Bed-Check®

Reducing the Risk of Falls Through Innovative Technology Since 1978

The Pressure is On…

Causes, Prevention and Intervention

What are the common causes of pressure ulcers?

Pressure ulcers occur when the blood supply to the skin and tissue under the skin is blocked due to prolonged pressure. The skin and tissue begin to break down due to the lack of oxygen and nutrients. The breakdown in the skin and tissue becomes easily susceptible to infection and is often difficult to treat. The most common areas pressure ulcers occur are over bony protrusions such as heels, hips, tailbone, and sacrum especially when the patient is confined to a bed or wheelchair and are unable to move on their own. At risk individuals also include: patients with a Norton scale of 14 or less, comatose, malnourished, and end stage disease processes.

How do I prevent pressure ulcers?

In order to prevent pressure ulcers, susceptible patients should be frequently repositioned, and their skin must be regularly checked and well-cared for. However, this can be difficult to fit into the regular schedule due to low staffing and over worked staff. The Roll-Check™ turn management system can help staff without adding any extra time to their already busy schedule. This product helps nurses stay ahead of the game when identifying and preventing pressure ulcers. This turn management system is a new device designed to: monitor patient position changes within a bed and alert staff if the patient is not turning according to programmed time parameters, alert staff of any patient liquid incontinence events, and alert staff of any patient bed exit events. Comprehensive skin assessments can also help prevent ulcers. These assessments should include: complete medical history, physical exam, diagnostic tests as well as assessment of nutrition, hydration, pain, psychosocial status, incontinence, activity, mobility, contractures, and any other pertinent data.

What interventions should be implemented for pressure ulcers?

After comprehensive skin assessment are complete and at risk individuals are identified; a pressure ulcer prevention care plan should be developed. This includes selecting appropriate interventions for identified risk areas such as moisture and immobility.

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Some interventions may include:

- Skin care/ Moisture:
  - Inspect skin daily, especially bony prominences.
  - Cleanse skin at time of soiling. Avoid hot water; use mild cleansing agent.
  - Minimize exposure to moisture due to incontinence, perspiration, or wound drainage.
  - Use incontinence skin barriers as needed to protect and maintain skin integrity.
  - Consider a bowel/bladder program for residents with incontinence.

- Nutrition
  - Maintain adequate nutrition that is compatible with resident's wishes.
  - Perform an abbreviated nutritional assessment at least every three months for individuals at risk for malnutrition.
  - Monitor meal intake as appropriate

- Mobility/Activity
  - Reposition bedbound residents every 2 hours; chair bound every hour.
  - Use pillows to keep bony prominences from direct contact.
  - Use support surfaces on beds and chairs to reduce or relieve pressure.
  - Avoid positioning directly on the ulcer.
  - Elevate the HOB as little and for as short a time as possible

- Friction/Shear
  - Use lifting devices, turn sheets, to move rather than drag resident during positioning and transfer
  - Avoid vigorous massage over bony prominence.
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References:

The Joint Commission on Accreditation of Healthcare Organizations. (2008). Strategies for Preventing Pressures Ulcers. *The Joint Commission Perspectives on Patient Safety, 8* (1), 5-7.

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