

What the experts say

Pressure injury

A pressure injury is localized damage to the skin and/or underlying soft tissue, usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities, and condition of the soft tissue.¹

Recommendations & guidelines

National Pressure Ulcer Advisory Panel (NPUAP) 2005²

Repositioning of an individual is undertaken to reduce the duration and magnitude of pressure over vulnerable areas of the body and to contribute to comfort, hygiene, dignity, and functional ability.

- Avoid subjecting the skin to pressure and shear forces.
- Use the 30-degree tilted side lying position.
- Ensure that the heels are free from the bed.
- Continue to reposition an individual when placed on any support surface.
- Use a pressure redistributing chair cushion for individuals sitting in chairs.

Wound Ostomy and Continence Nurses Society (WOCN) 2016³

Use heel suspension devices for patients who are at risk for heel pressure ulcers, elevate (float) and offload the heel completely and redistribute the weight of the leg along the calf without putting pressure on the Achilles tendon.

Assess pressure ulcer(s) on admission to a care setting, and regularly reassess and monitor for any signs of skin or wound deterioration.

Implement measures to reduce the risk of developing pressure ulcers: minimize/eliminate pressure, friction, and shear.

Published outcomes

Effect of a Patient-Relocation Device in an Intensive Care Unit On Hospital-Acquired Pressure Injury Occurrences and Cost⁴

- Analysis revealed a statistically significant reduction in hospital-acquired pressure injuries (HAPI) occurrence from 1.3% to 0% when baseline manual repositioning (standard of care) was compared with use of the repositioning system.
- Caregivers reported significantly less exertion when using the repositioning device as compared with standard of care repositioning.
- The return on investment was estimated to be \$16,911.

Safe Patient Handling Initiative in Level I Trauma Center Results in Reduction of Hospital-Acquired Pressure Injury and Fewer Patient Handling Injuries⁵

- Overall, 48% decrease in sacral hospital-acquired pressure ulcers (HAPU) over 3 years
- 58% decrease in patient handling injuries in the first year

References:

1. National Pressure Ulcer Advisory Panel (NPUAP) announces change in terminology from pressure ulcer to pressure injury and updates the stages of pressure injury, Press Release, April 13, 2016. 2. Prevention and Treatment of Pressure Ulcers: Quick Reference Guide, NPUAP/EPUP/PPPIA, Emily Haesler (Ed.), Second Edition, 2014. 3. Wound, Ostomy and Continence Nurses Society (WOCN). Guideline for prevention and management of pressure ulcers (injuries). Mount Laurel (NJ): June 2016. 164 p. (WOCN clinical practice guideline; no. 2). 4. Edger M, "Effect of a Patient-Relocation Device in an Intensive Care Unit On Hospital-Acquired Pressure Injury Occurrences and Cost: A Before-After Study", J Wound Ostomy Continence Nurs. 2017;44(3):236-240. 5. Way, H "Safe Patient Handling Initiative in Level I Trauma Center Results in Reduction of Hospital-Acquired Pressure Injury and Fewer Patient Handling Injuries" American Journal of Safe Patient Handling & Movement;6(4):160-165.