

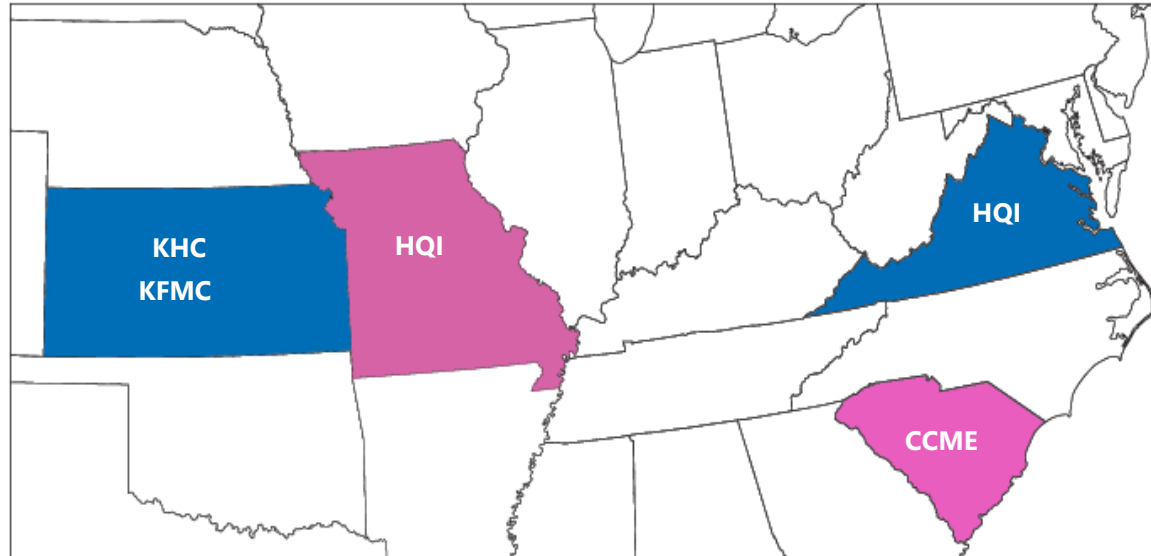




Health Quality Innovation Network

# Pressure Injuries: Do you know it when you see it? Pressure Injury or Not??

# Health Quality Innovation Network



# Logistics – Zoom Webinar



To ask a question, click on the **Q&A** icon.

**Raise your hand** if you want to verbally ask a question.

Resources from today's session will be posted in **Chat**.

You may adjust your audio by clicking **Audio Settings**.

You have been automatically muted with video turned off.

# Today's Speaker



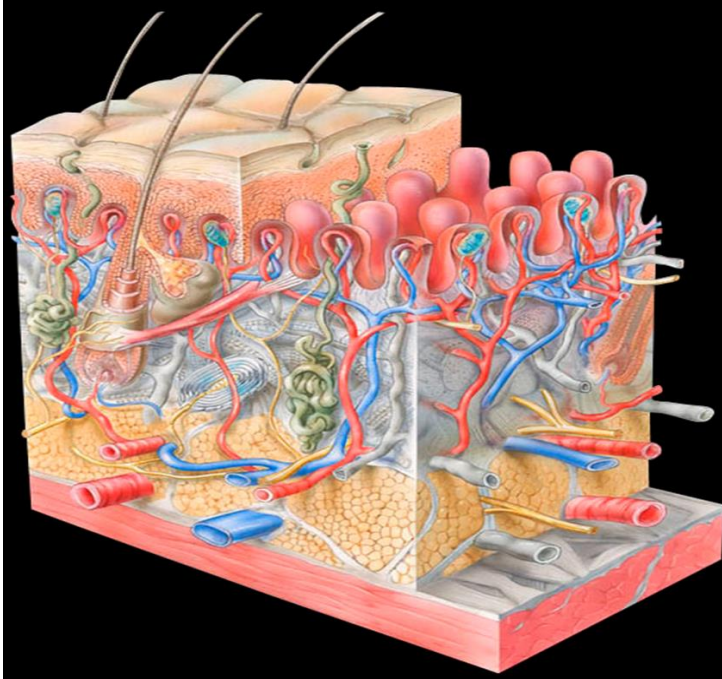
Sue Creehan, MSN, RN, CWON  
Independent Wound Care Nurse Consultant

# Objectives

- Discuss pressure injury stages/characteristics
- Discuss non-pressure related wound characteristics
- Discuss accurate and timely wound documentation
- Discuss how to resolve documentation inconsistencies

# Pressure Injuries: Etiology and Prevention

# Anatomy of Skin and Underlying Tissue



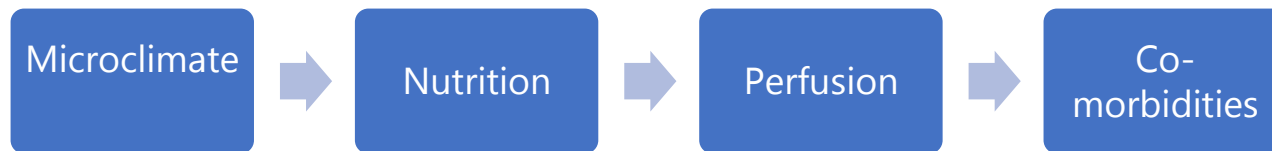
- **Epidermis**
- **Dermis**
- **Subcutaneous fat**
- **Fascia**
- **Muscle/Bone**



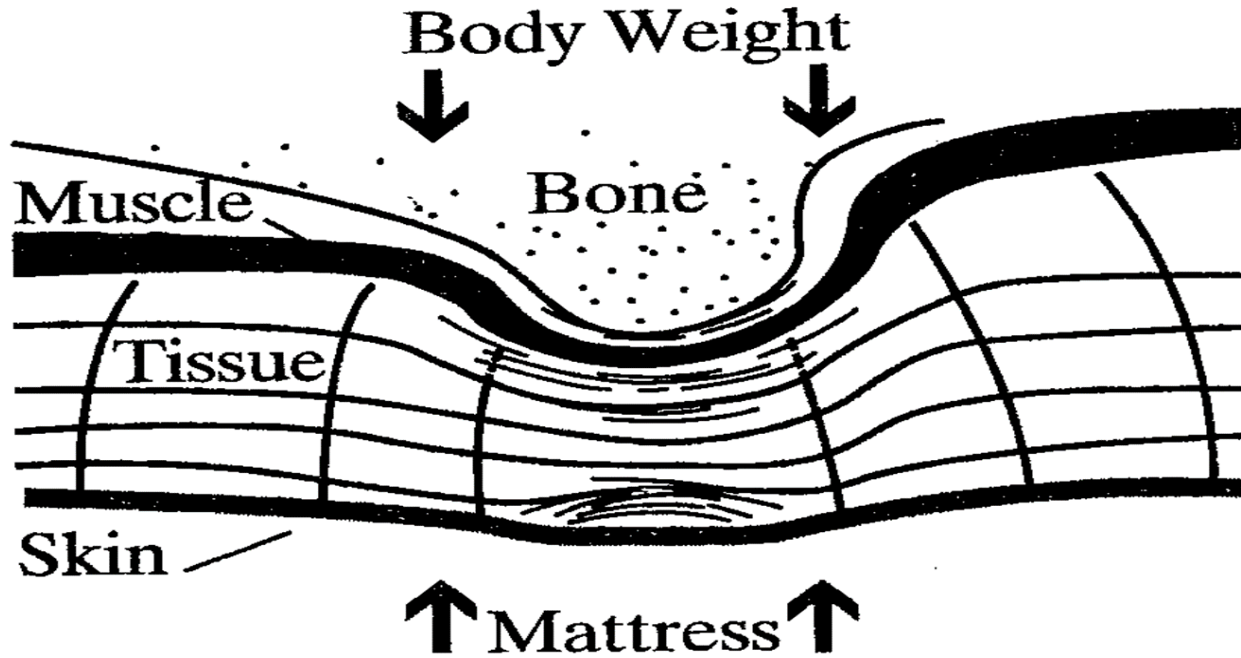
# Pressure Injury Definition

A pressure injury is localized damage to the skin and 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 pressure, prolonged pressure or pressure in combination with shear.

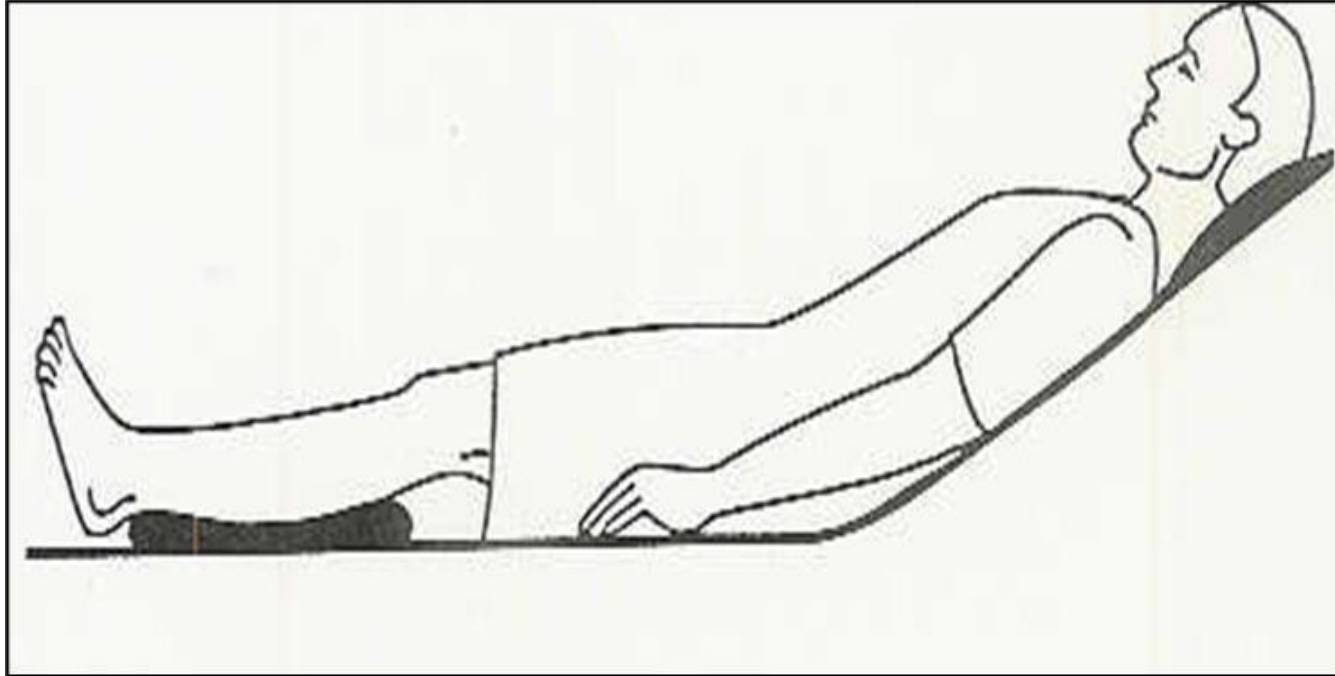
The tolerance of soft tissue for pressure and shear may also be affected by



# PRESSURE



# SHEAR



## 4 Factors associated with Pressure Ulcer Pathology/Etiology

1

Occlusion =  
Ischemia

2

Occlusion =  
Lymphatics

3

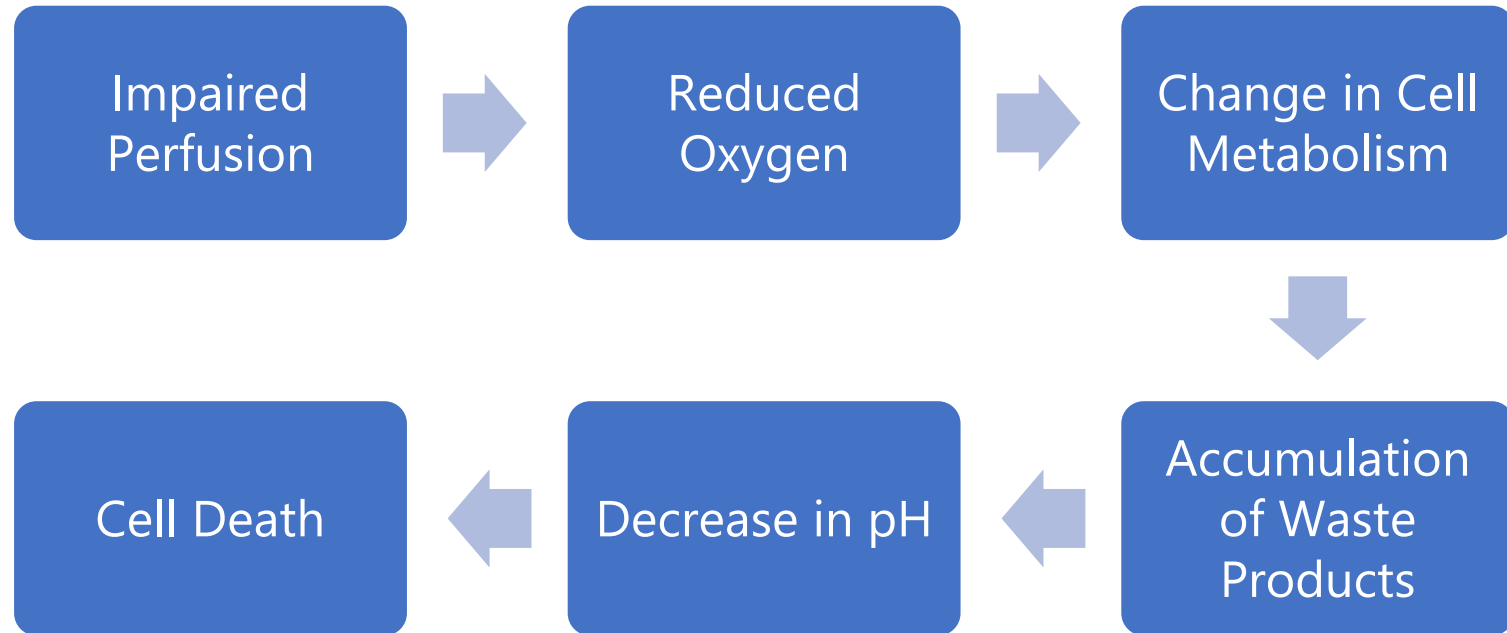
Reperfusion  
Damage

4

Muscle cell  
deformation

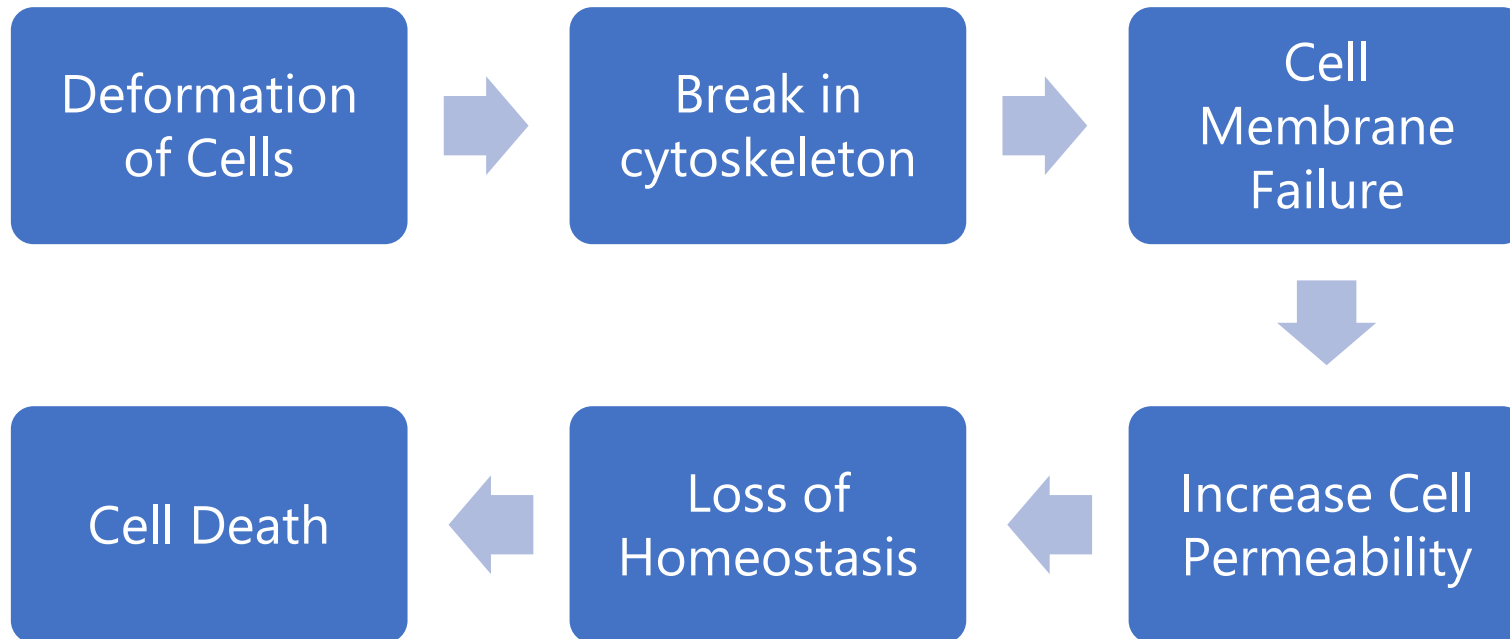
## 2 Pathways to Pressure Ulcer Development:

ISCHEMIA



## 2 Pathways to Pressure Ulcer Development:

DEFORMATION



# The Nursing Process

## Assessment

- Resident history
- Skin & risk

## Care Plan

- Goal setting
- Prevention & treatment interventions

## Implementation and documentation

- Communicate
- Competency

## Evaluate Outcomes

- Continue
- Modify

# Nursing Care Plan for PI Prevention

1. Skin Care: **CLEANSE, MOISTURIZE, PROTECT**
2. Nutrition
3. Repositioning and early mobilization
4. Heel and sacral protection
5. Support surfaces
6. Device related PI prevention



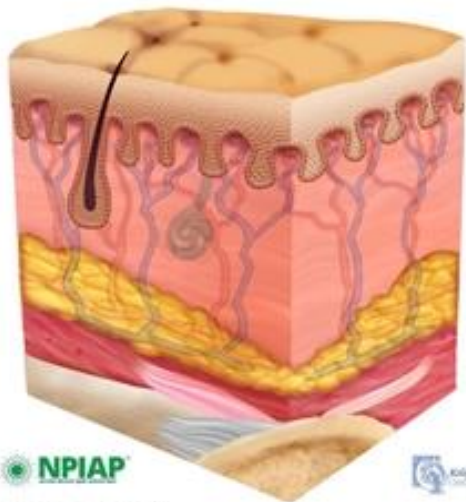
# Delegating PIP Interventions

1. Skin inspection during bathing
  2. Floating heels on pillows or using offloading devices
  3. Incontinence care
  4. Turning & repositioning
  5. Boosting resident up in bed
  6. Assisting to feed & providing oral supplements
  7. Repositioning in the chair
  8. Keeping HOB as low as possible
- RNs role is to develop individualized plan of care
  - RNs responsibility is to verify plan of care is followed

# NPIAP STAGING DIAGRAMS AND DEFINITIONS

# Healthy Skin, Lightly & Darkly Pigmented

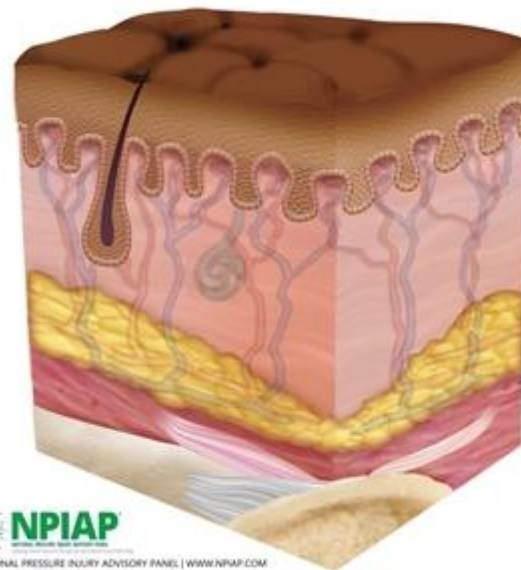
Healthy Skin – Lightly Pigmented



NPIAP



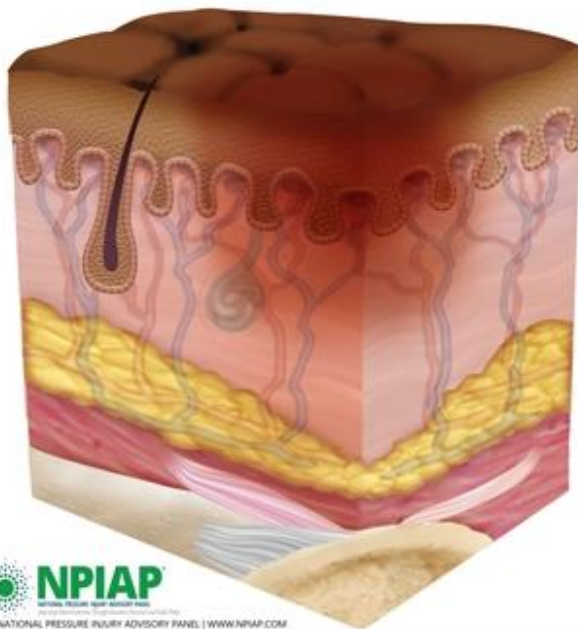
© 2020 NATIONAL PRESSURE INJURY ADVISORY PANEL | WWW.NPIAP.COM



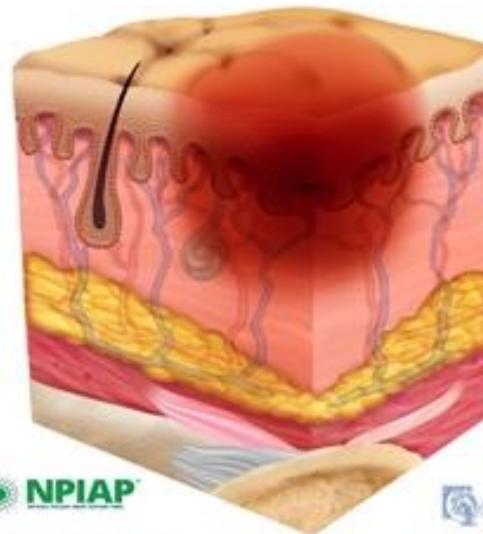
NPIAP

© 2020 NATIONAL PRESSURE INJURY ADVISORY PANEL | WWW.NPIAP.COM

# Stage 1



## Stage 1 Pressure Injury - Lightly Pigmented



# Stage 1

## Blanchable vs Non-Blanchable



© 2020 National Pressure Injury Advisory Panel | NPIAP.com



# Example

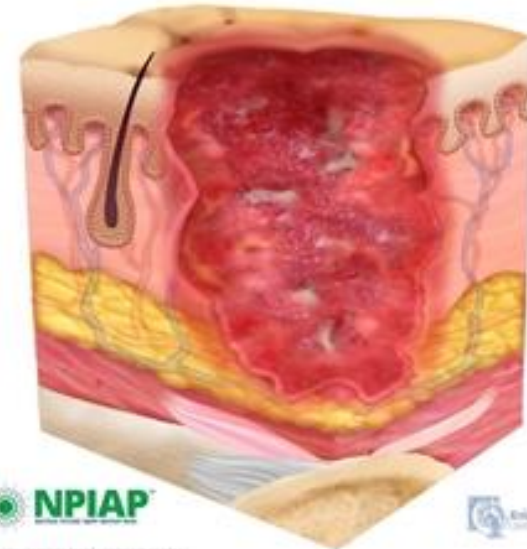


# Stage 2 & Stage 3

Stage 2 Pressure Injury



Stage 3 Pressure Injury

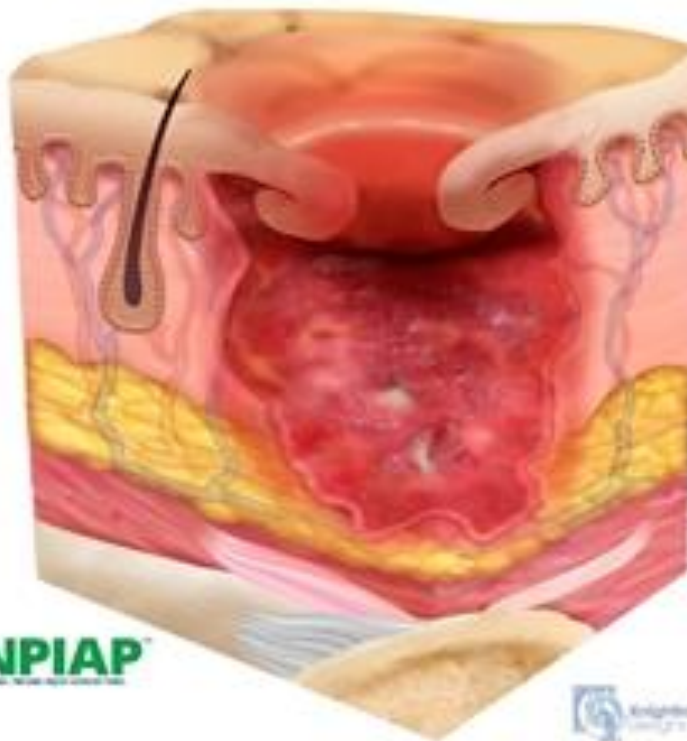




## Stage 3 Pressure Injury with Epibole



Area of Focus



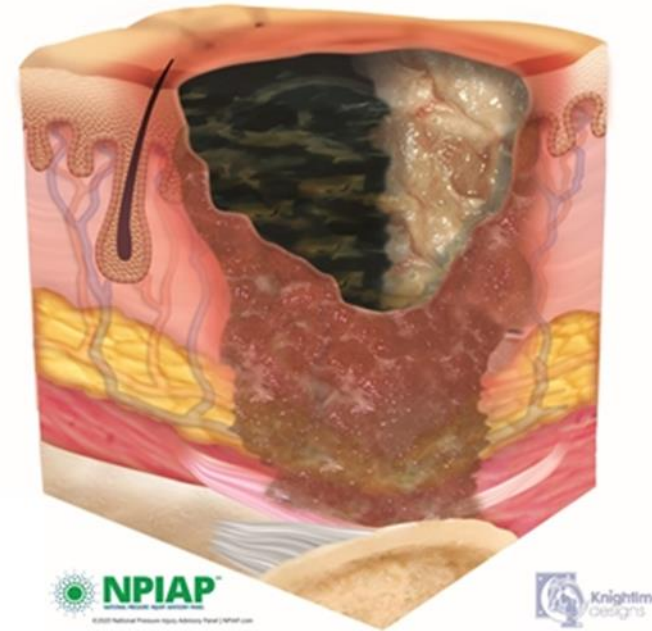
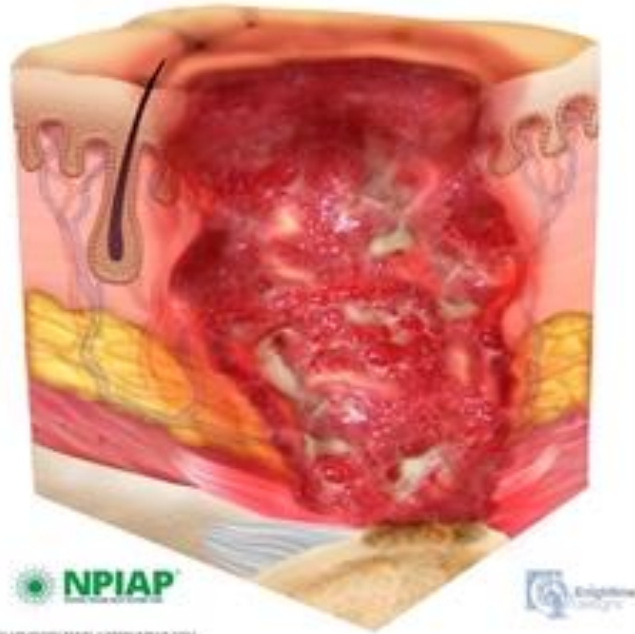
©2020 National Pressure Injury Advisory Panel | NPIAP.com





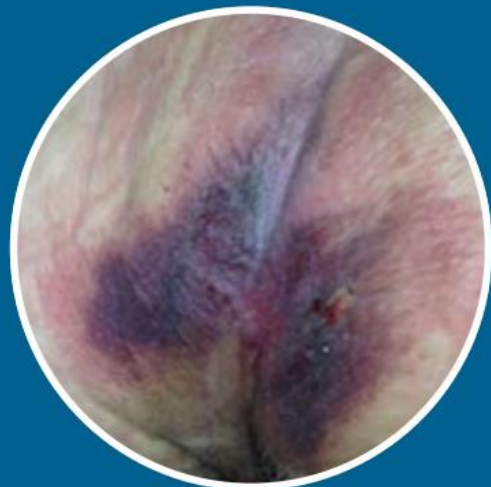
# Stage 4 & Unstageable

Stage 4 Pressure Injury



© 2015 NATIONAL PRESSURE INJURY ADVISORY PANEL | WWW.NPIAP.COM

# Deep Tissue Pressure Injury



*Sacral DTPI after cardiac surgery in supine position 48 hours ago*



*Low sacral-coccygeal DTPI in a patient sitting in High-Fowler's position*

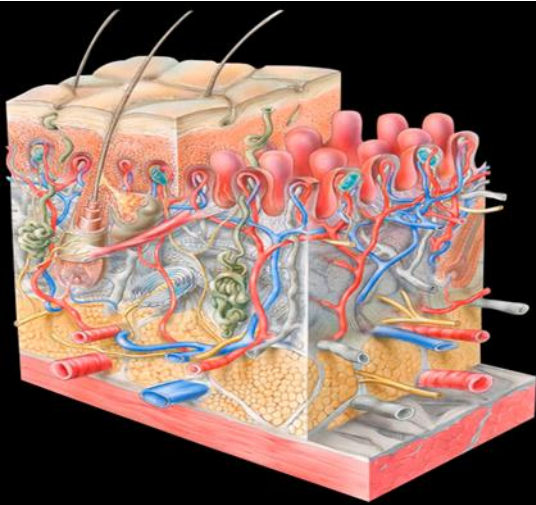


*Forehead DTPI after surgery in prone position 24 hours ago*

© 2009 NATIONAL PRESSURE INJURY ADVISORY PANEL | WWW.NPIAP.ORG

If it's not a pressure injury, what is it?

# Staging/Partial or Full Thickness



- Stage 1
- Partial Thickness

- Stage 2
- Partial Thickness

Epidermis

Dermis

Bone/Muscle

Subcutaneous

- Stage 4

- Stage 3
- Full Thickness

# What not to stage??

1. Venous stasis ulcers
2. Arterial ulcers
3. Diabetic neuropathic ulcers
4. Skin tears, abrasions, friction injuries
5. Incontinence associated dermatitis
6. Intertriginous dermatitis
7. Non healing surgical wounds
8. Bruises/hematoma
9. Peripheral ischemia
10. Calciphylaxis
11. Microvascular emboli
12. Ischemia from hypotension
13. COVID-19 related skin injuries



Always ask  
the question:  
**WHAT  
CAUSED THIS  
INJURY??**

# Most common misses!

## Stage 2

- Incontinence Associated Dermatitis (IAD)
- Intertriginous dermatitis (ITD)
- Skin tears, abrasions, friction injuries

## DTI

- Ischemia from hypotension
- Calciphylaxis
- Bruises
- Microvascular emboli
- COVID-19
- Vasopressor induced



# Stage 2 PI



# Friction Injury

FRICTION is the resistance that one surface or object encounters when moving over another.

1. Disturbs the barrier function of the stratum corneum
2. Moist tissue has a  $\uparrow$  coefficient of friction which  $\uparrow$  the shear potential
3. Appears as an abrasion, rug burn





# Incontinence Associated Dermatitis– IAD

Erythema and inflammation of the skin sometimes accompanied by erosion or denudation caused by prolonged exposure to urine or stool. May cause a secondary fungal or bacterial skin infection.



# Intertriginous Dermatitis- ITD

Inflammation and erythema of the skin inside and adjacent to skin folds, sometimes accompanied by erosion or denudation, caused by exposure to chronic perspiration.



# Example DTI imposter



***DIC/Sepsis with  
Microvascular Emboli***

*Reticular presentation  
Spontaneous onset, rapidly  
necrotic*



***Calciphylaxis (AKA Calcific  
Uremic Arteriopathy)***

*Seen in patients in dialysis  
dependent renal failure due to hyper-  
parathyroidism, hypercalcemia and  
hyper-phosphatemia*

# COVID-19 Related Skin Injury

**Right Buttock on Day 1**



**Right Buttock, sacrum and coccyx on Day 3**



Photos used with permission of Beaumont Health, Royal Oak MI



# Other imposters



# PI on Diabetic Foot



Always ask the question:  
**WHAT CAUSED THIS  
INJURY??**

# Case Study





# FOR MORE INFORMATION

Call 877.731.4746 or visit [www.hqin.org](http://www.hqin.org)

## KANSAS

**Brenda Davis**

Quality Improvement Advisor

**[bdavis@kfmc.org](mailto:bdavis@kfmc.org)**

785-271-4168

## SOUTH CAROLINA

**Beth Hercher**

Quality Improvement Advisor

**[bhercher@thecarolinascenter.org](mailto:bhercher@thecarolinascenter.org)**

803-212-7569

## MISSOURI

**Dana Schmitz**

Quality Improvement Advisor

**[dschmitz@hqi.solutions](mailto:dschmitz@hqi.solutions)**

314-391-5538

## VIRGINIA

**Allison Spangler**

Quality Improvement Advisor

**[aspangler@hqi.solutions](mailto:aspangler@hqi.solutions)**

804-289-5342

# CONNECT WITH US

Call 877.731.4746 or visit [www.hqin.org](http://www.hqin.org)



**@HQINetwork**

**Health Quality Innovation Network**