**Managing pressure ulcers/injuries: a guide for staff**

**Is it a pressure ulcer/injury?**

A pressure ulcer/injury is a localised injury to the skin

and/ or underlying tissue usually over a bony prominence,

as a result of pressure

**What caused the pressure ulcer/injury?**

Refer to Waterlow score to verify

* Mobility
* Continence
* Weight loss

**Are**

**Are the appropriate pressure relieving measures in place?**

* Mattress/cushion/heel lifts
* Increase repositioning to 2 hourly
* Ensure heels are floated
* Complete SSKIN daily

**Categorise ulcer (if able) and incident report pressure injury**

If it is category 3 or 4 – report to CQC, complete duty of

candour and refer to the Wound Care Service

**If the pressure ulcer/injury is on the foot/heel**

Keep dry by dressing with Inadine, gauze, K-soft and Comfifast

Refer to the Wound Care Service for advice

and Doppler assessment if appropriate

**If the pressure ulcer/injury is on the hips/ tailbone/ sacral area:**

* Dress with foam adhesive dressing
* If a cavity, pack with an Aquacel ribbon

**Monitor progress, trace and measure wound weekly**

Consider referral to Wound Care Service – contact details for each area available from: - <https://remedy.bnssgccg.nhs.uk/adults/dermatology/tissue-viabilitywound-care-service/>

Please use the above information in conjunction with clinical judgement and the wound management formulary.