

Pressure ulcers

Quality standard

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This standard is based on CG179.

This standard should be read in conjunction with QS6, QS13, QS24, QS52, QS54, QS61, QS108 and QS123.

Quality statements

Statement 1 People admitted to hospital or a care home with nursing have a pressure ulcer risk assessment within 6 hours of admission.

Statement 2 People with a risk factor for developing pressure ulcers who are referred to community nursing services have a pressure ulcer risk assessment at the first face-to-face visit.

Statement 3 People have their risk of developing pressure ulcers reassessed after a surgical or interventional procedure, or after a change in their care environment following a transfer.

Statement 4 People have a skin assessment if they are identified as high risk of developing pressure ulcers.

Statement 5 People at risk of developing pressure ulcers receive advice on the benefits and frequency of repositioning.

Statement 6 People at risk of developing pressure ulcers, who are unable to reposition themselves, are helped to change their position.

Statement 7 People at high risk of developing pressure ulcers, and their carers, receive information on how to prevent them.

Statement 8 People at high risk of developing pressure ulcers are provided with pressure redistribution devices.

Statement 9 (placeholder) Prevention of medical device-related pressure ulcers.

Quality statement 1: Pressure ulcer risk assessment in hospitals and care homes with nursing

Quality statement

People admitted to hospital or a care home with nursing have a pressure ulcer risk assessment within 6 hours of admission.

Rationale

Healthcare professionals can identify people who are at risk of developing pressure ulcers by carrying out a pressure ulcer risk assessment. By doing this within 6 hours of when a person is admitted to hospital or a care home with nursing, those at risk or high risk of developing pressure ulcers can be identified without delay. Acting on the results of the risk assessments allows healthcare professionals to offer preventative treatment to people at risk, helping to reduce the number of people developing a pressure ulcer and ensuring patient safety.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements to ensure that healthcare professionals in hospitals and care homes with nursing know how to carry out pressure ulcer risk assessments.

Data source: Local data collection.

b) Evidence of local arrangements to ensure that people admitted to hospital or a care

home with nursing have a pressure ulcer risk assessment within 6 hours of admission.

Data source: Local data collection.

Process

a) Proportion of new inpatient hospital admissions that have a pressure ulcer risk assessment carried out within 6 hours of admission.

Numerator – the number in the denominator that have a pressure ulcer risk assessment carried out within 6 hours of admission.

Denominator – the number of new inpatient hospital admissions.

Data source: Local data collection.

b) Proportion of new residential admissions to care homes with nursing that have a pressure ulcer risk assessment carried out within 6 hours of admission.

Numerator – the number in the denominator that have a pressure ulcer risk assessment carried out within 6 hours of admission.

Denominator – the number of new residential admissions to care homes with nursing.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (hospitals and care homes with nursing) ensure that systems are in place for healthcare professionals to be trained in assessing pressure ulcer risk, and that they carry out and document a pressure ulcer risk assessment within 6 hours of a person being admitted to hospital or a care home with nursing.

Healthcare professionals ensure that they know how to assess a person's pressure ulcer risk, and that they carry out and document a pressure ulcer risk assessment within 6 hours of a person being admitted to hospital or a care home with nursing.

Commissioners should specify that a pressure ulcer risk assessment is carried out and documented within 6 hours of admission for all people admitted to hospital or a care home with nursing.

People admitted to hospital or a care home with nursing have their risk of developing a pressure ulcer assessed by a healthcare professional within 6 hours of being admitted.

Source guidance

- [Pressure ulcers. NICE guideline CG179](#) (2014), recommendations 1.1.2 and 1.2.1 (key priority for implementation)
- The 6-hour timeframe from admission was reached by expert consensus.

Definitions of terms used in this quality statement

Care home with nursing

The provision of 24-hour accommodation together with nursing care. This does not include residential care homes with non-nursing care.

Pressure ulcer risk assessment

An assessment of pressure ulcer risk should be based on clinical judgement and/or the use of a validated scale such as the Braden scale, the Waterlow scale or the Norton risk-assessment scale for adults and the Braden Q scale for children. [[NICE's guideline on pressure ulcers](#), recommendations 1.1.3 and 1.2.2]

Risk of developing pressure ulcers

People considered to be at risk of developing a pressure ulcer are those who, after assessment using clinical judgement and/or a validated risk assessment tool, are considered to be at risk of developing a pressure ulcer. Risk factors include:

- significantly limited mobility (for example, people with a spinal cord injury)
- significant loss of sensation

- a previous or current pressure ulcer
- malnutrition
- the inability to reposition themselves
- significant cognitive impairment.

[[NICE's guideline on pressure ulcers](#), recommendations 1.1.2 and 1.2.1]

High risk of developing pressure ulcers

People considered to be at high risk of developing a pressure ulcer will usually have multiple risk factors identified during risk assessment with or without a validated risk assessment tool. Adults with a history of pressure ulcers or a current pressure ulcer are also considered to be at high risk. [[NICE's guideline on pressure ulcers](#)]

Equality and diversity considerations

The validated scale to assess the risk of pressure ulcers should be suitable for the person being assessed. For example, when assessing children it is important to use a scale such as the Braden Q scale, which is suitable for this age group.

Quality statement 2: Pressure ulcer risk assessment by community nursing services

Quality statement

People with a risk factor for developing pressure ulcers who are referred to community nursing services have a pressure ulcer risk assessment at the first face-to-face visit.

Rationale

People in community care settings who have 1 or more risk factors for pressure ulcers and have been referred to community nursing services should have a pressure ulcer risk assessment to help identify the need for preventative action. Risk factors include limited mobility, loss of sensation, previous or current pressure ulcers, malnutrition and cognitive impairment. It is important to carry out the pressure ulcer risk assessment at the person's first face-to-face visit with community nursing services to ensure patient safety.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements to ensure that healthcare professionals from community nursing services know how to perform pressure ulcer risk assessments.

Data source: Local data collection.

b) Evidence of local arrangements to ensure that people with 1 or more risk factors for pressure ulcers referred to community nursing services have a pressure ulcer risk

assessment at the first face-to-face visit.

Data source: Local data collection.

Process

Proportion of referrals to community nursing services for people with 1 or more risk factors for pressure ulcers in which a pressure ulcer risk assessment is carried out at the first face-to-face visit.

Numerator – the number in the denominator in which a pressure ulcer risk assessment is carried out at the first face-to-face visit.

Denominator – the number of referrals to community nursing services for people with 1 or more risk factors for pressure ulcers.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (community care) ensure that systems are in place for healthcare professionals from community nursing services to be trained in assessing pressure ulcer risk and that, if a person has 1 or more risk factors, they carry out a pressure ulcer risk assessment at the first face-to-face visit.

Healthcare professionals from community nursing services ensure that they know how to assess a person's pressure ulcer risk and that, if a person has 1 or more risk factors, they carry out a pressure ulcer risk assessment at the first face-to-face visit.

Commissioners should specify that community nursing services carry out a pressure ulcer risk assessment at the first face-to-face visit for all people with 1 or more risk factors for pressure ulcers that are referred to them.

People referred to community nursing services who have 1 or more risk factors for pressure ulcers have their risk of developing a pressure ulcer assessed at the first face-to-face visit.

Source guidance

[Pressure ulcers. NICE guideline CG179 \(2014\)](#), recommendations 1.1.2 and 1.2.1 (key priority for implementation)

Definitions of terms used in this quality statement

Pressure ulcer risk assessment

An assessment of pressure ulcer risk should be based on clinical judgement and/or the use of a validated scale such as the Braden scale, the Waterlow scale or the Norton risk-assessment scale for adults and the Braden Q scale for children. [[NICE's guideline on pressure ulcers](#), recommendations 1.1.3 and 1.2.2]

Risk of developing pressure ulcers

People considered to be at risk of developing a pressure ulcer are those who, after assessment using clinical judgement and/or a validated risk assessment tool, are considered to be at risk of developing a pressure ulcer. Risk factors include:

- significantly limited mobility (for example, people with a spinal cord injury)
- significant loss of sensation
- a previous or current pressure ulcer
- malnutrition
- the inability to reposition themselves
- significant cognitive impairment.

[[NICE's guideline on pressure ulcers](#), recommendations 1.1.2 and 1.2.1]

Equality and diversity considerations

The validated scale to assess the risk of pressure ulcers must be suitable for the person being assessed. For example, when assessing children it is important to use a scale such as the Braden Q scale, which is suitable for this age group.

Quality statement 3: Pressure ulcer risk reassessment

Quality statement

People have their risk of developing pressure ulcers reassessed after a surgical or interventional procedure, or after a change in their care environment following a transfer.

Rationale

Pressure ulcer risk status is not constant and is likely to change during the course of care. A pressure ulcer risk assessment should be repeated if there is a change in a person's clinical status. However, changes in clinical status can be difficult to define. Specific instances where a reassessment should be carried out to ensure patient and service user safety have been identified as after a surgical or interventional procedure in hospital, and after a person's care environment changes following a transfer in any setting.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements to ensure that healthcare professionals know how to carry out a risk assessment to reassess the risk of developing pressure ulcers.

Data source: Local data collection.

b) Evidence of local arrangements to ensure that people who have had a surgical or interventional procedure, or who have been transferred between care environments, have their pressure ulcer risk reassessed afterwards.

Data source: Local data collection.

Process

a) Proportion of inpatient hospital interventional or surgical procedures that have a pressure ulcer risk reassessment carried out while the person is in hospital.

Numerator – the number in the denominator that have a pressure ulcer risk reassessment carried out after the interventional or surgical procedure while the person is in hospital.

Denominator – the number of inpatient hospital interventional or surgical procedures.

Data source: Local data collection.

b) Proportion of changes in care environment following a transfer that have a pressure ulcer risk reassessment carried out afterwards.

Numerator – the number in the denominator that have a pressure ulcer risk reassessment carried out after the change in care environment.

Denominator – the number of changes in care environment following a transfer.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (primary care, community care, hospitals and care homes with nursing) ensure that systems and protocols are in place for healthcare professionals to be trained in assessing pressure ulcer risk and that they carry out a pressure ulcer risk reassessment after an interventional or surgical procedure in hospital, or after a change in care environment following a transfer.

Healthcare professionals ensure that they know how to assess a person's pressure ulcer risk, and that they carry out a pressure ulcer risk reassessment after an interventional or surgical procedure in hospital, or after a person's care environment changes following a transfer.

Commissioners ensure that a pressure ulcer risk reassessment is carried out for all people after a surgical or interventional procedure in hospital, or after a change in care environment following a transfer in all settings.

People who have had an operation or investigation in hospital have an assessment afterwards to see if they are at risk of developing a pressure ulcer.

People who are discharged from hospital, or who move wards while they are in hospital, have an assessment afterwards to see if they are at risk of developing a pressure ulcer.

Source guidance

Pressure ulcers. NICE guideline CG179 (2014), recommendation 1.1.4

Definitions of terms used in this quality statement

Pressure ulcer risk assessment

An assessment of pressure ulcer risk should be based on clinical judgement and/or the use of a validated scale such as the Braden scale, the Waterlow scale or the Norton risk-assessment scale for adults and the Braden Q scale for children. [[NICE's guideline on pressure ulcers](#), recommendations 1.1.3 and 1.2.2]

Change in care environment following a transfer

Examples of a change in a person's care environment following a transfer include:

- when moving between wards in a hospital
- on discharge from hospital to a care home, or their own home.

[Expert consensus]

Equality and diversity considerations

The validated scale to assess the risk of pressure ulcers must be suitable for the person being assessed. For example, when assessing children it is important to use a scale such

as the Braden Q scale, which is suitable for this age group.

Quality statement 4: Skin assessment

Quality statement

People have a skin assessment if they are identified as high risk of developing pressure ulcers.

Rationale

Whenever a person has a pressure ulcer risk assessment that shows they are at high risk of developing pressure ulcers, a follow-up skin assessment should be carried out. A clinical assessment of the skin by a healthcare professional, taking into account any pain reported by the person, may predict the development of a pressure ulcer. The results of the skin assessment can be used to offer suitable preventative interventions to people who are at high risk of developing pressure ulcers. A skin assessment needs to be repeated whenever a person is identified as at high risk as a result of a pressure ulcer risk assessment, to take account of any changes to the skin and to ensure patient and service user safety.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that people have a skin assessment if they are identified as high risk of developing pressure ulcers.

Data source: Local data collection.

Process

Proportion of pressure ulcer risk assessments with an identification of high risk that have a follow-up skin assessment.

Numerator – the number in the denominator with a skin assessment carried out following the pressure ulcer risk assessment or reassessment.

Denominator – the number of pressure ulcer risk assessments with an identification of high risk.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (primary care, community care, hospitals and care homes with nursing) ensure that healthcare professionals are trained to carry out skin assessments, and that they carry out a skin assessment if a person is identified as high risk of developing pressure ulcers.

Healthcare professionals ensure that they know how to carry out a skin assessment, and that they carry out a skin assessment if a person in their care is identified as high risk of developing pressure ulcers.

Commissioners should specify that a skin assessment is carried out if a person is identified as high risk of developing pressure ulcers.

People identified as high risk of developing pressure ulcers are offered a skin assessment by a healthcare professional to check their skin for signs of pressure ulcers. The skin assessment should be carried out every time they are identified as high risk following an assessment or reassessment of pressure ulcer risk.

Source guidance

Pressure ulcers. NICE guideline CG179 (2014), recommendations 1.1.5 (key priority for implementation) and 1.2.3

Definitions of terms used in this quality statement

Risk of developing pressure ulcers

People considered to be at risk of developing a pressure ulcer are those who, after assessment using clinical judgement and/or a validated risk assessment tool, are considered to be at risk of developing a pressure ulcer. Risk factors include:

- significantly limited mobility (for example, people with a spinal cord injury)
- significant loss of sensation
- a previous or current pressure ulcer
- malnutrition
- the inability to reposition themselves
- significant cognitive impairment.

[[NICE's guideline on pressure ulcers](#), recommendations 1.1.2 and 1.2.1]

High risk of developing pressure ulcers

People considered to be at high risk of developing a pressure ulcer will usually have multiple risk factors identified during risk assessment with or without a validated risk assessment tool. Adults with a history of pressure ulcers or a current pressure ulcer are also considered to be at high risk. [[NICE's guideline on pressure ulcers](#)]

Skin assessment for adults

A skin assessment in adults should take into account:

- any pain or discomfort reported by the patient
- skin integrity in areas of pressure
- colour changes or discoloration
- variations in heat, firmness and moisture (for example because of incontinence,

oedema, dry or inflamed skin).

[[NICE's guideline on pressure ulcers](#), recommendation 1.1.5]

Skin assessment for neonates, infants, children and young people

A skin assessment in neonates, infants, children and young people should take into account:

- skin changes in the occipital area (back of the head)
- skin temperature
- the presence of blanching erythema (redness on the skin that goes away when pressed with the fingers) or discolored areas of skin.

[[NICE's guideline on pressure ulcers](#), recommendation 1.2.3]

Equality and diversity considerations

Consideration should be given to people with cognitive and behavioural difficulties who may have problems reporting pain when performing the skin assessment.

Healthcare professionals should be aware that non-blanchable erythema (redness on the skin that doesn't go away when pressed with the fingers) may present as colour changes or discoloration, particularly in darker skin tones or types.

Quality statement 5: Advice on repositioning

Quality statement

People at risk of developing pressure ulcers receive advice on the benefits and frequency of repositioning.

Rationale

Repositioning, where the person moves into a different position in a chair or bed, aims to reduce or stop pressure on the area at risk. To improve patient experience, health and social care professionals should advise people at risk of developing pressure ulcers (or their carers, as appropriate) about the importance of frequent repositioning, and that it may help to prevent pressure ulcers. The frequency of repositioning advised should be appropriate for the individual person and their wishes and needs. For safety reasons, repositioning is recommended at least every 6 hours for adults at risk, and every 4 hours for adults at high risk. For children and young people at risk, repositioning is recommended at least every 4 hours, and more frequently for those at high risk.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements to ensure that people at risk of developing pressure ulcers are given advice on the benefits and frequency of repositioning.

Data source: Local data collection.

Process

a) Proportion of adults newly identified as being at risk of developing pressure ulcers that are given advice to change position at least every 6 hours.

Numerator – the number in the denominator, or their carers, who receive advice to change position at least every 6 hours.

Denominator – the number of adults newly identified as being at risk, but not at high risk, of developing pressure ulcers.

Data source: Local data collection.

b) Proportion of adults newly identified as being at high risk of developing pressure ulcers that are given advice to reposition at least every 4 hours.

Numerator – the number in the denominator, or their carers, who receive advice to change position at least every 4 hours.

Denominator – the number of adults newly identified as being at high risk of developing pressure ulcers.

Data source: Local data collection.

c) Proportion of children and young people newly identified as being at risk or high risk of developing pressure ulcers that are given advice to change position at least every 4 hours.

Numerator – the number in the denominator, or their carers, who receive advice to change position at least every 4 hours.

Denominator – the number of children and young people newly identified as being at risk or high risk of developing pressure ulcers.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (primary care, community care, hospitals and care homes with nursing) ensure that people who are at risk of developing pressure ulcers are given advice on the benefits of repositioning and frequency of repositioning according to their level of risk.

Health and social care practitioners ensure that they give people at risk of developing pressure ulcers advice about the benefits of repositioning and the frequency of repositioning according to their level of risk.

Commissioners should specify that people who are at risk of developing pressure ulcers are given advice on the benefits of repositioning and frequency of repositioning according to their level of risk.

People who are at risk of developing pressure ulcers should receive advice about changing their position regularly, how changing position can help reduce the risk of developing a pressure ulcer, and how frequently they should change position (according to their individual risk of developing a pressure ulcer).

Source guidance

Pressure ulcers. NICE guideline CG179 (2014), recommendations 1.1.8 (key priority for implementation), 1.1.9, 1.2.5, 1.2.6, 1.2.8 and 1.2.11

Definitions of terms used in this quality statement

Risk of developing pressure ulcers

People considered to be at risk of developing a pressure ulcer are those who, after assessment using clinical judgement and/or a validated risk assessment tool, are considered to be at risk of developing a pressure ulcer. Risk factors include:

- significantly limited mobility (for example, people with a spinal cord injury)
- significant loss of sensation

- a previous or current pressure ulcer
- malnutrition
- the inability to reposition themselves
- significant cognitive impairment.

[[NICE's guideline on pressure ulcers](#), recommendations 1.1.2 and 1.2.1]

High risk of developing pressure ulcers

People considered to be at high risk of developing a pressure ulcer will usually have multiple risk factors identified during risk assessment with or without a validated risk assessment tool. Adults with a history of pressure ulcers or a current pressure ulcer are also considered to be at high risk. [[NICE's guideline on pressure ulcers](#)]

Equality and diversity considerations

The advice on repositioning needs to be appropriate to the individual and take into account their needs and those of their carers. This is especially the case for people with degenerative conditions, impaired mobility, neurological impairment, sensory impairment, and cognitive and behavioural difficulties. The advice should also be age-appropriate, taking into account the needs of children and young people, and their parents or carers.

Quality statement 6: Help with repositioning

Quality statement

People at risk of developing pressure ulcers, who are unable to reposition themselves, are helped to change their position.

Rationale

A lack of mobility and sensation are risk factors for developing pressure ulcers. If a person is unable to reposition themselves, health and social care professionals should help them to change their position, to prevent the development of pressure ulcers. For some people, repositioning equipment may be needed. The frequency of repositioning should be appropriate for the individual and their wishes and needs. For safety reasons, repositioning is recommended at least every 6 hours for adults at risk, and every 4 hours for adults at high risk. For children and young people at risk, repositioning is recommended at least every 4 hours, and more frequently for those at high risk.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

- a) Evidence of local arrangements to ensure that people who are unable to reposition themselves at the appropriate frequency are helped to do so.
- b) Evidence of local arrangements to ensure that repositioning equipment is available to help with repositioning people who are unable to reposition themselves.

Data source: Local data collection.

Process

a) Proportion of adults at risk of developing pressure ulcers and needing help to change their position who have a plan for repositioning every 6 hours.

Numerator – the number in the denominator who have a plan for repositioning every 6 hours.

Denominator – the number of adults at risk, but not high risk, of developing pressure ulcers who need help to change their position.

Data source: Local data collection.

b) Proportion of adults at high risk of developing pressure ulcers and needing help to change their position who have a plan for repositioning every 4 hours.

Numerator – the number in the denominator who have a plan for repositioning every 4 hours.

Denominator – the number of adults at high risk of developing pressure ulcers who need help to change their position.

Data source: Local data collection.

c) Proportion of neonates, infants, children and young people at risk or high risk of developing pressure ulcers and needing help to change their position who have a plan for repositioning every 4 hours.

Numerator – the number in the denominator who have a plan for repositioning every 4 hours.

Denominator – the number of neonates, infants, children and young people at risk or high risk of developing pressure ulcers who need help to change their position.

Data source: Local data collection.

What the quality statement means for different

audiences

Service providers (community care, hospitals and care homes with nursing) ensure that training in repositioning techniques and use of repositioning equipment are provided for health and social care practitioners so that they can help to reposition people at risk of pressure ulcers if they are unable to reposition themselves.

Health and social care practitioners ensure that they know how to reposition people safely, and that they help people at risk of developing pressure ulcers with repositioning if they are unable to reposition themselves.

Commissioners should specify that help to change position is given to people in all settings who are at risk of developing pressure ulcers and are unable to reposition themselves.

People at risk of developing pressure ulcers who are unable to reposition themselves are helped to change their position at a frequency that is appropriate for their level of risk, and according to their wishes and needs.

Source guidance

Pressure ulcers. NICE guideline CG179 (2014), recommendations 1.1.8 (key priority for implementation), 1.1.9 and 1.2.5

Definitions of terms used in this quality statement

Risk of developing pressure ulcers

People considered to be at risk of developing a pressure ulcer are those who, after assessment using clinical judgement and/or a validated risk assessment tool, are considered to be at risk of developing a pressure ulcer. Risk factors include:

- significantly limited mobility (for example, people with a spinal cord injury)
- significant loss of sensation
- a previous or current pressure ulcer

- malnutrition
- the inability to reposition themselves
- significant cognitive impairment.

[[NICE's guideline on pressure ulcers](#), recommendations 1.1.2 and 1.2.1]

High risk of developing pressure ulcers

People considered to be at high risk of developing a pressure ulcer will usually have multiple risk factors identified during risk assessment with or without a validated risk assessment tool. Adults with a history of pressure ulcers or a current pressure ulcer are also considered to be at high risk. [[NICE's guideline on pressure ulcers](#)]

People who need help to change their position

Some people may not be able to reposition themselves and need help to do so. This may be for several reasons, including certain physical or mental health conditions.

Equality and diversity considerations

Help with repositioning needs to be tailored to the individual and takes into account their needs and those of their carers. This is especially the case for people with degenerative conditions, impaired mobility, neurological impairment, sensory impairment, and cognitive and behavioural difficulties, who may have problems understanding the reasons why they are being repositioned. Help with repositioning should also be age-appropriate, taking into account the needs of children and young people, and their parents or carers.

Quality statement 7: Information on preventing pressure ulcers

Quality statement

People at high risk of developing pressure ulcers, and their carers, receive information on how to prevent them.

Rationale

Many pressure ulcers are preventable. Much of the preventative care needed takes place in a person's own home and needs to be delivered regularly to ensure patient safety. Healthcare professionals should give information to people at high risk of developing pressure ulcers (and their carers, as appropriate) about preventative care that may stop pressure ulcers from developing. To improve patient experience, information about preventing pressure ulcers should be appropriate to the individual person and their carers. Information should include the causes and signs of pressure ulcers and how they affect health and quality of life. It should also include a demonstration of how to use equipment that may be supplied, and what people can do to help prevent pressure ulcers from developing.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements to ensure that people at high risk of developing pressure ulcers, and their carers, receive information on how to prevent them.

Data source: Local data collection.

Process

a) Proportion of people newly identified at high risk of developing pressure ulcers who receive information on how to prevent them.

Numerator – the number in the denominator, or their carer, that receive information on how to prevent pressure ulcers.

Denominator – the number of people newly identified at high risk of developing pressure ulcers.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (primary care, community care, hospitals and care homes with nursing) ensure that systems are in place for healthcare professionals to give tailored information on preventing pressure ulcers to people who are at high risk of developing pressure ulcers (and to their carers, as appropriate).

Healthcare professionals ensure that they give people who are at high risk of developing pressure ulcers, (and to their carers, as appropriate), tailored information on how to prevent them.

Commissioners should specify that tailored information on preventing pressure ulcers is given to people who are at high risk of developing pressure ulcers, (and to their carers, as appropriate).

People who have a high risk of developing pressure ulcers are given information by a healthcare professional about preventing pressure ulcers from developing. This should be tailored to the person's needs, and should include advice about the causes and early signs of pressure ulcers, and information on how pressure ulcers can affect health and quality of life. The information should also include a demonstration of how to use any equipment (for example, any mattresses or cushions) that may be supplied, and information about what people can do to help prevent pressure ulcers from developing.

Source guidance

Pressure ulcers. NICE guideline CG179 (2014), recommendation 1.3.2

Definitions of terms used in this quality statement

Risk of developing pressure ulcers

People considered to be at risk of developing a pressure ulcer are those who, after assessment using clinical judgement and/or a validated risk assessment tool, are considered to be at risk of developing a pressure ulcer. Risk factors include:

- significantly limited mobility (for example, people with a spinal cord injury)
- significant loss of sensation
- a previous or current pressure ulcer
- malnutrition
- the inability to reposition themselves
- significant cognitive impairment.

[NICE's guideline on pressure ulcers, recommendations 1.1.2 and 1.2.1]

High risk of developing pressure ulcers

People considered to be at high risk of developing a pressure ulcer will usually have multiple risk factors identified during risk assessment with or without a validated risk assessment tool. Adults with a history of pressure ulcers or a current pressure ulcer are also considered to be at high risk. [NICE's guideline on pressure ulcers]

Information

The information should include:

- the causes of pressure ulcers

- the early signs of pressure ulcers
- ways to prevent pressure ulcers
- the effect of having a pressure ulcer (for example, for general health, treatment options and the risk of developing pressure ulcers in the future)
- a demonstration of techniques and equipment used to prevent a pressure ulcer.

[[NICE's guideline on pressure ulcers](#), recommendation 1.3.2]

Equality and diversity considerations

The information provided needs to be tailored to the individual. This is especially the case for people with degenerative conditions, impaired mobility, neurological impairment, sensory impairment, cognitive and behavioural difficulties, impaired tissue perfusion and differing skin tones and types. The information should also be age-appropriate, taking into account the needs of children and young people and their parents or carers.

Quality statement 8: Pressure redistribution devices

Quality statement

People at high risk of developing pressure ulcers are provided with pressure redistribution devices.

Rationale

Pressure redistribution devices work by reducing or redistributing pressure, friction or shear forces. Devices include high-specification mattresses, pressure redistribution cushions and equipment that offloads heel pressure. The type of device a person needs will depend on their circumstances, for example, their mobility, the results of the skin assessment, their level of risk, the site that is at risk, the person's weight and the person's general health. Using pressure redistribution devices as soon as possible can prevent pressure ulcers developing and help to treat them if they do arise, ensuring patient safety and improving the experience of people at high risk of pressure ulcers.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to provide pressure redistribution devices for people at high risk of developing pressure ulcers.

Data source: Local data collection.

Process

Proportion of people newly identified as being at high risk of developing pressure ulcers who receive a pressure redistribution device.

Numerator – the number in the denominator who receive a pressure redistribution device.

Denominator – the number of people newly identified as being at high risk of developing pressure ulcers.

Data source: Local data collection.

Outcomes

a) Waiting times from the identified need for a pressure redistribution device to the time the device is requested.

b) Waiting times from the time the pressure redistribution device is requested to the time the device is received.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (primary care, community care, hospitals and care homes with nursing) ensure that people at high risk of developing pressure ulcers in all settings are provided with pressure redistribution devices when they need them.

Health and social care practitioners ensure that people at high risk of developing pressure ulcers in their care are provided with pressure redistribution devices.

Commissioners should specify that pressure redistribution devices are available and provided for people at high risk of developing pressure ulcers.

People who have a high risk of developing pressure ulcers are given 'pressure redistributing equipment'. This term is used 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, you may also be offered a special cushion. 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.

Source guidance

Pressure ulcers. NICE guideline CG179 (2014), recommendations 1.1.13 (key priority for implementation), 1.1.14, 1.1.17, 1.2.17, 1.2.18, 1.2.20, 1.2.21, 1.4.9, 1.4.12 and 1.5.10 to 1.5.12

Definitions of terms used in this quality statement

Risk of developing pressure ulcers

People considered to be at risk of developing a pressure ulcer are those who, after assessment using clinical judgement and/or a validated risk assessment tool, are considered to be at risk of developing a pressure ulcer. Risk factors include:

- significantly limited mobility (for example, people with a spinal cord injury)
- significant loss of sensation
- a previous or current pressure ulcer
- malnutrition
- the inability to reposition themselves
- significant cognitive impairment.

[NICE's guideline on pressure ulcers, recommendations 1.1.2 and 1.2.1]

High risk of developing pressure ulcers

People considered to be at high risk of developing a pressure ulcer will usually have multiple risk factors identified during risk assessment with or without a validated risk assessment tool. Adults with a history of pressure ulcers or a current pressure ulcer are

also considered to be at high risk. [[NICE's guideline on pressure ulcers](#)]

Pressure redistribution devices

Pressure redistribution devices include different types of high-specification mattresses and overlays, pressure redistribution cushions and seating, and equipment that offloads heel pressure. [[NICE's full guideline on pressure ulcers](#)]

Quality statement 9 (placeholder): Prevention of medical device-related pressure ulcers

What is a placeholder statement?

A placeholder statement is an area of care that has been prioritised by the Quality Standards Advisory Committee, but for which no source guidance is currently available. A placeholder statement indicates the need for evidence-based guidance to be developed in this area.

Rationale

People with conditions that are managed with medical devices may be at risk of developing pressure ulcers, such as those cared for in intensive care units. Guidance is needed on pressure ulcer risk assessment and preventative measures for people at risk of medical device-related pressure ulcers.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standards advisory committees](#) for details about our standing committees. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the

quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [British Association of Dermatologists \(BAD\)](#)
- [British Association of Prosthetists and Orthotists](#)
- [Royal College of Paediatrics and Child Health](#)
- [Royal College of General Practitioners \(RCGP\)](#)