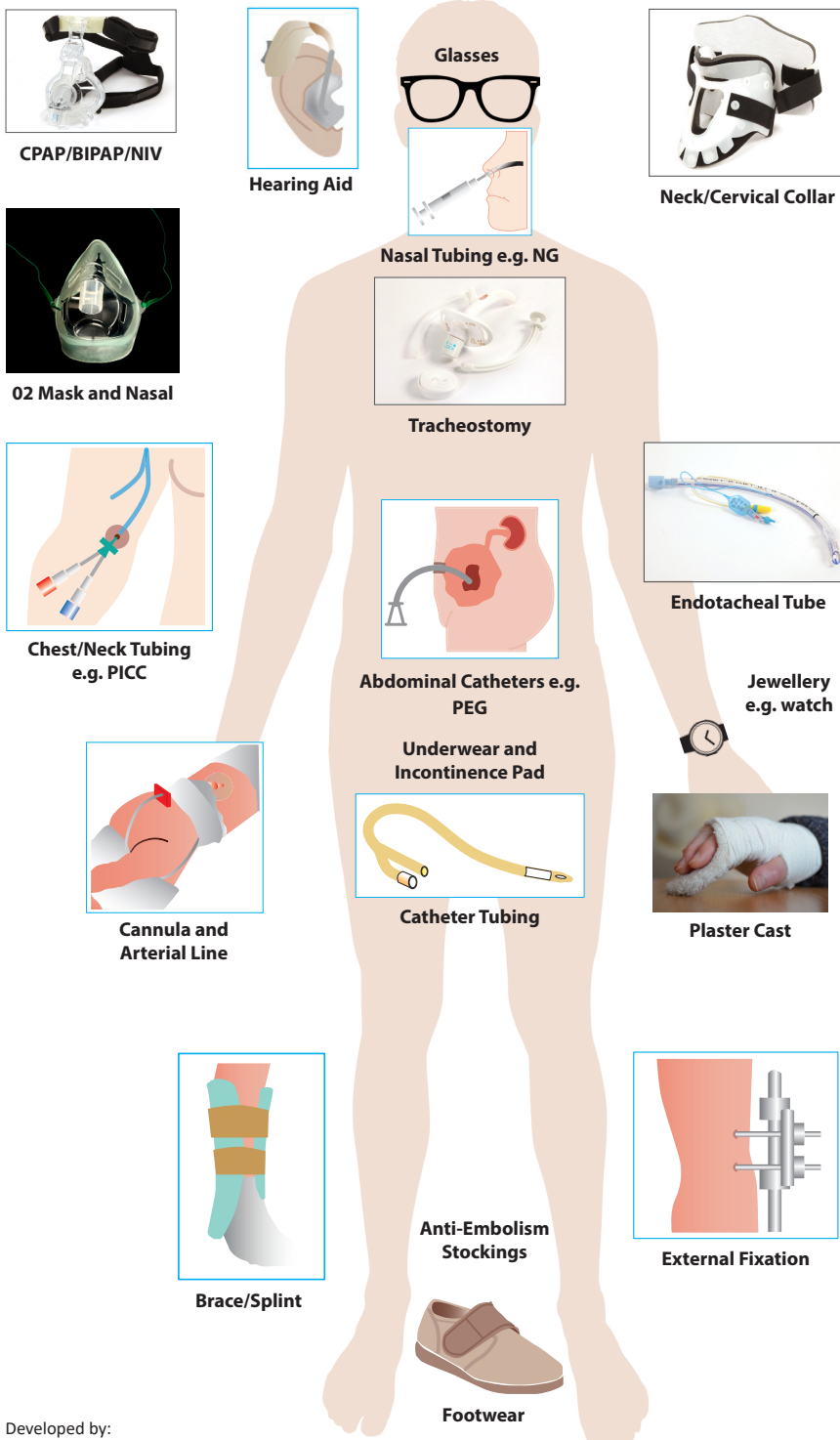


Prevention of Medical Device-Related Pressure Ulcers (MDRPU)

- Pressure Ulcers that result from the use of devices designed and applied for diagnostic and therapeutic purposes are known as MDRPU
- A significant proportion of Pressure Ulcers in critically ill and immobile patients are related to the use of medical devices (Black et al, 2010)
- Many devices are made of plastic, rubber or silicone, which can cause rubbing or create pressure on the soft tissues (Jaul, 2010)
- All patients with a medical device are “at risk” of developing MDRPU (NHS Improvement 2018).



Assessment:

SELECT ensuring that the device is fitted correctly.

Management:

REPOSITION and/or offload the pressure from the device every two hours as a minimum in order to provide pressure relief.

INSPECT the skin beneath and around the medical device three times a day.

Consider the use of barrier protectants in order to minimise the risk of a MDRPU developing:

- Hydrofilm
- Cavilon
- Proshield
- Aderma.

Evaluation and referral:

ESCALATE any skin changes to the Nurse accountable for the patients care.

REPORT all pressure ulcer via:

- DBTH**
 - Skin Integrity Dashboard
 - Datix Web.
- RDASH**
 - Safeguarding IR1 System
 - TPP System.

DOCUMENT accordingly:

- DBTH**
 - Pressure Ulcer Prevention Care Plan.
 - Skin Integrity IPOC.

NB: Should the patient be too unstable to have any aspects of the MDRPU prevention plan carried out, this must be documented.

- DBTH**
 - Nursing Daily Plan of Care.
- RDASH**
 - TPP System One
 - Give consideration to informed refusal and patients mental capacity to make informed choices.