

Pressure Injuries

Pressure Injury (PI):
(NPIAP 2016)

“Localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. 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.”

Shearing:

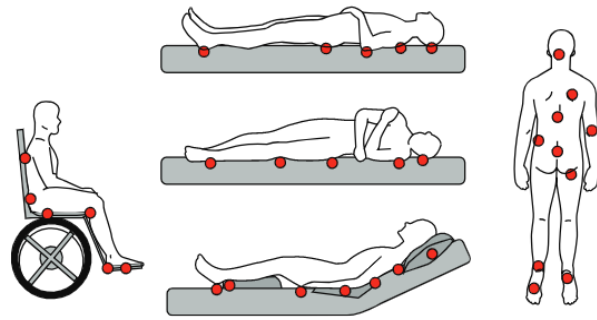
Pulling of the bony prominence in one direction and the skin in the opposite direction. This damages the cells between the skin surface and bony prominence interrupting the blood supply, causing tissue damage/death.

Friction:

Caused by dragging the skin across a surface. It is visible as a superficial loss of the top layer of skin.

Keeping the Pressure Off

High-Risk Pressure Points



Immobility is the number one risk factor for pressure injury (PI).

What can you do differently in your daily routine to reduce risk of skin issues?

- Floating heels is the best way to prevent heel pressure injuries.
 - Critical to assess heels by sight (use your mirrors) and touch (warm, cold, hard, boggy).
- Check for proper fitting shoes, splints and braces.
- Consider use of specialty mattresses.
- Perform frequent weight shifts with your residents.
 - Turn and reposition schedule for immobile residents.
 - Use draw sheet; “Lift don’t drag” to reduce shearing.
 - Keep head of bed at 30 degrees or below.
 - Side lying; do not place pillows/wedges over sacrum.
- Use proper lifting, transferring and positioning devices and techniques to reduce friction and shear.
 - Transfer belt, proper lift sling, draw sheet, etc.
- Avoid direct pressure on any damaged skin areas.
- Consider use of preventive foam dressings with silicone adhesive over bony prominences.
- Reduce moisture on skin (sweating, incontinence, etc.).
- Restorative programs (toileting, ADL and transfers).
- Teach residents and families about offloading.

Avoiding pressure is the best prevention.

Simple Strategies for Preventing Pressure Injuries