

Pressure Injuries

Care Provider Bulletin

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Did you Know?

- In 2016, the National Pressure Ulcer Advisory Panel replaced the term “pressure ulcer” with “pressure injury”.
- Pressure injuries can cause serious infections, some of which are life-threatening.
- Complications of pressure injuries include sepsis, cellulitis, bone and joint infections, and cancer.

Stages of Pressure Injuries

Stage One

Skin is not broken, but is red or discolored. The redness or change in color does not fade within 30 minutes after pressure is removed.

Stage Two

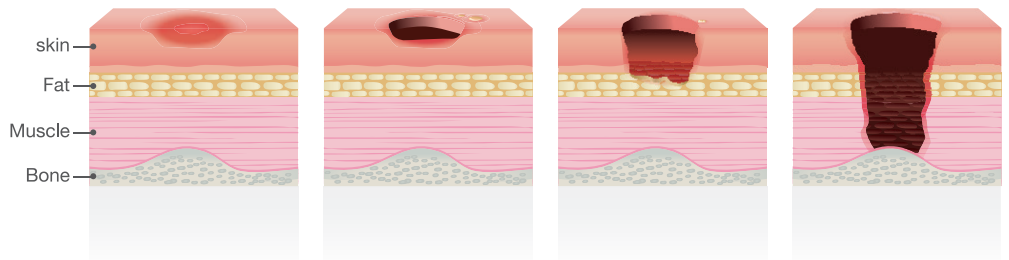
The epidermis or top-most layer of the skin is broken, creating a shallow open sore. Drainage may or may not be present.

Stage Three

The break in the skin extends through the dermis (second skin layer) into the subcutaneous fat tissue. The wound is deeper than in Stage Two.

Stage Four

The breakdown extends into the muscle and can extend as far down as the bone. Usually a lot of dead tissue and drainage are present.



What are Pressure Injuries?

- Pressure injuries are ulcers which occur on areas of the skin that are under pressure from lying in bed, sitting in a wheelchair, and/or wearing a cast or brace for a prolonged period of time or in areas that are continually damp.
- Areas more likely to develop pressure injuries are ankles, back, back of the head, heels, elbows, shoulders, hips, and tailbone or buttocks (the areas that are in contact with your bed or chair, or where two bony areas are in contact with each other).

Who is at Increased Risk?

- Individuals who have limited mobility and spend long periods in bed or a chair.
- Individuals who are under-nourished.
- Individuals who are overweight.
- Individuals who are incontinent and sit or lie in urine.
- Individuals who have poor circulation.

Prevention

- Follow good skin care, including inspecting the skin every day and keeping skin clean and dry.
- Change incontinence pads and briefs regularly to limit areas of moisture.
- Inspect skin for areas of redness (the first sign of skin breakdown.) When a pressure injury first appears it may be no more than a red area, the size of a penny, which feels warmer than the rest of the skin. If the area remains red and does not blanch (go white), a pressure injury is developing. For individuals with dark skin, heat indicates the start of the damage.
- Identify individuals at high-risk for pressure injuries and educate caregivers.
- Ensure that individuals who have limited mobility change their position at least every two hours to relieve pressure.
- Use items that can help reduce pressure caused by bed sheets and wheelchairs (e.g., use pillows, sheepskin, foam padding, and powder to relieve pressure.)
- Encourage healthy, well-balanced meals.
- Encourage daily exercise, including range-of-motion exercises for individuals with limited mobility.

Treatment

- Specific treatment of a pressure injury is determined based on the severity of the condition.
- Treatment may be more difficult once the skin is broken, and may include:
 - Removing pressure on the affected area
 - Protecting the wound with medicated gauze or other special dressings
 - Keeping the wound clean
 - Transplanting healthy skin to the wound area
 - Medication (i.e., antibiotics to treat infection)

Contact a medical professional immediately if you suspect the development of a pressure injury.

Signs of Healing

- The sore is getting smaller.
- Pinkish tissue is forming along the edges of the sore, gradually moving toward the center.
- The sore bleeds a little. This means there is blood circulation in the area, which helps healing.



Sources & Resources

- **The National Pressure Ulcer Advisory Panel**, <http://www.npuap.org/resources/educational-and-clinical-resources/npuap-pressure-injury-stages/>
- **MedlinePlus, US National Library of Medicine**, <https://medlineplus.gov/pressure-sores.html>
- **University of Washington Rehabilitation Medicine**, http://sci.washington.edu/info/pamphlets/pressure_sores.asp