

Seven Steps to Reducing Pressure Ulcers

The following steps are based on recommendations found in the recently released Pressure Ulcer Prevention and Treatment Guidelines from the National Pressure Ulcer Advisory Panel (NPUAP). For more information, visit www.npuap.org

1. Conduct repeated comprehensive risk assessments to identify individuals at risk

- Reassess risk if individual's condition has significantly changed

2. Inspect skin upon admission and as part of every risk assessment

- Conduct a head-to-toe assessment with focus on skin overlying bony prominences
- Inspect skin under and around medical devices at least twice daily

3. Practice preventive skin care

- Keep skin clean and dry and use barrier products to reduce moisture related risk
- Develop an individualized continence management plan
- Consider using prophylactic dressings to protect skin

4. Assess nutritional status and develop an individualized nutrition care plan

- Ensure adequate energy and protein intake and proper hydration
- Monitor unintended weight changes and the effect of neurophysiological issues or psychological stress

5. Reposition all patients at risk unless medically contraindicated

- Determine individual's repositioning frequency based on their individual medical condition, degree of risk and support surface used
- Avoid positioning individual on an area of erythema whenever possible
- Use the Thirty Degree Rule: 30 degree side-lying position and no more than 30 degree head of bed elevation to prevent shearing forces unless medically contraindicated
- Avoid pressure and shear forces when repositioning patient

6. Inspect heels regularly

- Use heel suspension devices that elevate and offload the heel completely without placing pressure on the Achilles tendon

7. Select an appropriate support surface that meets the individual's needs

- Consider patient's level of immobility and inactivity, as well as size and weight
- Assess the need for microclimate control and reduction of shear forces