

GUIDELINE SUMMARY
December 2014

Assess and Diagnosis Pressure Ulcers

- Client Concerns**
- Understanding of risk factors / wound healing; motivation to adhere to treatment plan.
 - Impact on daily life / body image
 - Psycho-social / financial / mental health concerns & supports
 - Impact of current environment
 - Client / family preferences for treatment

- Risk Factors for Healing**
- Poor nutritional status
 - High risk medical conditions & medications
 - Advanced age
 - Impaired oxygenation status
 - Smoking / substance use
 - Complete Braden Scale
 - Impact of pressure, shear, friction, moisture
 - Poor mobility, activity tolerance & transferability

- Presentation of Pressure Ulcer**
- Location: over bony prominences
 - Wound base: shallow or deep; may probe to bone; may be covered with fibrous exudate or necrotic slough/eschar
 - Wound edges: diffuse or demarcated, may be rolled; may have undermining or sinus tracts
 - Exudate: none to large amounts of serous or purulent exudate
 - Stages Stage 1: intact skin with non blanchable erythema; Stage 2: partial thickness; Stage 3: full thickness but muscle bone not exposed; Stage 4: full thickness with muscle, bone exposed; SDTI : intact skin with area of deep bruising



- Wound Pain**
- Type, location, frequency, quality, severity of pain.
 - Impact on function, sleep & mood
 - Analgesia regimen & effectiveness
 - Autonomic dysreflexia / ↑ spasticity with SCI

- Wound Infection**
- New onset or ↑ pain
 - Friable granulation tissue
 - Deterioration; ↑ size
 - Induration / erythema ≥ 2 cm
 - ↑ in or purulent exudates
 - Wound odour after cleansing
 - Wound probes to bone
 - Malaise & fever

Prevent & Treat Pressure Ulcers

Client Care Management

- Client Concerns**
- Care plan reflects client abilities, concerns & preferences for treatment
 - Provide support for palliative ulcers
 - Refer for financial, psycho-social & mental health concerns
- Pain Relief**
- Coordinate care with regular analgesic administration in appropriate doses
 - Pain-reducing dressings
 - Repositioning / support surfaces to relieve pain
 - Regular pain reassessment & refer if not controlled

- Client Education & Resources**
- Teach pressure redistribution; routine surveillance of bony prominences
 - Strategies for reducing friction, shear & moisture
 - Early recognition & prompt treatment of risk factors

- Address Risk Factors**
- Support good nutrition
 - Smoking cessation / substance use management
 - Medication adherence & chronic disease management if indicated.
 - Refer to PT for mobility / exercise if indicated

- Pressure Redistribution / Tx Friction & Shear**
- Position to limit pressure over bony prominences, feet & heels & off wounds if able
 - Follow frequent client-specific repositioning schedule
 - Refer to OT for direction on support devices/ surface
 - Implement strategies & positioning to limit shearing & friction
 - Reassess effectiveness of devices/surfaces & strategies

- Reduce Moisture**
- Toilet regularly
 - Check briefs when repositioning
 - Treat causes of incontinence
 - Protect ulcer from feces / urine
 - Address moisture in skin folds
 - Use skin barrier products to protect at-risk skin

Wound Management

- Wound Treatment**
- Adhere to hand washing protocols.
 - Use appropriate aseptic technique
 - Cleanse/irrigate the wound
 - Use autolytic debridement, if indicated
 - Maintain moisture balance & keep peri wound skin dry
 - For dry heel ulcers, maintain eschar / protect wound with antiseptic solution & dry dressing
 - Protect the wound
 - Reassess wound at every dressing change; full assessment weekly as per care plan
 - Refer to wound clinician/ physician / NP if wound deteriorates

- Wound Infection**
- Monitor for S & S of wound infection
 - Refer if infection present or wound probes to bone
 - Use appropriate anti microbial dressings
 - Teach client S & S of infection, e.g. new onset or increasing pain

- Discharge Planning**
- Initiate discharge planning during initial client encounter, except LTC
 - Ensure continuity of care across sectors
 - Support timely discharge & client independence.

Intended outcomes met

Client Outcomes

Intended outcomes not met