and manufacturing pressure relieving support surfaces to combat against problem pressure ulcers – improving care across a variety of settings. Our vision is to provide support surfaces for clinicians so they can aid patients and above all improve patient outcomes.

Pressure ulcers have a major impact on the cared for; they can cause intense pain and suffering, and can severely affect quality of life. The burden of pressure ulcers impacts significantly on the carer too, leading to more time spent treating these problematic wounds, and less time available for delivering nursing care to those with general healthcare priorities. The wider significance to the care provider extends to reduced levels of care and increased financial costs as a result of these chronic wounds.



WinnCare is committed to finding ways in which to develop new pressure care products, fighting four fundamental extrinsic factors that are known to contribute to developing pressure ulcers:

1. **Pressure**
2. **Shear**
3. **Friction**
4. **Microclimate**

Through our endless efforts to further improve our products, we aim to create a better everyday life for you - the cared for.

## FINANCIAL IMPLICATIONS

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The financial burden of treating pressure ulcers is extremely costly and is a worldwide concern. Here in the UK alone, the total cost is £1.4–£2.1 billion annually (4% of total NHS expenditure). Most of this cost is nurse time. The challenge is for healthcare and procurement professionals to come together and consider how the implementation of appropriate pressure ulcer prevention protocols, coupled with the purchase of proven pressure redistributing equipment, may offer savings benefits in the longer term.

The cost of purchasing a suitable pressure relieving support surface specific to the environment where it will be utilised, as a prevention tool, may prove minimal in comparison to the costs of treating an established pressure ulcer.

WinnCare provides a pressure care portfolio comprising of Cushions, Hybrids and Dynamic Mattresses, these ranges



include our recognised ARGYLL, MORAY, SELMED, OLA, SIMPULSE and PURE AIR Range. Each is designed to suit both your budget and your environment, with a strong emphasis on clinical efficacy, running costs and life cycle costs.

Our ranges are already in some of the most challenging environments within an Acute setting, whilst others are in a community setting such as Private homes where again there are many complex cases.

## PRESSURE ULCER PREVENTION

It is fundamental for every care establishment to work within a robust pressure ulcer prevention policy, with a commitment to ongoing education running in parallel.

Selections of the key elements to any pressure ulcer protocol are:

- **Risk Assessment**
- **Regular Repositioning & Skin Assessment**
- **Pressure Ulcer Classification**
- **Selecting Appropriate Pressure Relieving Support Surfaces**

There are a number of well-known risk assessment tools used widely, including Purpose-T, Waterlow, Braden and Norton.

Risk assessment tools are intended to assist you to recognise simply and swiftly those at risk of developing a pressure ulcer. They do this by concentrating on a number of reasons known to impact on an individual's risk of developing one of these sores. Throughout the organisation, a care provider should encourage its carers to use clinical judgment and knowledge of individual patients to support the formal assessment process. When selecting a suitable support surface, it is important to always consider a 24hr care approach; choice of mattress and cushion should reflect the patient's risk status.

Carers should be all too familiar with the fact that people change and risks change too – at all times you should work within a process of continual assessment, especially when there is a notable change in circumstances or the condition of your patient.

## REPOSITIONING

Turning or repositioning your patient allows different parts of the body in turn to be exposed to pressure, and is vital to delivering good standards of nursing care.

**NICE recommend that you:**

You can keep track of repositioning routines through the introduction of daily charts to record your schedule. This method can be a simple form which you can retain with the patient's notes and which can be completed at every repositioning interval. The charts promote good practice and should help you and others in the care team to keep accurate observations of your efforts to minimise the risk of pressure ulcers developing.

When aiming to meet the pressure care needs of the cared for, always give thought to the sensitivity of the situation when repositioning – there may be other considerations when delivering palliative care.

*“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 for Adults at Risk and every 4 Hours for Adults at high risk”*

Source: <https://www.ncbi.nlm.nih.gov/>

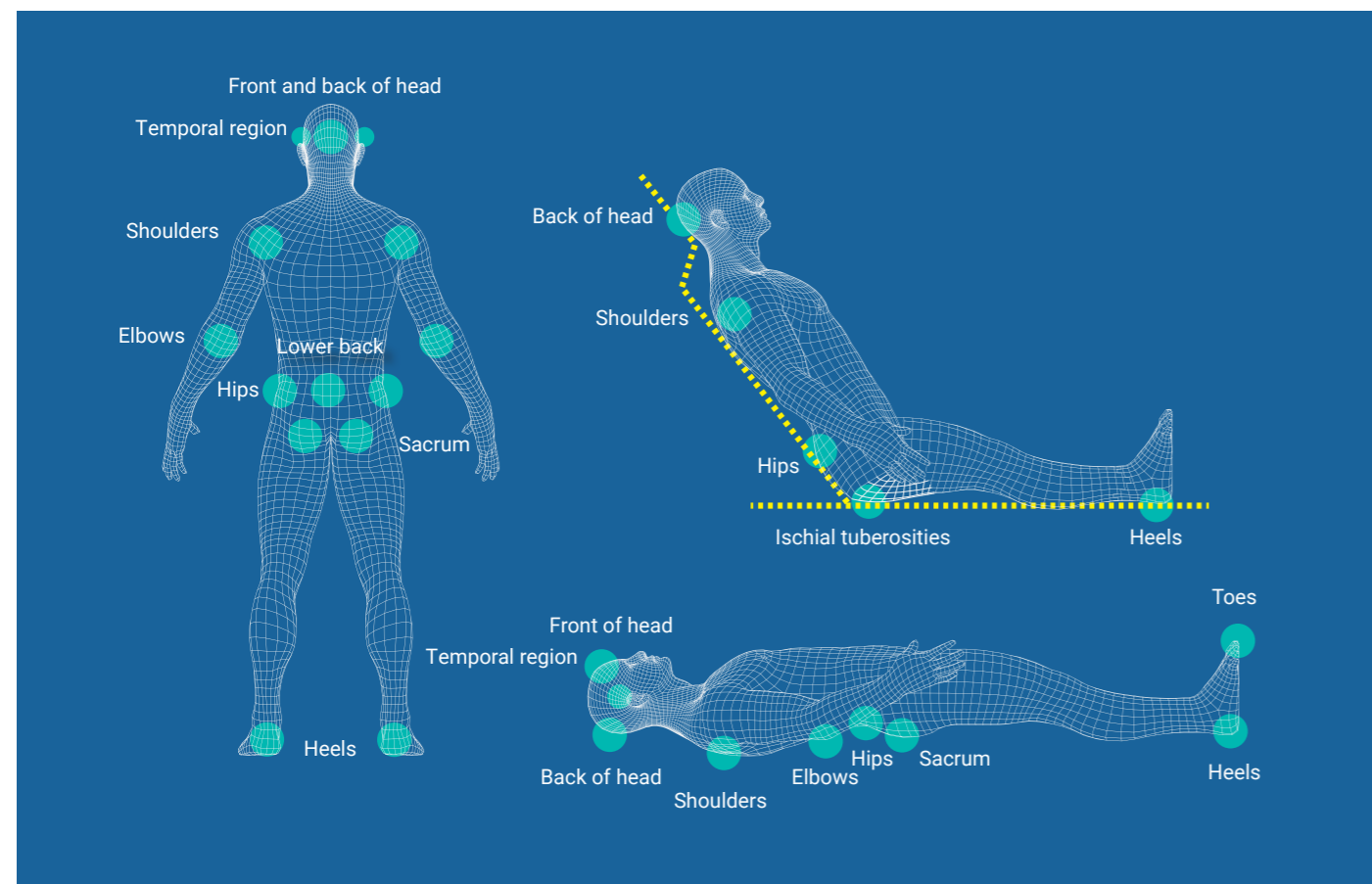
## SKIN ASSESSMENT

Skin assessment is a helpful means of determining risk or identifying the start of pressure damage. Initial signs of likely pressure injury may be an area of superficial reddening of the skin that lightens under light finger pressure. Skin assessment should be a regular occurrence along the care pathway of the cared for.

Frequency of inspection should be determined by changes in your patient's condition, based upon the most vulnerable areas and include: **Temporal Region, Front & Back of Head, Shoulders, Elbows, Hips, Sacrum, Ischial Tuberosities, Heels & Toes.**

Wherever possible your patient should be encouraged, following education, to inspect their own skin. The use of a mirror can help to examine the areas that cannot easily be seen.

You should always remain vigilant and look for signs that may indicate pressure ulcer development and any changes in skin condition should always be documented



## PRESSURE ULCERS

To illustrate the status of a wound, EPUAP and NPUAP suggest pressure ulcers be divided into categories – from 1 to 4<sup>10</sup>.

A category 1 ulcer may indicate at risk, while category 4 means full thickness tissue loss with exposed bone, tendon or muscle – commonly pressure ulcers may be referred to as stage/grade 1, stage/grade 2, etc.

The use of 'category' was introduced to move away from the feeling that there is always a progression.



## SUPPORT SURFACES

All patients with pressure ulcers should have access to appropriate pressure relieving support surfaces including mattresses, cushions and repositioning aids – 24 hours a day.

Patients with complex needs, including those requiring Bariatric care, may need specialist bariatric mattresses.

Equally as important, smaller emaciated individuals and children may have the need for specially designed paediatric mattresses or low air loss mattresses.

Any request for pressure care equipment should be registered; either directly within your care establishment or with your supplier and be documented in the patient's notes. It is important to take precautionary measures whenever a pressure relief mattress is not readily available or there is a known delay in obtaining the pressure mattress – always summarise this in the patient's notes.





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