Pressure Ulcers
Pressure ulcers (also known as pressure sores or bedsores) are damage to the skin surface and underlying tissue, primarily caused by prolonged pressure to the skin. Pressure ulcers can happen to anyone confined to a surface for a long period of time. There is an increased risk for people with poor mobility, poor nutrition or hydration and Incontinence. Pressure ulcers can occur on any skin surface but commonly occur over bony areas such as the bottom, back and heels. The management of pressure ulcers in the NHS is estimated to cost between £1.4 and £2.1 billion per year. With a majority of pressure ulcers being an avoidable harm.

Patient Information
- NHS
- Pressure Area Care
- Pressure Ulcers Can Happen at Home
- Tissue Viability Society Seating Guide

Further Resources
- Cochrane Wounds
  An international network publishing reviews on wound care and infection prevention
- European Pressure Ulcer Advisory Panel
  Assists with guidelines, projects and funding
- Meeting COUIN Targets: Improving the Assessment of Wounds
  Published by Wounds UK
- National Pressure Ulcer Advisory Panel
  Public policy, education and research
- Tissue Viability Society
  Resources to support good practice and research. Annual conference
- Wounds Research Network
  A network for clinicians and academics involved in research

E-Learning
- ESR
  Access the Trust's e-learning module for pressure ulcers by logging into your ESR account and selecting 'Learning'. More guidance here.

For more information and materials please see the Tissue Viability Service intranet page.

Clinical Evidence Summaries
Personal or OpenAthens account required
  - DynaMed Plus
  - UpToDate

Tools
- Guidance for Dressing Selection
  Barts Health Trust Guidance
- Pressure Ulcer Category Guidance
  Barts Health Trust Guideline
- Pressure Ulcers Compared to IAD
  Barts Health Trust Tool
- Selecting a Support Surface
  Published by Wounds UK
- Tips for Preventing Heel Ulcers
  Barts Health Trust Tool

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This content is reviewed regularly and is updated when new and relevant evidence is made available.