

POLICY NO: CLN/P1

## PORTSMOUTH HEALTHCARE NHS TRUST

## CORPORATE POLICY

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 POLICY FOR THE PREVENTION AND MANAGEMENT  
 OF PRESSURE SORES
 

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## 1. PURPOSE

To ensure that appropriate action is taken within each service where there are patients or clients at risk, to prevent pressure sores occurring, and where they do occur, to manage them effectively.

These services include the Department of Medicine for Elderly People, Elderly Mental Health, Community Nursing and Community Hospitals. Some clients in Adult Mental Health and Learning Disability services will also be at risk.

## 2. DEFINITIONS

"The presence of a pressure sore can be defined as a new or established area of skin and/or tissue discolouration or damage which persists after the removal of pressure and which is likely to be due to the effects of pressure on the tissues."  
 (Department of Health 1994)

Pressure sores occur on various parts of the body, most notably over the heels, buttocks, hips and elbows. They may develop at other sites as a consequence of unrelieved pressure from support surfaces, orthotic devices, prostheses and footwear. Pressure sores are the result of a complex interaction of a wide range of internal and external factors which, in association with pressure, result in tissue damage.

## 3. ACTION

The action which needs to be taken to reduce the incidence and severity of pressure sores includes:

- Prevention
- Good Practice
- Education
- Monitoring

## 3.1 Prevention

- Risk assessment  
 Patients/clients whose mobility is impaired or who are vulnerable for other reasons eg. Prosthetic/orthotic appliance, severe mental illness or learning disability, should have a formal assessment of their risk of developing a pressure sore using the Waterlow Scale combined with clinical judgement on admission to hospital or residential unit or to the Community Nursing Service.
- Availability of resources
  - a) Staff Each service where there are patients or clients at risk should have staff with the required level of skill to deliver the plan of care.

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adhere to the guidelines or to indicate the reasons why they are unable to do so. Cost effectiveness is an important criterion and a balance may have to be struck between what is considered ideal from a clinical point of view and what can be afforded. In such a case, expert advice should be sought.

- **Specialist Advice**  
Each service/department/health centre or clinic should have a named link nurse whose name(s) should be attached to this policy. This nurse should have received appropriate training and should be afforded time to develop her role.

The Tissue Viability specialist can be consulted for advice either on the clinical guidelines or on the needs of individual patients.

- **Transfer of patients/clients between departments/wards**  
Clear and unambiguous information regarding presentation site, grade and management of pressure sores and at risk status of the patient should be provided to the receiving department/ward.

### 3.3 Education and Training

As indicated above, educational needs in relation to pressure sores must be addressed by means of planned programmes.

- **Patients/Clients**  
Whenever possible, patients/clients should be made aware of the risk of pressure sores, the way in which they can help themselves and the reasons for the plan of care. Their help in reporting discomfort or immobility should be encouraged.

- **Relatives and Carers**  
Relatives and carers should be aware of the preventive measures which should be taken and of the use of special equipment, especially in the home. The need to report any problems with equipment should be emphasised.

If a patient develops a pressure sore, the reasons for this and the measures taken to treat it should be explained. This should be done whenever a sore develops, but is particularly important prior to a patient's discharge. The plan of care should also be discussed with the nurse who will be responsible for the patient's care to ensure continuity.

- **Staff**  
Link nurses should be able to demonstrate the ability to practice at an advanced level. All qualified staff should have attended an updating event (such as a Tissue Viability Study Day) at least every three years.

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Appendix 1

## GUIDELINES ON MATTRESS TURNING AND CONDEMNING

1. **Purpose:**  
To ensure that all mattresses are adequately maintained and reviewed in order to provide optimum comfort to facilitate maximum prevention for the patient/client to help prevent pressure sores. Mattresses that do not meet the required standard are condemned and replaced.
2. **Areas that need action**
  - Maintaining the mattress
  - Replacing the mattress
  - Mattress covers
  - Education and training
  - Monitoring

3. **Maintaining the Mattress***Control of Infection:*

Each mattress should be cleaned with detergent solution and dried thoroughly:

- a) following discharge, or return to home loans
- b) if soiled at any time
- c) at least weekly in long stay areas

(N.B. See Infection Control Guidelines/Standard for cleansing if patient has known infection).

*Mattresses*

All hospital mattresses will be purchased according to the appropriate British Standard.  
(BS5223 part 12 1992)

The mattress should have the date and the ward or the department clearly indicated on the foam inside the cover at the time of delivery.

Each mattress should be turned on a weekly basis to prolong its life, prevent bottoming out and reduce the possibility of mould growth. All mattresses should have the corners numbered 1-4 (as weeks of the month) to ensure that turning is done in a logical sequence. The number of the week should correspond with the number at the right side of the mattress. (N.B. Some specialist foam mattresses have their own turning instructions and these should be adhered to).

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Appendix 1 cont'd

If the cover is damaged and there is no of fluid penetration the cover should be changed. West mattresses should be condemned and not have a replacement cover. On no account must these mattresses be dried out and/or redistributed.

- ◇ New covers can be obtained from Robinson Way. Cromarty covers should only be used on mattresses purchased after March 1993; for mattress purchased before this date, nylon proofed covers are used.
- ◇ The corners of the replacement covers should be marked by the ward staff to ensure that a turning regime is used. (See section 3 above.)
- ◇ The Trust should move towards all beds having aerated bases.

## 6. Education and Training

- ◇ Ward staff should have training in:
    - ◆ correct cleaning policy for all covered mattresses, as indicated in the infection control guidelines
    - ◆ how to inspect mattresses on a daily basis and the need to report any damage
    - ◆ maintenance instructions for new and special mattresses and the turning regime
    - ◆ the types of mattresses available and deciding on the most appropriate mattress for individual clients.
- Portering staff need to be aware of arrangements for disposal of mattresses.

## 7. Monitoring

An audit of all mattresses should be carried out annually to provide information which will contribute to guidelines for mattress purchasing in the future.

Trials of new mattresses are monitored and the data collected held centrally by the Tissue Viability Specialist Nurse