

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

SCOPE

1 Guideline title

Pressure ulcers: prevention and management of pressure ulcers in primary and secondary care

1.1 *Short title*

Pressure ulcers

2 The remit

This is an update of 'Pressure ulcers', NICE clinical guideline 29 (2005) and 'The use of pressure relieving devices', NICE clinical guideline 7 (2003), available from www.nice.org.uk/guidance/CG7 and www.nice.org.uk/guidance/CG29.

This update is being undertaken as part of the guideline review cycle.

3 Clinical need for the guideline

3.1 *Epidemiology*

- a) Pressure ulcers (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.
- b) 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.

- c) Pressure ulcers are more likely to occur in people 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 do not provide appropriate pressure relief.
- d) Pressure ulcers represent a major burden of sickness and reduced quality of life for people with ulcers and their carers. There are currently no nationally collated data on pressure ulcer incidence and prevalence. Estimates from hospital-based studies vary widely according to definition of the grade of the ulcer, the population studied and the care setting. Based on available data, new pressure ulcers are estimated to occur in 4–10% of patients admitted to hospitals in the UK; the precise rate depends on case mix. In the community and care home settings, new pressure ulcers affect an unknown proportion of people.
- e) 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.
- f) The financial costs to the NHS are considered to be substantial but recent cost data are not available. In 2004 the estimated annual cost of pressure ulcer care in the UK was between £1.4 billion and £2.1 billion a year and the cost of treatment for a grade IV pressure ulcer was calculated to be £10,551 a year. It is therefore likely that current costs of managing pressure ulcers to the NHS are higher than these figures.

3.2 *Current practice*

- a) Prevention of pressure ulcers in practice usually involves an assessment to identify people most at risk of pressure ulcers, such as elderly, immobile people or those with spinal injury. Assessments are most commonly carried out using specific

pressure area risk scores (for example, the Braden scale for predicting pressure sore risk).

- b) Immobility in particular is a significant risk factor for the development of pressure ulcers and limited sitting and lying times are a major aspect of reducing the risks of pressure ulcers for all patients. Another is the use of appropriate support surfaces, such as special mattresses and cushions. Repositioning patients every 2 or 3 hours is generally accepted as an effective method for preventing pressure ulcers.
- c) All pressure wounds should be assessed, and treatment potentially includes wound dressings, debridement techniques, physical therapies, antibiotics and antiseptics. Nutritional factors are often also important and a nutritional assessment is usually carried out so that nutritional deficiencies can be addressed.
- d) The treatment of pressure ulcers also involves mobilising, positioning and repositioning interventions, and people with pressure ulcers should actively move, change their position, or be repositioned frequently. Support surfaces are also essential adjuncts to healing, in combination with positioning and repositioning, and wound management strategies.
- e) In some patients, surgical debridement or obtaining coverage with skin flaps is performed. Vascular surgical intervention may be needed if poor blood supply is a contributory factor. Infection may also require treatment if it is a contributory factor to the persistence of the ulcer or is causing systematic illness or cellulitis.
- f) There is a variation in the consistency of approach to pressure ulcer prevention across the NHS in both secondary and primary care, and a significant number of pressure ulcers form during care for other disorders. There is a need for guidance to rationalise the approaches used for the treatment and care of established

pressure ulcers and to ensure practice is based on the best available evidence.

4 The guideline

The guideline development process is described in detail on the NICE website (see section 6, 'Further information').

This scope defines what the guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health.

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) All age groups in all settings where NHS care is provided or commissioned.
- b) Specific consideration will be given to the particular needs of:
 - people with neurological disease or injury
 - bariatric patients.

4.1.2 Groups that will not be covered

- a) None.

4.2 Healthcare setting

- a) Primary-care settings, such as general practices, health centres and polyclinics.
- b) Community-care settings where NHS healthcare is provided or commissioned.
- c) Secondary-care settings where NHS healthcare is provided or commissioned.

- d) This guideline is commissioned for the NHS, but people providing healthcare in other settings, such as private settings, may find the recommendations relevant.

4.3 *Clinical management*

4.3.1 Key clinical issues that will be covered

- a) Risk assessment, including the application and use of risk assessment tools and scales.
- b) Prevention, including:
- skin assessment
 - the use of pressure relieving devices, including mattresses, cushions, sheepskins, overlays, beds, limb protectors and seating
 - positioning and repositioning
 - nutritional interventions (including hydration) as preventive strategies for people with and without nutritional deficiency
 - patient and carer education, including self assessment
 - education and training for healthcare professionals.
- c) Assessment and grading.
- d) Management, including:
- debridement, including autolytic, mechanical and larval therapy
 - the use of pressure relieving devices, including mattresses, cushions, sheepskins, overlays, beds, limb protectors and seating
 - nutritional interventions (including hydration) for people with and without nutritional deficiency
 - management of heel pressure ulcers
 - other therapies, including electrotherapy, topical negative pressure therapy, and hyperbaric oxygen therapy.

4.3.2 Clinical issues that will not be covered

- a) Prevention and management of:
 - a. Diabetic foot ulcers
 - b. Venous leg ulcers
 - c. Moisture lesions

4.4 Main outcomes

General

- a) Quality of life.
- b) Adverse events.

Prevention

- c) Proportion of people who do not develop new pressure ulcers.

Management

- d) Time to healing and/or rate of healing.
- e) Proportion of ulcers healed.
- f) Rate of change in ulcer.

4.5 Economic aspects

Developers will take into account both clinical and cost effectiveness when making recommendations involving a choice between alternative interventions. A review of the economic evidence will be conducted and analyses will be carried out as appropriate. The preferred unit of effectiveness is the quality-adjusted life year (QALY), and the costs considered will usually be only from an NHS and personal social services (PSS) perspective. Further detail on the methods can be found in 'The guidelines manual' (see 'Further information').

4.6 Status

4.6.1 Scope

This is the consultation draft of the scope. The consultation dates are 2 November to 30 November 2011.

4.6.2 Timing

The development of the guideline recommendations will begin in January 2012.

5 Related NICE guidance

5.1 Published guidance

5.1.1 NICE guidance to be updated

This guideline will update and replace the following NICE guidance:

- Pressure ulcers. NICE clinical guideline 29 (2005). Available from www.nice.org.uk/guidance/CG29
- The use of pressure relieving devices. NICE clinical guideline 7 (2003). Available from www.nice.org.uk/guidance/CG7

5.1.2 Other related NICE guidance

- Patient experience in adult NHS services. NICE clinical guideline 131 (2011). Available from www.nice.org.uk/guidance/CG131
- The MIST Therapy system for the promotion of wound healing. NICE medical technology guidance 5 (2011). Available from www.nice.org.uk/guidance/MTG5
- Diabetic foot problems: inpatient management. NICE clinical guideline 119 (2010). Available from www.nice.org.uk/guidance/CG119
- Surgical site infection. NICE clinical guideline 74 (2008). Available from www.nice.org.uk/guidance/CG74
- Obesity. NICE clinical guideline 43 (2006). Available from www.nice.org.uk/guidance/CG43

- Nutrition support in adults. NICE clinical guideline 32 (2006). Available from www.nice.org.uk/guidance/CG32
- Type 2 diabetes: prevention and management of foot problems. NICE clinical guideline 10 (2004). Available from www.nice.org.uk/guidance/CG10

5.2 *Guidance under development*

NICE is currently developing the following related guidance (details available from the NICE website):

- End of Life Care. NICE Quality Standard. Publication expected November 2011.
- Infection control. NICE clinical guideline update. Publication expected March 2012.
- Lower limb peripheral arterial disease. NICE clinical guideline. Publication expected October 2012.

6 Further information

Information on the guideline development process is provided in:

- ‘How NICE clinical guidelines are developed: an overview for stakeholders the public and the NHS’
- ‘The guidelines manual’.

These are available from the NICE website

(www.nice.org.uk/GuidelinesManual). Information on the progress of the guideline will also be available from the NICE website (www.nice.org.uk).