



Pressure Ulcer Prevention Points*

I. Risk Assessment

1. Consider all bed- or chair-bound persons, or those whose ability to reposition is impaired, to be at risk for pressure ulcers.
2. Select and use a method of risk assessment, such as the Norton Scale or the Braden Scale, that ensures systematic evaluation of individual risk factors.
3. Assess all at-risk patients at the time of admission to health care facilities and at regular intervals thereafter.
4. Identify all individual risk factors (decreased mental status, moisture, incontinence, nutritional deficits) to direct specific preventive treatments. Modify care according to the individual factors.

II. Skin Care and Early Treatment

1. Inspect the skin at least daily, and document assessment results.
2. Individualize bathing frequency. Use a mild cleansing agent. Avoid hot water and excessive friction.
3. Assess and treat incontinence. When incontinence cannot be controlled, cleanse skin at time of soiling, use a topical moisture barrier, and select underpads or briefs that are absorbent and provide a quick drying surface to the skin.
4. Use moisturizers for dry skin. Minimize environmental factors leading to dry skin such as low humidity and cold air.
5. Avoid massage over bony prominences.
6. Use proper positioning, transferring, and turning techniques to minimize skin injury due to friction and shear forces.
7. Use dry lubricants (cornstarch) or protective coverings to reduce friction injury.
8. Identify and correct factors compromising protein/calorie intake and consider nutritional supplementation/support for nutritionally compromised persons.
9. Institute a rehabilitation program to maintain or improve mobility/activity status.
10. Monitor and document interventions and outcomes.

III. Mechanical Loading and Support Surfaces

1. Reposition bed-bound persons at least every 2 hours, chair-bound persons every hour.
2. Use a written repositioning schedule.
3. Place at-risk persons on a pressure-reducing mattress/ chair cushion. Do not use donut-type devices.
4. Consider postural alignment, distribution of weight, balance and stability, and pressure relief when positioning persons in chairs or wheelchairs.
5. Teach chair-bound persons, who are able, to shift weight every 15 minutes.
6. Use lifting devices (e.g., trapeze or bed linen) to move rather than drag persons during transfers and position changes.
7. Use pillows or foam wedges to keep bony prominences such as knees and ankles from direct contact with each other.
8. Use devices that totally relieve pressure on the heels (e.g., place pillows under the calf to raise the heels off the bed).
9. Avoid positioning directly on the trochanter when using the side-lying position (use the 30° lateral inclined position).
10. Elevate the head of the bed as little (maximum 30° angle) and for as short a time as possible.

HeelZup

No-Slip Wedge

IV. Education

1. Implement educational programs for the prevention of pressure ulcers that are structured, organized, comprehensive, and directed at all levels of health care providers, patients, family, and caregivers.
2. Include information on:
 - a. etiology of and risk factors for pressure ulcers,
 - b. risk assessment tools and their application,
 - c. skin assessment,
 - d. selection/use of support surfaces,
 - e. development/implementation of individualized programs of skin care,
 - f. demonstration of positioning to decrease risk of tissue breakdown, and
 - g. accurate documentation of pertinent data.
3. Include built-in mechanisms to evaluate program effectiveness in preventing pressure ulcers.

*The National Pressure Ulcer Advisory Panel's Summary of the AHCPR Clinical Practice Guideline, *Pressure Ulcers in Adults: Prediction and Prevention* (AHCPR Publication No. 92-0047. Rockville, MD: May 1992).

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