

Pressure injury risk assessment vital to patient safety

Pressure injuries, also known as pressure ulcers or bed sores, are a major cause of preventable harm for patients using health care services.

Whether a person is in hospital, aged residential care or receiving home care, pressure injuries can be distressing, debilitating and, in the worst case, life-threatening.

Pressure injuries can develop very quickly (in as little as four hours) so early preventative action is essential.

All health professionals, family/whānau members and patients have an important role to play in prevention. With the right knowledge and care, most pressure injuries can be avoided.

Patient story

This is one of a series of pressure injury patient stories prepared by the Health Quality & Safety Commission to raise awareness of the issue. The stories highlight ways to improve practice and make pressure injury prevention a key priority and part of a daily care routine.

In 2016, John Rankin was diagnosed with lymphoma after being admitted to hospital.

During his stay in hospital, John was largely immobile and in a lot of pain. A couple of days before he was discharged, he told a nurse he could feel pain on his bottom.

'The nurse looked and explained that the beginning of a pressure injury was there,' says John.

'She put a dressing on it, but that's all that was done in hospital. Prior to this I hadn't received any information about pressure injuries or had any skin checks.'

When he got home, John went to see his GP.

'The GP referred me to district nurses to get the pressure injury looked after, but the referral took a couple of weeks.'

'During this time, the pressure injury got worse. I was undergoing chemotherapy and sitting for long periods of time, which compounded it,' adds John.

John was also taking painkillers for his lymphoma. These were masking the pain of the pressure injury, so he didn't realise how bad it was.

'When the district nurses came, they were fantastic,' says John.

There was a lot of slough – moist dead tissue – covering John's pressure injury. When this was removed the pressure injury was bigger than anticipated.

'At the start my pressure injury was dressed three times a week. This soon changed to negative pressure wound therapy (NPWT), which is a dressing over the wound with a vacuum machine attached to suck moisture out of it,' explains John.

'I wore this 24/7 for about two months. The machine is quite big and has to be carried around. This made it difficult to go out because I had to carry it around and it was uncomfortable.'

After that John wore a smaller version of an NPWT machine for another couple of months, until the wound healed adequately.

Having the pressure injury and wearing the machine had a big impact on John. He was still undergoing chemotherapy, which meant his strength and wellness were significantly reduced.

'My immunity was depleted because of the chemotherapy, so the pressure injury took seven months or so to heal. It was a long unpleasant time,' says John.

Pressure injuries not only cause physical symptoms, they can also cause feelings of anger and blame, and reduce quality of life through pain, infection, delayed healing, altered body image, depression, and increased mortality and morbidity. The toll on patients, their families and whānau, and carers should not be underestimated.

John believes his pressure injury had a negative impact and slowed his recovery from lymphoma.

'It was a hard and very stressful time for my family and I,' says John.

'We were always worried about the pressure injury becoming infected because my immune system was so weak from the chemotherapy.'

'It stopped me socialising. When I wore the large negative pressure wound machine, I hardly went out except to the doctor's or for chemotherapy.'

'People had to come to me if they wanted to see me. I wouldn't go out for meals or to the shops, so it had a major impact on everyday life for my wife and I, as well as my overall wellbeing during an already-difficult time,' adds John.

Margaret Gosnell, nurse educator at the hospital where John was admitted, says John should have been regarded as at risk of developing a pressure injury due to his pain and immobility.

Pre-emptive pressure injury prevention education and targeted prevention care should have been put in place.

'Pressure injury prevention is incredibly important and we expect staff take appropriate actions to prevent injury,' says Margaret.

'Unfortunately, in John's case, we failed to fully complete a risk assessment and individualised care plan on his admission. John wasn't assessed for his risk of developing a pressure injury and daily skin checks did not take place.'

'When the stage one pressure injury was found, the care plan was not updated and a risk report was not generated. This meant the appropriate pressure injury prevention measures were not put in place for John,' adds Margaret.



Margaret Gosnell, nurse educator:

'Pressure injury prevention is incredibly important and we expect staff take appropriate actions to prevent injury.'

'The need to be vigilant with daily skin assessment, and to take appropriate actions to prevent injury from admission through to discharge is vitally important.'

'This was particularly important because of his compromised health status due to his diagnosis of lymphoma and chemotherapy.'

With the correct identification and planning most pressure injuries can be avoided.

Since John's pressure injury occurred, the DHB has reviewed and improved its pressure injury prevention programme to reduce the likelihood of a similar occurrence.

'Prevention is better than cure,' says Margaret.

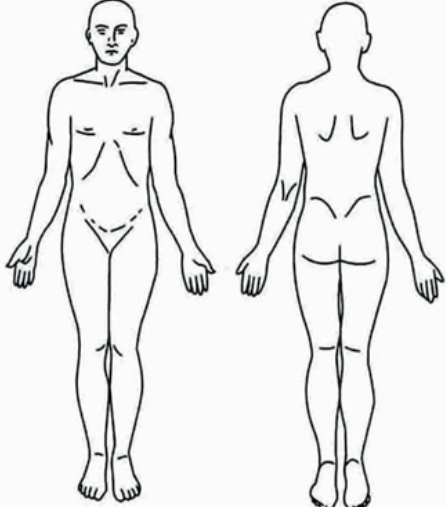
'The need to be vigilant with daily skin assessment, and to take appropriate actions to prevent injury from admission through to discharge is vitally important.'

'Because of this we reviewed and updated our pressure injury prevention programme to ensure staff are fully aware of the risk to the patient, as well as their responsibilities,' explains Margaret.

'We introduced a pink sticker system to improve completion of required actions when a staff member first notices a pressure injury.'

'This includes staging the injury, completing a risk assessment, entering it into our clinical incident management system and completing or updating the individualised care plan,' she adds.

Pressure Injury Alert		Date: _____	Time: _____
* Present on admission	<input type="checkbox"/> Yes <input type="checkbox"/> No	* Number of Pressure Injuries.....	
* Mark the chart with an X to indicate site of each injury (if more than one enter X plus number e.g. X1, X2)			
* Describe and estimated grade of each injury (Stage: 1, 2, 3, 4, unstageable, suspected deep tissue)			
Injury 1.....			
Injury 2.....			
Injury 3.....			
Injury 4.....			
* RiskMan completed	<input type="checkbox"/> Yes	RiskMan Number _____	
* ACC form completed (> stage 2)	<input type="checkbox"/> Yes	ACC Number _____	N/A <input type="checkbox"/>
Name: _____		Signature: _____	



'When the sticker has been filled out it is placed into the patient record to alert other staff members to the pressure injury.'

'We also updated and rolled out a new pressure injury education package, which all clinical staff must read and sign. By signing it, they state that they understand their responsibilities when a pressure injury is first noted.'

'So much hinges on that initial assessment. A head-to-toe assessment of skin integrity is a must,' says Margaret.

'Risk will always remain present; however, we are working hard to ensure a culture of pressure injury prevention is embedded into daily practice.'

Tips for improving pressure injury prevention from Whanganui DHB

- All staff must remain vigilant in ensuring all patients have their skin assessed daily and that appropriate prevention strategies are implemented.
- Check aspects such as nutrition, continence and mobility. All of these have connotations for pressure injury likelihood.
- Involve the patient and their family/whānau/carers – they are part of the team too and have an important role to play in pressure injury prevention and management.
- Gaining strong leadership engagement is an early and essential task.
- Raising awareness among staff, patients, families and whānau about the importance of pressure injury prevention must be a key focus and priority. Doing this will help to keep pressure injury prevention front of mind.
- Staff need clear information about pressure injury prevention and management. Look at your resources and educational material, how can you improve them? Can they be accessed easily? Can they be offered in different ways? Ensure the information includes tips for involving the patient/family/whānau/carers.
- Celebrate success – make sure that staff can see that their efforts to prevent pressure injuries are making a difference.

The DHB also re-examined ways to monitor and evaluate resources to ensure staff can access and order equipment in a timely manner.

Weekly pressure injury audits now take place, and all reported pressure injuries are now viewed by the pressure injury prevention lead and discussed at a group meeting.

When reports or action are not at required standards, steps are taken to address this. All actions have a focus on improving patient outcomes.

'Risk will always remain present; however, we are working hard to ensure a culture of pressure injury prevention is embedded into daily practice,' says Margaret.

'Skin can be a window into the health and wellbeing of patients. It is the largest organ of a body, but probably one we don't pay enough attention to in day-to-day health care.

'Consider how often you measure blood pressure, pulse and temperature, compared to how often you check your patient's skin for changes that may indicate a pressure injury is developing,' adds Margaret.

'Yet significant damage leading to a pressure injury developing can occur in less than 60 minutes.

'So it absolutely pays to check,' she states.

'When residents are admitted with a pressure injury, we assess the patient and do skin checks daily, meet weekly to discuss progress and involve a wound specialist immediately to advise on the best course of action.

'Prevention is far better than cure. Once pressure injuries have developed they can take a long time to heal and can significantly impact on a person's wellbeing,' he explains.

For more information about pressure injury prevention and management and/or SSKIN go to:

<https://www.hqsc.govt.nz/our-programmes/pressure-injury-prevention/>

<https://www.acc.co.nz/assets/provider/acc7758-pressure-injury-prevention.pdf>

<https://www.nzwcs.org.nz/>

<https://www.nzwcs.org.nz/resources/publications/10-guidelines-and-protocols>

<http://nhs.stopthepressure.co.uk/>

<https://www.nursingtimes.net/download?ac=1237263>

Whitlock J (2013). SSKIN bundle: preventing pressure damage across the health-care community. *British Journal of Community Nursing (Wound Care supplement)*, September: S32-S39.