

# Your guide to reducing harms:



- Falls
- Pressure Ulcers
- Catheter Acquired Urinary Tract Infection
- Venous Thromboembolism (VTE)

Early detection, action or treatment can save the life of a patient.  
Good record keeping is essential.

[www.patientsafetyfirst.nhs.uk](http://www.patientsafetyfirst.nhs.uk)

# Early Warning Scores

Early Warning Scores should always be used as per trust policy to identify changes in a patient's condition.

## Holistic approach

The best thing you can do to help patients is to:

- make sure they're eating well
- taking the right amount of fluids
- moving regularly and being aware of their environment at all times.

These are all proven to help reduce the risk of all four harms. You should also spend time explaining to patients how they can help themselves.

# All harms are interlinked.

## Here's how:

Patient is not eating well or taking enough fluids making them dizzy when they stand and at risk of falling. Their catheter is not draining well because they're not drinking enough water. Lack of food is making them lethargic and less motivated to move so they're at risk of VTE and because they're spending more time in bed pressure ulcers could develop.

**How can you work with the patient and their carer to reduce harm?**

# FALLS

- Know the in-patient falls and prevention management policy
- Risk assess the patient
- Plan with colleagues how the patients can be managed
- Think about their environment from their point of view – call bell to hand? Reading glasses within reach? Water jug not too full and easy to get?
- Does the patient know what they can do to help themselves? Call for help to use the bathroom? Bring in slippers that fit?

- If the patient is wearing compression hosiery they should always wear slippers or non-slip footwear. Hosiery should be fitted using NICE guidance
- Review medication as appropriate
- Undertake bed rails assessment as appropriate
- Be aware of general fractures including fractured neck of femur
- Be aware of head injury protocols and policy
- Discuss with the patient their home environment if applicable

Log onto <http://guidance.nice.org.uk/CG56> for more information.

# PRESSURE ULCERS

- Risk assess the patient
- Patient's care plan must include positioning and repositioning, appropriate equipment and patient/carer education
- Complete an incident form for all grades of pressure ulcers
- Inform the Tissue Viability service of grade 3, 4 and multiple sites of pressure ulcers immediately

- Grades 3 and 4 pressure ulcers require reporting as a Serious Incident (SI) and a Root Cause Analysis completing.

Log onto [www.nice.org.uk](http://www.nice.org.uk) or [www.epuap.org](http://www.epuap.org) for more information.

# CATHETER INFECTION

- Is a catheter needed? Is there an alternative? The longer it is in-situ the greater the risk of infection
- If you're inserting a catheter use the Aseptic Non Touch Technique
- Is the area where the catheter enters the body clean and dry?
- Is the bag supported below bladder level, draining freely and not touching the floor?
- Check tubes are not twisted and the patient is not constipated



- Use leg bags for mobile patients
- Keep a closed system
- Is the catheter changed as per protocol?
- Wash hands with soap and water and wear gloves before and after handling
- Encourage the patient to self-manage their catheter where possible
- Have they had enough fluids? (6-8 drinks per day)

**Cloudy, offensive, thick or bloody urine?  
Patient pyrexia, pain or discomfort?  
Act now!**

A catheter acquired urinary tract infection may be developing.

If infection is suspected undertake a urinalysis test. If abnormal send urine for culture and sensitivity. If the patient is symptomatic discuss with medical staff.

Log onto [www.nice.org.uk](http://www.nice.org.uk)  
for more information.

# VENUS THROMBOEMBOLISM (VTE)

- Has the patient been risk-assessed? Note previous problems – pulmonary emboli or deep vein thrombosis
- Has patient been prescribed a VTE prophylaxis? Are they taking it as prescribed?
- Is patient aware of their condition or why they need VTE prophylaxis?
- Encourage patient to be mobile (remember falls risk assessment too), if bed-bound to flex their feet, if chair-bound to rotate their ankles

- If the patient is wearing compression hosiery are they wearing slippers or non-slip footwear? Hosiery should be fitted using NICE guidance
- Is the patient taking enough fluids?
- If patient smokes advise on stop smoking services
- If you suspect VTE take action immediately, inform medical staff
- Follow your trust policy. Do you need to do a Root Cause Analysis?

Log onto

[www.nice.org.uk/nicemedia/live/12695/47195/47195.pdf](http://www.nice.org.uk/nicemedia/live/12695/47195/47195.pdf) for more information.





The leaflet has been developed by Derbyshire  
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