PREVENT PRESSURE INJURY

HUS

ASSESS THE PATIENT'S SKIN CONDITION AND RISK OF PRESSURE INJURY AS SOON AS THE PATIENT HAS BEEN ADMITTED, BUT WITHIN 8 HOURS AT LEAST. DOCUMENT YOUR FINDINGS. REASSESS THE RISK EVERY TIME THE PATIENT'S CONDITION CHANGES, BUT AT LEAST ONCE A WEEK.

1 ASSESS THE RISK FOR PRESSURE INJURY

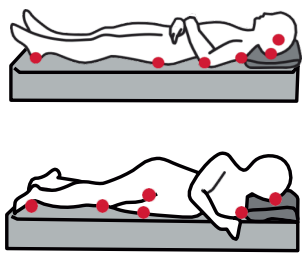
HIGH RISK	MODERATE RISK	LOW RISK
Very limited mobility, poor circulation in legs and/or a pressure injury	Limited mobility, often moist skin, fragile skin and/or loss of sensation	No limitations in mobility, healthy skin

CHOOSE THE BEST MATTRESS AND SEAT CUSHION

HIGH RISK	MODERATE RISK	LOW RISK
High or very high-risk mattress and/or seat cushion	At least a moderate risk mattress and/or seat cushion	New assessment when condition changes or at least once a week

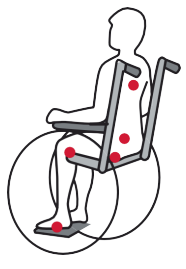
2 CHECK SKIN AND TISSUE

- **Assess** at least once per shift and more often with at-risk patients.
- **Pay attention** to the risk areas (marked with red dots on the pictures) and to the skin under medical devices.
- **Check** for pain and skin color: pain or redness may be early signs of a pressure injury
- **Estimate** the temperature of skin and tissue: increased temperature and/or poor circulation are risk factors.
- **Compare** swollen tissue and its firmness to other surrounding areas: swelling is a risk factor.



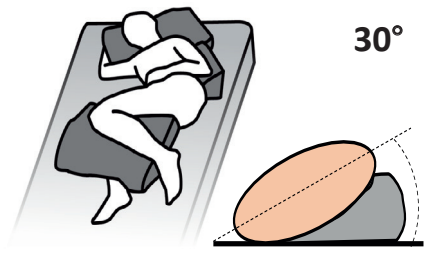
3 PROVIDE PREVENTIVE SKIN CARE

- **Keep** the skin clean and apply lotion on dry skin when necessary.
- **Change** moist bed linen and clothes.
- **Check** for incontinence, check diaper every 2–3 hours and use protective products on skin.
- **Protect** the risk areas of at-risk patients with conformable silicone multilayer foam dressing and check the skin under the dressing every 8 hours.



4 REPOSITION AND MOBILISE

- **Reposition** bed patients every 1–4 hours and seated patients every hour according to their personal needs.
- **Relieve** and redistribute pressure.
- **Avoid** friction and stretching when lifting and moving the patient—use assistive devices and correct lifting techniques.
- **Favour** the 30° tilt for bed patients.
- **Keep** the head of the bed in the lowest possible position, as determined by the patient's condition.
- **Instruct** the patient to change their position independently.



5 PREVENT PRESSURE INJURY TO HEELS AND FEET

- **Feel** for pulse in the feet: an undetectable pulse is a risk.
- **Estimate** the sense of touch and temperature: cool and numb feet are a risk.
- **Protect** the heels and risk areas in the feet with silicone multilayer foam dressings.
- **Lift** at-risk heels off the bed with pillows or other relief device and support the ankles to a 90° angle.

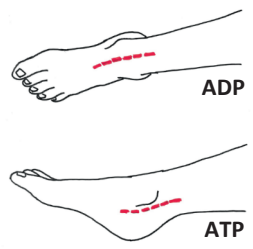


Image: © Tiina Pukki

6 NOURISHMENT

- **Follow** the agreed upon method of assessing the risk of malnutrition.
- **Take care** of good nourishment according to the nutrition instructions.
- **Make sure** the patient has enough fluids.
- **DIABETES INCREASES THE RISK FOR PRESSURE INJURY–TREAT IT WELL!**

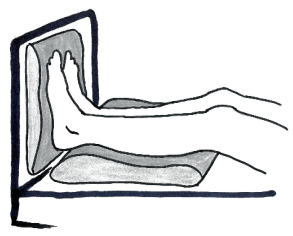


Image: © Tiina Pukki

7 DOCUMENTATION

- **Document:** - Pressure injury risk classification
  - Plan to prevent and treat pressure injuries
  - Classification and location of a detected pressure injury
  - Performed procedures and any aids in use.

HUS's Pressure injury Team 9/2021