

Definition of Need - Decision Support Tool for NHS Continuing Healthcare (Revised 2018)

4. Skin (including tissue viability)

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Statement	<p>Having been a NHS Consultant in Spinal Injuries for 24 years and a Member of the International Spinal Cord Society with a special interest in the prevention and management of pressure sores, I would like to raise a warning about the classification of risk/need as set out in section 4 of the Level of Need (i), viz.</p> <p>"Evidence of pressure damage and/or pressure ulcer(s) either with <u>'discolouration of intact skin'</u> or a minor wound"</p> <p>It would be correct to say that direct trauma or a shear injury to the skin that resulted in a mark or abrasion is generally superficial and would usually heal with very little intervention; however, what many people, especially in the community, fail to realise that skin is the toughest, most resilient organ that you have (it has to be to protect you from the external environment). This extends to its resilience to pressure or shear ischaemia. It is the very last tissue that will break down under pressure.</p> <p>Non-blanching erythema (skin redness), falls within the definition of a Stage one pressure ulcer (ii). This definition leaves the impression that this appearance is of the least concern and requires the least intervention in terms of need. This is not the case for spinal cord injured people who lack skin sensation and/or have motor paralysis impairing their ability to move independently.</p> <p>When confronted with a necrotic sore, sometimes going right down to the bone surface, paralysed people will say "Where did that come from.....there was just a little red mark yesterday?"</p> <p>The problem lies in that by the time that you have non-blanching erythema of the skin you often have already done a significant amount of damage to the subcutaneous fat, fascia and underlying muscle. What is actually happening is the erythema (redness) in the skin may be, in part, the skin beginning to break down but is also a response to the underlying tissue damage.</p>

	<p>Non-blanching erythema or what is described in Care Domain 4 as '<i>discolouration of intact skin</i>' and defined as a 'Low' Level of Need, is not to be taken lightly. It requires careful monitoring and, it is strongly recommended that pressure should not be put through the area until the erythema and any underlying tissue firmness has resolved (iii). As these occur over pressure points, this usually means confining the spinal cord injured person to bed and regularly changing their lying position. The fact that it can sometimes take several weeks for these lesions to resolve is a testimony to their severity.</p>
<p>References</p>	<ul style="list-style-type: none"> i. Decision support tool for NHS continuing healthcare (<u>Revised 2018</u>) https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care ii. Prevention and Treatment of Pressure Ulcers: Quick Reference Guide, (National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance). Page 12. http://www.npuap.org/wp-content/uploads/2014/08/Updated-10-16-14-Quick-Reference-Guide-DIGITAL-NPUAP-EPUAP-PPPIA-16Oct2014.pdf iii. Prevention and Treatment of Pressure Ulcers: Quick Reference Guide. Page 17.
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