

PRESSURE ULCERS: THE NEED FOR PATIENT INFORMATION

With an increasing elderly population, the importance of knowledge about pressure ulcer care and prevention on the part of the patient, their carers and families should not be underestimated. It is the responsibility of all healthcare professionals to impart this knowledge and empower patients to play an active role in the prevention and management of pressure ulcers.

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As the elderly population continues to increase and the emphasis of care is shifted to the community setting it is vital that patients, relatives and carers are informed about the risks of pressure ulceration, but also that the responsibilities of the patient for preserving their own tissue integrity are made clear. Patient information plays a vital part in enabling the patient, their relatives and carers and should be employed by healthcare professionals, to work in partnership with the patient.

Hibbs (1988) stated that 95% of pressure ulcers were preventable. However that was 20 years ago and social circumstances and demographics have changed; many older people now live alone and consequently are vulnerable. In the USA the Centres for Medicare and Medicaid services (CMS) proposed a list of conditions, including pressure ulceration, which would reduce the reimbursement to hospitals and other care facilities should a patient develop a pressure ulcer (Ayello and Lyder, 2008).

The average age of the UK population is rising, the proportion



Figure 1. Pressure damage to the lateral plantar edge of the foot. The patient is diabetic and has sensory neuropathy and had not realised the dangers of pressure damage.

of the population aged 65 years and over has risen, while the proportion of those 16 years and younger has decreased. The greatest increases are in those aged 85 years and older (Department of Health [DoH], 2006a). The death rate per 1000 head of population has fallen (DoH, 2006b), and the life expectancy rate has increased (DoH, 2006c). Therefore, it can be assumed that the percentage of patients vulnerable to pressure damage is also likely to increase, since the skin, like all other organs of the body, begins to show its frailty with age. Patients aged 90 years plus can also be expected to have multiple comorbidities, such as type 2 diabetes, vascular disease and renal failure, which are very common in the extremely elderly.

The ageing skin

As the skin ages it is at greater risk of injury. The epidermis flattens due to loss of the interdigitating

papillae, which in younger skin maintains a close connection between the epidermis and the dermis. As a consequence, the epidermal and dermal layers peel apart more easily and are more prone to friction and shearing forces (Herbert, 1991). In addition, the dermis reduces in bulk due to cell reduction and the number of dermal capillaries also decreases, resulting in less oxygen, nutrients and fluids being delivered to the skin (Shuster et al, 1975). Consequently, the skin becomes drier and more prone to injury. In young adults the turnover of cells within the epidermis is approximately 21 days, but by 35 years of age this has doubled and is considerably slower in older people (Fiers, 1996). In addition the loss of oils, reduction in subcutaneous fat and loss of elasticity mean that barrier function is reduced and there is an increased risk of skin irritation (Bryant et al, 2000). The most

visible sign is that of dryness and wrinkling.

Responsibilities of the nurse

The Nursing and Midwifery Council (NMC) Code of Conduct (2004) states: 'You must promote the interests of patients and clients, helping individuals and groups gain access to health and social care, information and support relevant to their needs.' This should be interpreted as a responsibility to ensure that whether at hospital, or another healthcare setting, patients receive the information required to allow them to participate fully in their own care, including pressure area care and the prevention of pressure ulcers.

Giving patients information

Barlow et al (1997) examined the effectiveness of patient information leaflets for patients with rheumatoid arthritis and concluded that: 'Information leaflets have a valuable role to play in patient education and can increase patients' knowledge and psychological well-being'. Hawkey and Hawkey (1989) performed a postal questionnaire of 1,150 patients who attended gastroenterology clinics, half of whom had received an information leaflet; of the 751 patients who replied, the patients who had received leaflets found them a good source of information regarding characteristics of illness and treatments. Common misconceptions regarding illness persisted regarding digestive diseases among the group who had not received the leaflets. The authors concluded that giving the patients information enabled them to participate better in their own care.

Garrud et al (2001) investigated whether giving patients information

would increase their anxiety about possible adverse events during a laparoscopy procedure. The results demonstrated that patients who had been informed fully had more knowledge regarding the procedure, greater satisfaction with the information given and did not have increased anxiety.

Whitfield et al (2000) reported on a review of 16 studies which examined strategies in pressure ulcer prevention among a total number of 5,233 patients. Not one of them reported on the involvement of the patient, relative or carers and all the emphasis was on education for staff members. It could be argued that in many cases patients are too ill to participate in their own care, and so healthcare professionals do shoulder the whole burden of responsibility. However, if healthcare professionals fail to pass on information to patients while in a care setting, and simply continue to deliver prescriptive care, then it could be argued that healthcare professionals are continuing to 'nanny' the patient, rather than empower them.

Essence of Care

The *Essence of Care* document (2003) was produced by the NHS Modernisation Agency to outline standards of care that healthcare professionals should deliver for patients. Part of the pressure ulcer section outlines the importance of patient information so that patients, relatives and carers may participate in care. To become the 'expert' in their own body, patients do require information and the ability to access this easily. Most NHS trusts have information regarding pressure ulcers, what they are and

how to prevent them. In today's multicultural society it is obviously important that patient information is available in different languages to meet the needs of the local population.

NICE patient information

The National Institute for Clinical Excellence, now the National Institute for Health and Clinical Excellence (NICE) (2001) produced a patient information booklet aimed at informing patients, relatives and carers about the dangers of pressure damage and how they, working with healthcare professionals, can prevent such harm befalling patients. Information is included on how pressure damage occurs, predisposing factors such as malnutrition, incontinence, lack of sensation and poor circulation. This allows the patient to be able to relate the information to their own condition and assess the probability of

Table 1

Useful websites

NHS Clinical Knowledge Summaries:
www.cks.library.nhs.uk/patient_information_leaflet/pressure_ulcers/introduction#27926000

Patient Plus website for patients and healthcare professionals
www.patient.co.uk/showdoc/40002086/

Journal of American Medical Association
jama.ama-assn.org/cgi/reprint/289/2/254.pdf

NICE download of patient information booklet
 Working Together to prevent pressure ulcers; a guide for patients and their carers. <http://www.nice.org.uk/nicemedia/pdf/clinicalguidelinepressuresore-spatleafletenglish.pdf>

DoH toolkit for producing patient information
www.nhsidentity.nhs.uk/patientinformationtoolkit/patientinfotoolkit.pdf

developing pressure damage. It also serves to alert the patient to aspects of their care which they might not have considered previously, i.e. skin cleansing, use of soap, emollients and barrier creams.

Further information is given on self/carer inspection of the skin, repositioning and use of equipment; in other words, the preventive aspects of care, including how healthcare professionals should be helping to minimise the risk. Lastly, information is given regarding the first signs of pressure damage and the action to take should this occur when not in a healthcare setting.

The NICE patient information leaflet is available via the internet, and while many patients do access the internet for information, there are still those who do not. It is the responsibility of healthcare professionals to ensure that patients receive the correct information, be it a copy of the NICE leaflet or one devised by a group of healthcare professionals from within an NHS trust (Table 1).

Conclusion

Patient information can empower the patient, giving them the tools to both understand and take charge of their own pressure area care in relation to their condition. For relatives caring for vulnerable individuals, becoming informed about skin care and pressure ulcer prevention is vital to ensure that no harm befalls their relative.

It is the responsibility of all healthcare professionals to both prevent and manage pressure ulcers. Patients, relatives and carers should expect information

from healthcare professionals and, in turn, should expect to be heard when they impart relevant information regarding a patient's usual routine of pressure area care. True collaboration between patient and healthcare professionals can contribute to the successful prevention and treatment of pressure ulcers and its importance should not be overlooked. **WE**

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Key Points

- ▶ Patient information plays a vital part in enabling the patient, their relatives and carers.
- ▶ To become the 'expert' in their own body, patients do require information and the ability to access this easily.
- ▶ For relatives caring for vulnerable individuals, becoming informed about skin care and pressure ulcer prevention is vital to ensure that no harm befalls their relative.

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