The fundamentals of nursing and pressure ulcer prevention

JUDY WATERLOW MBE
Creator of the Waterlow Score

Judy is now in her eighty-third year and has lived with rheumatoid arthritis since her mid-thirties. She has three daughters, all of whom are practicing nurses. Judy has been voted as one of the top ten instrumental people in the history of the NHS, received the prestigious MBE Award by Queen Elizabeth II, for her services relating to patient care, and has been awarded the British Journal of Nursing 'Special Award'. The Waterlow Pressure Ulcer Prevention Tool and Manual is used all over the world, and was most recently introduced to nurses in Haiti, Nepal, Bangladesh and India.

We are delighted to offer you, the reader, the chance to learn how Judy Waterlow MBE created the Waterlow Pressure Ulcer Prevention Treatment Policy. Here she is in conversation with her daughter, Fiona Stephenson. According to *judy-waterlow.co.uk*, "The Waterlow pressure ulcer risk assessment/prevention policy tool is, by far, the most frequently used system in the UK and it is also the most easily understood and used by nurses dealing directly with patient/clients." The tool was designed to be used by healthcare professionals and carers at the patient/client interface. As a relatively simplistic tool, like all risk assessment scoring systems, professional judgment is very important when assessing a patient's risk status.

How did you come about creating the Waterlow Pressure Ulcer Prevention Treatment Policy?

In the 1980s, when I worked as a clinical nursing teacher, nobody seemed to think about pressure ulcer prevention; rather, nurses reacted when skin integrity had already started to break down. The focus was on pressure ulcer treatment rather than prevention.

During my nurse training at St Thomas' Hospital (London) and my post-registration experience in theatre and plastic surgery, I was taught the fundamentals of nursing: 'how to care'. The day started with theory, followed by practical sessions in the afternoon for the first 6 months of our training, before 4 months on the wards under the supervision and mentorship of a qualified member of staff and nursing school tutor. In the first year, we learnt about anatomy and physiology of the skin, as well as the basics: hygiene, manual handling and communication. It was all about the patient.

This training is firmly embedded in my mind and was one of the reasons I was so interested in and concerned for patients with pressure ulcers. It seemed so daft to do nothing until there was a pressure ulcer! With this in mind, I did a huge amount of background reading to find relevant literature and consulted known UK tissue viability specialists who were around at that time.

I was, and remain, convinced that prevention is the most important thing when it comes to pressure ulcers, and nurses need to have the knowledge to do this; unless you know about the anatomy and physiology of the skin, as well as risk factors, you cannot prevent a pressure ulcer from occurring.

I realised I needed to produce an easily understandable scoring system for nurses to use to quickly and holistically assess their patients. In essence, I started to create a check-list, with high scores indicating high risks, adding prevention aids and nursing advice as part of what was to be become

"The Waterlow Pressure Ulcer Prevention Treatment Policy". I wanted this tool (or 'policy') to be easily available and accessible to nurses. Initially, the score system was A4-sized, but I decided to make it smaller so it could be pocket-sized — to avoid problems with remembering the score. I chose a bright yellow colour for the tool so that it stood out, with special risks highlighted in pink and red to indicate 'danger' (*Figure 1*).

Did you encounter any challenges?

The process was not altogether easy — there were certainly challenges along the way. In the 1980s, few nurses undertook research, so I did mine in my own time. There was some resistance at that time, but eventually I was able to finish the research and the Waterlow Pressure Ulcer Prevention Treatment Policy was created.

What would you advise nurses of today and the future?

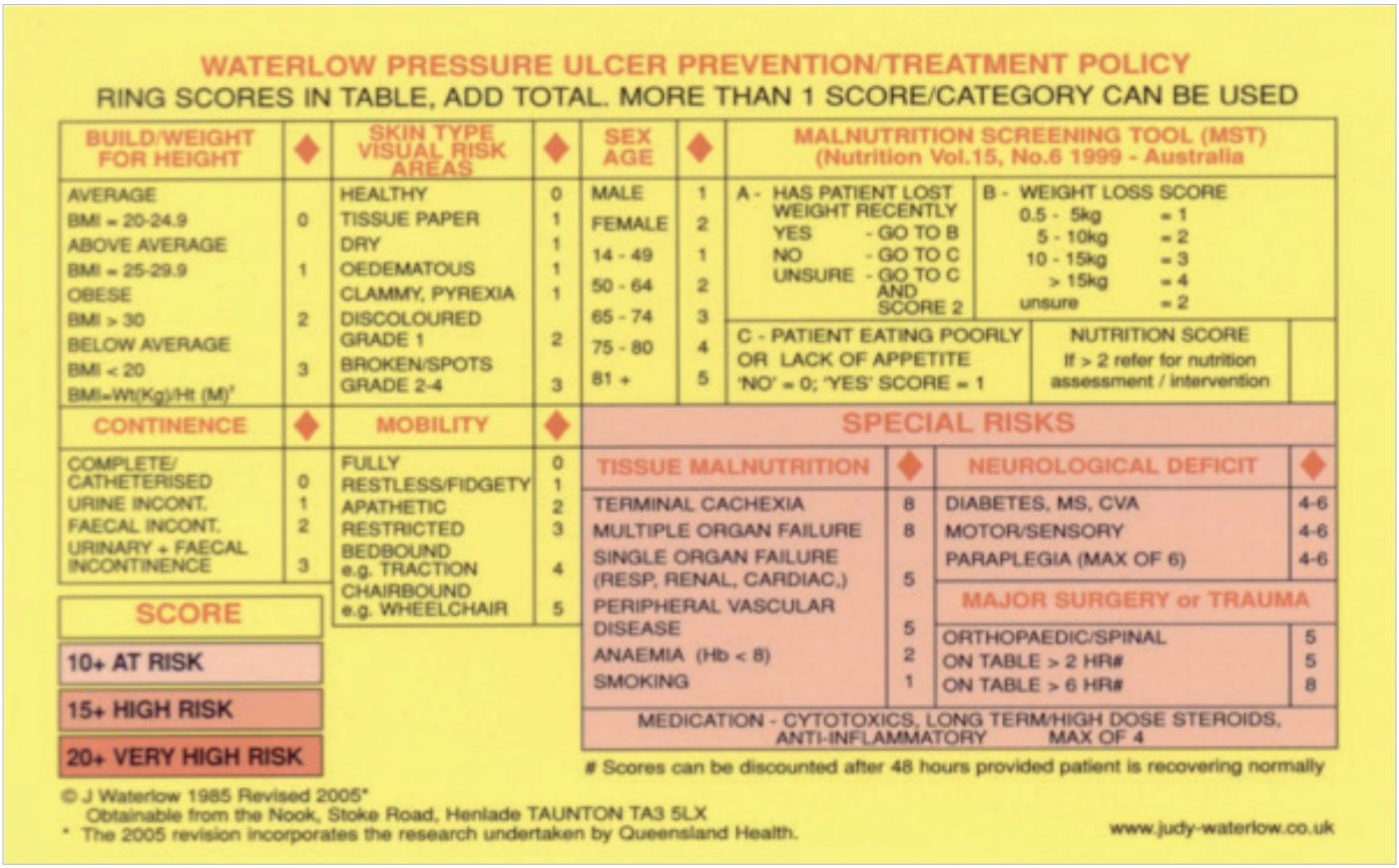
Pressure ulcer prevention has come a long way since the 1980s when I developed the Waterlow Pressure Ulcer Risk Assessment Tool. These days, nurses really need to know how the skin works; this part of nursing education should not be taken lightly.

Hospitals are sued huge sums of money due to the development of pressure ulcers in patients. For this reason among others, nurses need to get back to basics and look at the patient holistically. Healthcare professionals must:

- Remove pressure
- Check the skin
- Document findings
- Communicate with one another
- Educate patients so that they understand the importance of prevention management
- Use the Waterlow Tool to help systematically work through the risk factors
- Ask: 'what risks have I identified and what can I do about them?'

It is imperative that the Waterlow Tool is used alongside professional clinical judgement, and nurses can only use this with the skills and knowledge learnt during their nursing education. WE

For more information about the Waterlow Score and pressure ulcers, please visit: *http://www.judy-waterlow.co.uk/index.htm*



WATERLOW PRESSURE ULCER PREVENTION/TREATMENT POLICY

RING SCORES IN TABLE, ADD TOTAL. MORE THAN 1 SCORE/CATEGORY CAN BE USED

BUILD/WEIGHT FOR HEIGHT		SKIN TYPE VISUAL RISK AREAS		SEX AGE		MALNUTRITION SCREENING TOOL (MST) (Nutrition Vol.15, No.6 1999 - Australia
AVERAGE		HEALTHY	0	MALE	1	A - HAS PATIENT LOST WEIGHT RECENTLY YES - GO TO B NO - GO TO C UNSURE - GO TO C AND SCORE 2
BMI = 20-24.9	0	TISSUE PAPER	1	FEMALE	2	B - WEIGHT LOSS SCORE 0.5 - 5kg = 1 5 - 10kg = 2 10 - 15kg = 3 > 15kg = 4 unsure = 2
ABOVE AVERAGE		DRY	1	14 - 49	1	
BMI = 25-29.9	1	OEDEMATOUS	1	50 - 64	2	
OBESE		CLAMMY, PYREXIA	1	65 - 74	3	
BMI > 30	2	DISCOLOURED GRADE 1	2	75 - 80	4	C - PATIENT EATING POORLY OR LACK OF APPETITE 'NO' = 0; 'YES' SCORE = 1
BELOW AVERAGE						NUTRITION SCORE If > 2 refer for nutrition assessment / intervention
BMI < 20	3	BROKEN/SPOTS GRADE 2-4	3	81 +	5	
BMI=Wt(Kg)/Ht (M)²						

CONTINENCE		MOBILITY	
COMPLETE/ CATHETERISED	0	FULLY	0
URINE INCONT.	1	RESTLESS/FIDGETY	1
FAECAL INCONT.	2	APATHETIC	2
URINARY + FAECAL INCONTINENCE	3	RESTRICTED	3
		BEDBOUND e.g. TRACTION	4
		CHAIRBOUND e.g. WHEELCHAIR	5

SPECIAL RISKS

TISSUE MALNUTRITION		NEUROLOGICAL DEFICIT	
TERMINAL CACHEXIA	8	DIABETES, MS, CVA	4-6
MULTIPLE ORGAN FAILURE	8	MOTOR/SENSORY	4-6
SINGLE ORGAN FAILURE (RESP, RENAL, CARDIAC,)	5	PARAPLEGIA (MAX OF 6)	4-6
PERIPHERAL VASCULAR DISEASE	5	MAJOR SURGERY or TRAUMA	
ANAEMIA (Hb < 8)	2	ORTHOPAEDIC/SPINAL	5
SMOKING	1	ON TABLE > 2 HR#	5
		ON TABLE > 6 HR#	8

MEDICATION - CYTOTOXICS, LONG TERM/HIGH DOSE STEROIDS, ANTI-INFLAMMATORY MAX OF 4

SCORE
10+ AT RISK
15+ HIGH RISK
20+ VERY HIGH RISK

Scores can be discounted after 48 hours provided patient is recovering normally

***Figure 1.** The Waterlow Pressure Ulcer Prevention/Treatment Policy.*