PRACTICE ACCELERATOR

Smith+Nephew

QUICK FACTS | NOVEMBER 2023

PRESSURE INJURY PREVENTION

1 **Patients who use wheelchairs** have limited mobility and may have altered sensory perception that renders them unaware of the effects of increased temperature and moisture caused by prolonged wheelchair contact.

2 The reported incidence of PIs in patients with **spinal cord injury** is very high, 25% to 66%.

3 In some long-term care facilities, patients are confined to a bed to avoid falls, but this **increases PI risk**, as does prolonged sitting.

4 **Bedding can be a source of pressure** when a patient is positioned or turned improperly, thus creating friction and shear.

5 In comparison to mobility-related PIs, which are typically located on the skin covering bony protuberances, device-related pressure injuries (DRPIs) may be located on mucous membranes.

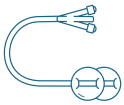
6 Mucosal membrane pressure injuries are DRPIs of the mucous membrane.

7 One cannot use the NPIAP staging system to assign a stage to mucosal membrane pressure injuries since the **mucosal membrane tissue is not skin.**

8 **Mucosal membrane pressure injuries** are caused by local ischemia secondary to the use of medical devices such as endotracheal or nasogastric tubes, oxygen cannulas or masks, and urinary or fecal containment devices.

9 The incidence and prevalence of **mucosal membrane PIs are more common in the intensive care unit** (ICU) than in acute hospital care.

10 **Tube-based life support devices** used in the ICU may cause oral and nasal mucosal membrane PIs.



11 In the acute hospital setting, indwelling urinary catheters **raise the risk of urethral erosion** and infection.

12 DRPIs **result from sustained pressure** from a device's rigid materials and/or the tight dressings securing the device in place.

13 It is **crucial to consider the care setting, patient population, and type of medical devices** being used to tailor prevention strategies unique to the individual patient.

14 Some **risk factors** for the development of hospital-acquired pressure injuries (HAPI) include setting, prone positioning, immobility, and dark pigmented skin.

15 **Prone positioning** is used to improve oxygenation and ventilation, however this intervention is associated with high rates of HAPIs.

16 **Support surfaces** that may aid in pressure injury prevention include, but are not limited to, alternating pressure mattresses and viscoelastic foam mattresses.

17 **Neonates (especially preterm infants) are at exceptionally high risk for PIs** due to their immature, fragile skin, limited mobility, and frequent need for life-sustaining medical devices in the neonatal intensive care unit (NICU).

18 The **diminutive nature of neonatal anatomy** renders small/developing pressure injuries on the skin surface easy to miss during gross inspection.

19 The nose is particularly predisposed to PI in neonatal patients.

20 **Black patients are disproportionately affected by pressure injuries,** as evidenced by an increased incidence of PIs (especially full-thickness PIs) and disparate mortality rates associated with PIs in this patient population.

21 The 2019 EPUAP NPIAP PPPIA International Clinical Practice Guidelines recommend that an **objective skin tone color chart be utilized** during the physical inspection of patient skin, rather than relying on ethnic labels.

22 **Palpation of skin surfaces** for evaluation of skin temperature should be emphasized in patients with dark skin tones to improve evaluation for early-stage pressure injuries.

23 The National Pressure Injury Advisory Panel (NPIAP) recently published the **Standardized Pressure Injury Prevention Protocol** (SPIPP; pronounced "S-Pip") as an evidence-based, clinically translatable operational checklist that can be used at the patient bedside.

24 **Device-related and Hospital-acquired pressure injuries** contribute to increased patient morbidity and mortality, and pose a significant economic burden.

25 While education of the multidisciplinary team, use of dressings, and frequent skin assessments have been posited as effective PI prevention strategies, **evidence suggests there may be gaps regarding effective interventions** that can reliably reduce PIs attributable to devices.