1 Guideline title

Pressure ulcers: the management of pressure ulcers in primary and secondary care.

1.1 Short title

Pressure ulcers (management).

2 Background

a) The National Institute for Clinical Excellence (‘NICE’ or ‘the Institute’) is working collaboratively with the Royal College of Nursing to develop a joint NICE/RCN clinical guideline on pressure ulcer management for use in the NHS in England and Wales. This follows referral of the topic by the Department of Health and the Welsh Assembly Government and the identification of pressure ulcer management as a priority topic for nurses by RCN members. The guideline will provide recommendations for good practice based on the best available evidence of clinical and cost effectiveness. This guideline follows on from the recently published NICE guideline *Risk Assessment and Prevention of Pressure Ulcers* (NICE 2001) and a guideline, *Prevention of Pressure Ulcers Using Pressure Relieving Devices*, due for completion in 2003. It is anticipated that these inter-related topics will form a compilation of NICE guidance on pressure ulcer care.

b) The Institute’s clinical guidelines will support the implementation of National Service Frameworks (NSFs) in those aspects of care where a Framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The clinical guidelines and technology appraisals published by the Institute after an NSF has been issued will have the effect of updating the Framework.
3 Clinical need for the guideline

a) Pressure ulcers (also commonly referred to as pressure sores, bed sores, pressure damage, pressure injuries and decubitus ulcers) are areas of localised damage to the skin, which can extend to underlying structures such as muscle and bone. Damage is believed to be caused by a combination of factors including pressure, shear forces, friction and moisture. Pressure damage in adults usually occurs over bony prominences, such as the sacrum, while presentation in infants and children is more likely to occur on, for example, the occipital area or ears. Pressure ulcers are more likely to occur in those who: are seriously ill; are neurologically compromised; have impaired mobility (including those wearing a prosthesis, body brace or plaster cast); suffer from impaired nutrition, obesity or poor posture; or use equipment such as seating or beds that does not provide appropriate pressure relief.

b) Pressure ulcers represent a major burden of sickness and reduced quality of life for individuals and their carers. There are currently no nationally collated data on pressure ulcer incidence and prevalence, and estimates from hospital-based studies vary widely according to definition of the grade of ulcer, the population studied and the care setting. Based on data that are available, new pressure ulcers are estimated to occur in 4–10% of patients admitted to acute hospitals in the UK; the precise rate depends on case mix. In the community, new pressure ulcers affect an unknown proportion of people. The presence of pressure ulcers has been associated with a two- to four-fold increase in risk of death in older people in intensive care units. The financial costs to the NHS are considered to be substantial. In 1993, the estimated cost of preventing and treating pressure ulcers in a 600-bed general hospital was between £600,000 and £3 million a year. The cost of treating a grade IV pressure ulcer was calculated in 1999 to be £40,000 a year. More recent cost data are not available, but it is likely
that current costs of managing pressure ulcers to the NHS are higher than these figures.

4 The guideline

a) The guideline development process is described in detail in three booklets that are available from the NICE website (see ‘Further information’). The Guideline Development Process – Information for Stakeholders describes how organisations can become involved in the development of a guideline.

b) This document is the scope. It defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider.

c) The areas that will be addressed by the guideline are described in the following sections.

4.1 Population

4.1.1 Groups that will be covered

a) The guideline recommendations will apply to all groups (adults, infants, children and young people) in primary and secondary care.

4.1.2 Groups that will not be covered

a) There are no restrictions.

4.2 Healthcare setting

a) This guideline will make recommendations for care given by health professionals in primary and secondary care, including specialist units. Recommendations will apply equally across the primary and secondary care interface. The guideline will also help to guide, inform and educate people who have pressure ulcers – and their carers – on the management of pressure ulcers by increasing their awareness of strategies to treat pressure ulcers and prevent re-occurrence.
b) This is an NHS guideline. Although it will address the interface with other services, such as those provided by social services, the independent sector, secure settings and the voluntary sector, it will not include services exclusive to these sectors.

4.3 Clinical management

a) This guideline will make recommendations on the management of people who have pressure ulcers, including secondary infection of the ulcer, based on the best evidence available to the Guideline Development Group. The recommendations will cover interventions such as:

- pressure-relieving devices and supports, including specialised seating and postural support, beds and mattresses
- dressings
- removal of devitalised or contaminated tissue (debridement)
- indications for surgery
- nutritional support
- electrotherapy
- therapeutic ultrasound
- low-level laser therapy
- suction to drain excess fluid (topical negative pressure)
- topical antimicrobials.

b) This guideline, in line with the previous RCN guideline on pressure ulcer risk assessment and prevention, will include a section on the essentials of care to address the wider health status of a person who has a pressure ulcer, and may include areas such as nutritional status, continence management and hygiene.

c) The guideline will be relevant to, but will not cover, other aspects of pressure-ulcer-risk assessment and prevention (such as identifying
people at risk, the use of risk-assessment scales, risk factors, skin inspection and staff education and training). Recommendations relating to these areas are included in other guidance produced by the Institute (see Section 6). This guideline should be used in conjunction with NICE guidance on related topics.

4.4 Audit support within guideline

The guideline will provide audit review criteria and advice.

4.5 Status

4.5.1 Scope

This is the final scope.

4.5.2 Guideline

The development of the guideline recommendations will begin in March 2003.

5 Further information

Information on the guideline development process is provided in:

- The Guideline Development Process – Information for the Public and the NHS
- The Guideline Development Process – Information for Stakeholders

These booklets are available as PDF files from the NICE website (www.nice.org.uk). Information on the progress of the guideline will also be available from the website.
6 Related NICE guidance
