



**This is a guide only and does not replace
clinical judgment**

References

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Pressure Injuries

Information for health professionals



Pressure injuries

Assessment

- All people should have a risk assessment performed and documented:
 - on admission
 - at regular intervals thereafter
 - following any change in health statusInclude nutrition and pain assessment.
- Assessment should be undertaken by staff with training and expertise in the area
- Regularly assess the skin of at-risk people
- Regularly assess and document wound characteristics, including: location, size, depth, signs of infection, wound bed, undermining, exudate level, odour, surrounding skin, stage, and progress in healing
- Regularly assess for pain with a validated pain assessment tool

“A pressure injury is localized damage to the skin and/or underlying tissue, as a result of pressure, or pressure in combination with shear”



Risk factors

- Immobility or reduced physical mobility
- Increased body temperature
- Changes in skin status over pressure points
- Poor or altered perfusion
- Loss of sensation
- Presence of constant moisture on skin
- Poor nutritional status
- Acute or severe illness
- Presence of medical devices
- Very young or older age
- Previous pressure injuries

Management

- Document the pressure injury stage using an accepted classification system
- Position all persons with a pressure injury on a pressure redistribution support surface that meets their individual needs
- For heel pressure injuries, elevate heels off the bed
- Avoid positioning individuals directly on pressure injuries, bony prominences, or areas of non-blanchable erythema
- Reposition at regular intervals based on the person's needs, using reminder strategies
- Limit the time sitting and degree (<30°) of head of bed elevation, considering the person's health needs
- For any pressure injuries, gently clean with pH balanced, non-irritating, non-toxic solutions

- Debride devitalised tissue where appropriate

**Debridement should be undertaken by trained clinicians. Do not debride dry, stable eschar in ischemic limbs or heels*

- If there are signs of infection or delayed healing:
 - investigate via biopsy or semi-quantitative swabs
 - consider topical antimicrobial dressings
- Implement a pain management plan
- Ensure optimal nutrition intake

Prevention

- Develop and implement evidence-based policies to prevent pressure injuries
- Develop and implement individual prevention plans for those at-risk, with regular repositioning
- Provide appropriate support surfaces for people found at-risk
- Off-load pressure on heels for those at-risk
- Avoid foam rings or donut-shaped devices
- Avoid prolonged sitting
- Reposition people as frequently as required
- Employ lifting and manual handling techniques which reduce friction and shear
- Protect skin exposed to friction: consider prophylactic dressings on bony prominences and under medical devices
- Use a pH balanced skin cleanser and, if needed, barrier creams
- Avoid vigorously rubbing skin
- Support and educate people and carers on ways to minimise risk