

# Pressure ulcer prevention, treatment and care

Information for the public

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## About this information

NICE guidelines provide advice on the care and support that should be offered to people who use health and care services.

This information explains the advice about pressure ulcers that is set out in NICE guideline 179.

This replaces advice on pressure ulcers that NICE produced in 2003 and 2005.

## Does this information apply to me?

Yes, if you:

- have a pressure ulcer or are at risk of developing one
- are the parent or carer of someone with a pressure ulcer or who is at risk of developing one.

The care and treatment for babies, children and young people (from birth to age 17) is different in some circumstances than for adults (age 18 and over) and these instances are made clear throughout.

## What is a pressure ulcer?

A pressure ulcer is damage to the skin and the deeper layer of tissue under the skin. This happens when pressure is applied to the same area of skin for a period of time and cuts off its blood supply. It is more likely if a person has to stay in a bed or chair for a long time. Pressure ulcers are sometimes called 'bedsores' or 'pressure sores'.

Without care, pressure ulcers can become very serious. They may cause pain, or mean a longer stay in hospital. Severe pressure ulcers can badly damage the muscle or bone underneath the skin, and can take a very long time to heal.

## Your care team

A range of professionals who specialise in different areas of treatment or support may be involved in your care. These could include doctors, specialist nurses, dietitians, paediatricians, physiotherapists or occupational therapists. All of these professionals will be trained and experienced in providing particular treatments or support.

## Working with you

Your care team should talk with you about preventing or treating pressure ulcers. They should explain any tests, treatments or support you should be offered so that you can decide together what is best for you. Your family or carer can be involved in helping to make decisions, but only if you agree. Your parent or carer may be involved in helping to make decisions depending on your age. There is a list of [questions](#) you can use to help you talk with your care team.

You may also like to read NICE's information for the public on [Patient experience in adult NHS services](#). This sets out what **adults** should be able to expect when they use the NHS. We also have more information on the NICE website about [using health and social care services](#).

Some treatments or care described here may not be suitable for you. If you think that your treatment does not match this advice, talk to your care team.

## Assessing whether you are at risk

Anyone can get a pressure ulcer, but some people are more likely to develop one than others (they are referred to as 'at risk'). People of any age may be at risk. You might be at risk if you:

- have problems moving or changing position without help
- cannot feel pain over part or all of your body
- have problems controlling your bladder
- are seriously ill
- are having an operation
- have had a pressure ulcer before
- have a poor diet and don't drink enough water
- have problems with memory and understanding (such as with dementia)
- have an injury which affects how you move.

There are lots of other reasons you might be at risk. If you are at risk of developing a pressure ulcer your healthcare professional will explain the reason for this.

Some people are at 'high risk' of developing a pressure ulcer. The more of the problems listed above that you have, the more likely you are to be at high risk. Some of the care for people at high risk is different to that for other people, and this is made clear throughout.

If you are admitted to a hospital or go into a care home you should be assessed to see whether you are at risk of developing a pressure ulcer as soon as possible after your admission.

You may be assessed if you are seeing a healthcare professional but are not being admitted to hospital or going into a care home (for example, you are at a GP surgery, an accident and emergency department, or a healthcare professional is visiting you at home)

and you have a problem or condition that may increase your risk.

If you are not at risk, you should be reassessed if there is a change in your condition that puts you at risk (for example, if you have surgery, or a condition or illness you have gets worse).

## Prevention

### Repositioning

One of the best ways of preventing a pressure ulcer is to reduce or relieve pressure on areas that are most likely to develop pressure ulcers (for example, bony parts of the body). This is done by moving around and changing position.

You should be encouraged to change position often and at least every 6 hours. For **adults at high risk** and for **babies, children and young people** this should be even more often (at least every 4 hours).

If you can't move yourself, you should be offered help to do so – special lifting equipment may be used to do this.

You should also be shown how to reposition yourself, and shown examples of the equipment available to help prevent a pressure ulcer (such as mattress overlays and cushions).

Your healthcare professional should explain why repositioning is important. A play expert may help **children** who are anxious about moving.

### Pressure redistributing equipment

The term 'pressure redistributing equipment' is used in this information to describe any item, such as a mattress or an overlay (a layer placed on top of a mattress), that either spreads out the pressure or removes pressure regularly from different parts of the body. (They may also be called 'pressure reducing', 'pressure relieving' or 'pressure redistributing devices'.)

If you use a wheelchair or sit for long periods of time, and have a pressure ulcer or are at risk of developing one, you may also be offered a special cushion.

If you are in a hospital or care home, or are at **high risk** of developing a pressure ulcer, you should be given a mattress (cot mattress for **babies**) that is designed to relieve pressure and help prevent pressure ulcers from developing.

**Babies, children and young people** at risk of developing a pressure ulcer on the back of the head should have a special pillow or pad.

## Barrier creams

If your skin is too wet, or if it is dry and inflamed, you may be offered a 'barrier cream'. This cream protects the skin and helps prevent pressure ulcers developing.

## Treatment you should not be offered

You should not be offered skin massage or rubbing to prevent a pressure ulcer, because this could damage fragile skin.

# What happens if you are at high risk

## Skin assessment

If you are at **high risk** of developing a pressure ulcer, your healthcare professional should ask about any pain or discomfort and check:

- your skin, especially bony parts of the body, and the back of the head in **babies, children and young people**
- for changes in the colour of your skin, especially redness that does not go away when pressed with the fingers
- how the skin feels, for example temperature, firmness, and if it is wet or dry.

If you are an **adult** and have redness on your skin that doesn't go away when pressed with the fingers, your healthcare professional should offer you the treatments for preventing

pressure ulcers listed in [Prevention](#) until the redness disappears. They may also check your skin regularly (at least every 2 hours).

## Planning your care

Your healthcare professional should agree a care plan with you that explains how to avoid developing a pressure ulcer. The plan should cover:

- what the result of your skin assessment was
- how best to relieve pressure to skin areas at particular risk
- how often you should change your position
- any other problems related to pressure ulcers (for example, if you have difficulty moving)
- what your preferences are.

## Patient and carer information

You and your family or carers should be offered information that explains:

- the causes of a pressure ulcer
- the early signs of a pressure ulcer
- ways to prevent a pressure ulcer
- what having a pressure ulcer would mean for your health, your treatment options and the risk of pressure ulcers in the future.

Your healthcare professional should demonstrate how to move to avoid a pressure ulcer, and show you how to use any special equipment they have offered you.

# Treatment and care

## Assessing your pressure ulcer

If you develop a pressure ulcer, your healthcare professional should regularly measure it, estimate how deep it is and categorise it by how severe it is to help decide what care you need.

## Pressure redistributing equipment

It is very important that you are given the right type of equipment to help reduce pressure. This will depend on where your pressure ulcer is and what is causing it. For **babies, infants, children and young people** their size, weight and how much they can move should also be considered.

If you have a pressure ulcer you should be given a foam mattress designed to relieve pressure instead of an ordinary mattress. **Babies, children and young people** with a pressure ulcer should be given a cot or bed mattress or an overlay designed to relieve pressure.

If a foam mattress is not enough to relieve the pressure, you may be offered a more specialised mattress, overlay or bed that relieves pressure from different areas of the body or that moves air or fluid (also called a dynamic support surface).

## Treatment

### Making sure you eat well

If you have a pressure ulcer your diet should be assessed by a dietitian or other qualified healthcare professional. They should discuss your diet with you and your family or carers, and if you are not getting enough particular nutrients you may be offered supplements. You should also be offered healthy eating advice.

**Babies, children and young people** with a pressure ulcer should have their diet checked by a paediatric dietitian or other healthcare professional qualified to assess this age group. They may be offered supplements specifically to treat their pressure ulcer, even if their

diet is good and they are getting the right levels of nutrients. Healthy eating advice should be offered to parents and carers of babies, children and young people who have a pressure ulcer.

If you have a pressure ulcer you should also be assessed to make sure that you are getting the right amount of fluids for your age, growth and healing.

## Antibiotics and dressings

Your pressure ulcer may need other treatments to help it heal. Your healthcare professional should discuss with you, and your family or carers, the best type of dressing for your pressure ulcer. This discussion should cover:

- how much pain the pressure ulcer is causing you
- where on your body the pressure ulcer is
- how much fluid is leaking out of the pressure ulcer
- how often the dressing needs to be changed.

Adults who have signs of an infection that has spread should be offered antibiotics.

In addition, **babies, children and young people** may be offered antibiotics for infections of the pressure ulcer that are spreading. They may also be offered special 'antimicrobial' dressings to help fight infections.

## Removing damaged skin

Sometimes it may be necessary to remove the damaged skin and the tissue below from your pressure ulcer – this is called debridement. Skin and tissue can be removed by cutting it away or by using special dressings.

If you are an **adult** your healthcare professional should check whether you need debridement and discuss the options with you.

**Babies, children and young people** may be offered debridement if they have a deep pressure ulcer and the tissue around it is dead. This is done using a special dressing, and the tissue should only be cut away if the dressing doesn't work.

## Negative pressure wound therapy

If you are an **adult** you may be offered negative pressure wound therapy, but only if you need many changes of dressing. Negative pressure wound therapy is where suction is applied to the wound.

# Questions to ask about pressure ulcers

## Preventing a pressure ulcer

- Can you tell me if I am at risk of getting a pressure ulcer?
- What are the symptoms of a pressure ulcer?
- How do you check my skin to see if I'm likely to get a pressure ulcer?
- How can I prevent myself from getting a pressure ulcer?
- Can you provide any information for my family/carers?
- How often should I change position so I don't get a pressure ulcer?
- How often should I reposition my child or the person I care for to stop them getting a pressure ulcer?
- What sort of pressure redistributing equipment should I have?
- How can I improve my diet to help prevent a pressure ulcer?
- How can I improve the diet of my child or the person I care for to prevent a pressure ulcer?
- I've had a pressure ulcer before, what can I do to reduce my chances of getting one again?

## Treatment and care for your pressure ulcer

- What caused my pressure ulcer?
- Would improving my diet help to heal my pressure ulcer?
- Would improving the diet of my child or the person I care for help to heal their pressure ulcer?
- Can you provide any information for my family/carers?
- How often should I change position to help relieve my pressure ulcer?
- How often should I move my child or the person I care for to help relieve their pressure ulcer?
- What sort of pressure redistributing equipment can I have?
- What are my options for treatments other than the one you have offered me?

## Sources of advice and support

- Spinal Injuries Association, 0800 980 0501  
[www.spinal.co.uk](http://www.spinal.co.uk)
- Your Turn, 0161 282 8661  
[www.your-turn.org.uk](http://www.your-turn.org.uk)

You can also go to [NHS Choices](#) for more information.

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## Accreditation

