



Pressure Care Policy

REVISED APRIL 2013

PRESSURE CARE POLICY

OBJECTIVES

- ~To establish continuity of care in the prevention and management of pressure ulcers
- ~To promote multi professional working in the best interests of the patient.
- ~To be informed by practitioners of the best practice in pressure ulcer prevention and management.

PRESSURE ULCER DEFINITION

A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure. Severity of pressure ulcers are categorised from one to four. Whilst pressure ulcers are more likely to affect older people, it is now accepted that people of all ages may be affected.

ASSESSMENT AND DOCUMENTATION

- Each staff is accountable for his/her own practice.
- Pressure area damage must be documented on the body map.
- Any service user identified at risk of developing pressure ulcers or with a damaged pressure area- the district nurse team must be notified immediately by the senior in charge.
- Daily skin inspection by care/senior staff is necessary and to be recorded in daily logs.
- Service users need a repositioning chart implemented where necessary.
- Service users at risk of developing a pressure ulcer or Service users with a pressure ulcer must be encouraged or assisted with repositioning at least two hourly or more frequently dependent on visual or verbal signs of potential tissue damage.
- Service users who have a pressure ulcer must have the area documented clearly on their individual care plan, along with guidance and required actions. Seniors to implement a risk assessment where appropriate.

Signed:

Date:

Policy review date:
