

Pressure Injury (PI) Best Practices

This list of best practices is intended to improve overall quality and regulatory compliance when used by long-term care facilities to review, revise and/or implement best practices for the treatment of pressure injuries. Elements include facility practices, the role and responsibility of direct care staff and the interdisciplinary team, and education for residents, families and staff to optimize person-centered care and outcomes.

Facility Practice

- Use a validated pressure injury classification system to document the level of tissue loss
- Differentiate wound types other than pressure injuries and, in documentation, use partial and full thickness to define depth of injury
- Utilize evidence-based treatment protocols
- Develop a treatment protocol with input and approval from the medical director
- Ensure adequate evidence-based treatment supplies are available at the point of care delivery
- Develop a system to track proper function and life expectancy of pressure redistribution mattresses and seat cushions
- Encourage family and resident involvement in treatment and follow up on any skin concerns reported by family members

Interdisciplinary Team

- Define roles and accountability for various members of the interdisciplinary team
- Screen and assess nutritional status for each individual with a pressure injury at admission and with each condition change and/or when progress toward pressure injury closure is not observed
- Provide and encourage sufficient calories, adequate protein for positive nitrogen balance, adequate daily fluid intake for hydration and adequate vitamins and minerals
- Reassess pressure injury every 14 days to monitor progress and re-evaluate the treatment plan if not progressing
- Involve physical therapy and occupational therapy, as appropriate, to maximize mobility and ensure proper use of positioning and splinting devices
- Set treatment goals consistent with the values and goals of the individual resident

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Direct Care Staff

- Complete a comprehensive resident assessment, including a chart review, visual whole body skin assessment, and a validated risk assessment on admission, re-admission and change in condition
- Assess all individuals for pain related to pressure injuries and/or treatment using a validated scale; any pain assessment should include an assessment of body language and non-verbal cues
- Organize care delivery to ensure that it is coordinated with pain medication administration
- Provide a support surface that is properly matched to the individual's needs for pressure redistribution, shear reduction and microclimate control
- Place pressure redistribution surfaces in chairs, when appropriate
- Follow local infection control policies to prevent self-contamination and cross-contamination

Education

- Educate licensed staff on special assessment techniques to be used on darkly-pigmented individuals
- Educate licensed staff on differentiating pressure injuries from other types of wounds (e.g., venous ulcers, arterial ulcers, neuropathic ulcers, incontinence-associated dermatitis, skin tears, etc.)
- Educate licensed staff about the appropriate use of the staging system and the appearance of different tissue types at common pressure injury sites
- Emphasize standardized, consistent performance
- Develop clinical competencies and define roles of individual disciplines
- Educate and involve residents and family in formal and informal at-risk meetings and encourage reporting of changes in condition