Evidence Bites: Pressure ulcers and moisture lesions

Evidence, innovation and good practice on a topic inspired by safety discussions held at the WUTH Safety Summit

May 2018

Pressure ulcers and moisture lesions

Pressure ulcers (also known as pressure sores or bedsores) are injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin. They can happen to anyone, but usually affect people confined to bed or who sit in a chair or wheelchair for long periods of time. [1]

"The National Pressure Ulcer Advisory Panel (NPUAP), European Pressure Ulcer Advisory Panel (EPUAP) and Pan Pacific Pressure Injury Alliance (PPPIA) defined moisture lesions as a separate category; while acknowledging moisture damage can contribute to the formation of pressure ulcers" [2] [3] [4].

How are other hospitals tackling differentiation of pressure ulcers and moisture lesions?

"Nottingham University Hospitals NHS Trust identified recurring inconsistencies in the correct management of moisture lesions, relating to documentation and variations in treatment. To challenge these inconsistencies they designed an evidence-based moisture lesion prescription sticker." [5]

What other learning is available?

The E-learning for healthcare programme 'Preventing pressure ulcers' lists as one of it's learning objectives "Identify the difference between a pressure ulcer and a moisture lesion" [6].

References

1. NHS Choices Pressure ulcers (pressure sores). Page last reviewed: 10/05/2017.

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- 3. Prevention and Treatment of Pressure Ulcers: Quick Reference Guide
- 4. International Pressure Ulcer Guidelines 2014
- 5. <u>NHS Improvement. Making moisture manageable. 3/7/2017.</u>
- 6. <u>E-learning for healthcare . Preventing pressure ulcers. Accessed 31/5/18.</u>

Further reading

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- Voegeli, D. (2011), Pressure ulcer or moisture lesion: what's the difference? Nursing & Residential Care, 13 (5), 222-227
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- Wounds UK (2017) Recognising managing and preventing deep tissue injury. Consensus document

Evidence Bites: Braden scale (Braden score)

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Braden scale (Braden score)

The Braden Scale for Predicting Pressure Sore Risk was developed to foster early identification of patients at risk for forming pressure sores. The scale is composed of six subscales that reflect sensory perception, skin moisture, activity, mobility, friction and shear, and nutritional status.[1]

What does the evidence say about the Braden scale and moisture lesions?

There is a very small amount of literature available concerning Braden scales and moisture lesions.

One study states "one very recent study evaluated the validity of Braden Scale in trauma/burn patients and they concluded that the scale did not show a good discriminatory ability" [2]. A case study concluded "The Braden scale has demonstrated a moderate capacity for predicting PUs and DRL caused by moisture, but no capacity for predicting DRL caused by friction" [3]

What does the guidance say?

Consider using a validated scale to support clinical judgement (for example, the Braden scale, the Waterlow score or the Norton risk-assessment scale) when assessing pressure ulcer risk [4]

References

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2. Llaurado-Serra, M.; Afonso, E. (2018) Pressure injuries in intensive care: What is new? Intensive & Critical Care Nursing, 45, 3-5.

3. Roca-Biosca, A.; Rubio-Rico, L.; de Molina Fernández, M. I.; García Grau, N. (2017), Predictive validity of the Braden scale for assessing risk of developing pressure ulcers and dependence-related lesions. Journal of Wound Care, 26 (9), 528-535.

4. NICE (2014) Pressure ulcers: prevention and management. Clinical guideline [CG179]

Further reading

WUTH Pressure Ulcer Prevention / Management Policy

For advice, further information and for reporting clinical incidents , contact The Tissue Viability service

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