

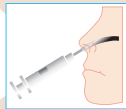
In association with: **NHS**
Sheffield Teaching Hospitals
NHS Foundation Trust

Prevention of Medical Device-Related Pressure Ulcers (MDRPU) guidance

- 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 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).



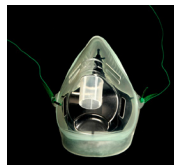
CPAP/BIPAP/NIV



Nasal Tubing e.g. NG



Neck/Cervical Collar



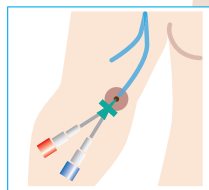
O2 Mask and Nasal



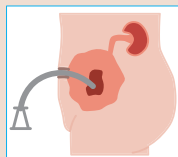
Tracheostomy



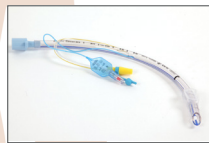
Nasal prongs



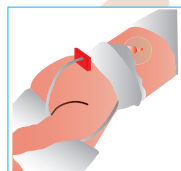
Chest/Neck Tubing
e.g. PICC



Abdominal Catheters e.g.
PEG



Endotracheal Tube



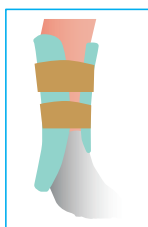
Cannula and
Arterial Line



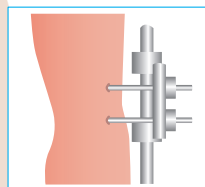
Catheter Tubing



Plaster Cast



Brace/Splint



Anti-Embolism
Stockings

External Fixation



Footwear

Assessment:

SELECT a device that has the ability to induce the least degree of pressure and/or shear, ensuring that it is correctly sized and fits appropriately.

Management:

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

Ensure the skin beneath and around the device is kept clean and dry.

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

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

- EmFilm • Mediderma S barrier film stick applicator
- Mediderma pro ointment • KerraPro Silicone Pad.

Evaluation and referral:

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

Ensure regular review of the use of barrier protectants to ensure they are clinically appropriate.

Patient Information

If the patient and/or care giver is able to undertake self-prevention and management of a medical device provide them with recommendations following an holistic assessment for repositioning, inspection and escalation.

REPORT all pressure ulcers via:

DBTH The Nerve Centre Wound Assessment Form (For the Emergency Department, Maternity and Pediatric Wards use the Skin Integrity Datix/Dashboard).

RDASH Safeguarding IR1 System and the SytsmOne.

Primary Care SystemOne/EMIS Web.

Sheffiled Report all pressure ulcers via DATIX.

DOCUMENT accordingly:

DBTH

- Skin Inspections
- Repositioning
- Skin Integrity Wound Assessment and Care Plan.

RDASH

- SytsmOne.
- Give consideration to informed refusal and patients mental capacity to make informed choices.

Primary Care • SystemOne/EMIS Web.

Sheffiled • Document accordingly on the relevant electronic patient record.

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

If the named product on this pathway is not available a temporary second line product is available to use. This can be found within the main text of the Doncaster Wide Wound Care Formulary Document / Sheffield Formulary.

November 2018. Updated December 2025 in association with Sheffield. For review by July 2028

References: NHS Improvement (2018) Pressure ulcers: revised definition and measurement summary and recommendations. Jaul (2010) Ostomy Wound Management. Black et al. (2010) International J of Wound Care. European Pressure Ulcer Advisory Panel (2019) Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline.