

Pathway for Preventing and Managing Pressure Injuries

Person with no risk factors for the development of PI

Goal: Promote skin health

INTERVENTION	CARE DELIVERY LOCATION
Risk Assessment	
<ul style="list-style-type: none"> Assess for medical conditions or activities that may impact skin health 	
Plan of Care	
<ul style="list-style-type: none"> Optimize skin health through regular skin care, including cleansing, moisturizing, protection from external damage, adequate nutrition 	
Re-screening, Reassessment and Evaluation of Interventions	
<ul style="list-style-type: none"> Daily (self); during any clinical visits 	

Person at risk for PI* (such as one with impaired mobility and/or reduced ability to shift weight, who spends substantial time in bed, chair or wheelchair, uses medical devices that rest on the skin, is undergoing surgery)

Goal: Deliver timely interventions to promote skin health and prevent development of PI

INTERVENTION	CARE DELIVERY LOCATION
Risk Assessment	
<ul style="list-style-type: none"> Assess for level of risk for skin breakdown on a regular basis and with a change in patient condition. Head-to-toe skin assessment every 8–12 hours based on identified risk factors** Monitor all areas of skin that could be affected by pressure from the bed, chair, medical device, surgical procedure, clothing, footwear, other devices, etc. Assess for mental health, lifestyle, social support network, environmental risks and social determinants of health that may impact self management Assess regularly to determine the effectiveness of offloading surfaces and interventions 	
Plan of Care	
<ul style="list-style-type: none"> Support patient self management Optimize skin health through regular skin care, including cleansing, moisturizing, protection from external damage; optimize nutrition Optimize mobility status and include strengthening and range of motion exercises as appropriate Provide access to and education about transferring and repositioning techniques, equipment, appropriate pressure redistribution surfaces and resources Provide offloading of high-risk areas 	
Re-screening, Reassessment and Evaluation of Interventions	
<ul style="list-style-type: none"> Daily (self); weekly/bi-weekly (during bathing) based on risk; during any clinical visits Seating assessment annually, or upon development of a wound, by an expert clinician 	

Person with a healable PI*

Goal: Promote skin health and deliver timely care to treat PI and prevent/treat complications

INTERVENTION	CARE DELIVERY LOCATION
Risk Assessment	
<ul style="list-style-type: none"> Assess to stage wound, identify presence and/or extent of infection and assess periwound skin** Assess for mobility, mental health, nutritional status, lifestyle, social support network and social determinants of health that may impact wound healing and/or self management Monitor wound to determine rate of progression or healing Assess physical environment, including surfaces and medical devices, for effect on skin health 	
Plan of Care	
<ul style="list-style-type: none"> Redistribute pressure from wounded area and any other areas at high risk Provide access to and education about transferring and repositioning techniques, equipment, appropriate pressure redistribution surfaces and resources Provide wound care and/or wound care education Manage infection and pain Support patient self management Optimize general skin health, including nutrition status Optimize mobility status and include strengthening and range of motion Assess for and provide surgical intervention (e.g., debridement, flap surgery) as appropriate 	
Re-screening, Reassessment and Evaluation of Interventions	
<ul style="list-style-type: none"> Ongoing as required Seating assessment annually, or with a worsening wound, by an expert clinician 	

Note: When a PI is identified it should be recorded and an incident report should be filed.

Person at risk for PI* due to history of PI

Goal: Promote skin health and prevent recurrence of PI and other skin complications

INTERVENTION	CARE DELIVERY LOCATION
Risk Assessment	
<ul style="list-style-type: none"> Assess for mobility, medical conditions, nutritional status or activities that may impact skin health Monitor areas of skin that have been affected by pressure in the past** Assess for mental health, lifestyle, social support network, environmental risks and social determinants of health that may impact self management 	
Plan of Care	
<ul style="list-style-type: none"> Support patient self management Optimize skin health through regular skin care, including cleansing, moisturizing, protection from external damage; optimize nutrition Optimize mobility status and include strengthening and range of motion Provide access to and education about transferring and repositioning techniques, equipment, appropriate pressure redistribution surfaces and resources Actively manage conditions or situations that may affect skin health 	
Re-screening, Reassessment and Evaluation of Interventions	
<ul style="list-style-type: none"> Daily (self); weekly/bi-weekly (during bathing); during any clinical visits; every 1-3 months based on identified risk factors Annual seating assessment by an expert clinician 	

Person with a PI where wound healing is not the goal due to co-existing conditions and/or patient choice.*

Goal: Promote skin health and provide QoL support

INTERVENTION	CARE DELIVERY LOCATION
Risk Assessment	
<ul style="list-style-type: none"> Monitor progression of PI and changes to general skin status,** general health, nutritional deficits, pain levels, QoL issues Assess for mental health, lifestyle, social support network and social determinants of health that may impact wound deterioration and/or self management Assess physical environment, including surfaces and medical devices, for effect on skin health 	
Plan of Care	
<ul style="list-style-type: none"> Redistribute pressure from wounded area (if congruent with QoL needs) Provide access to and education about transferring and repositioning techniques, equipment, appropriate pressure redistribution surfaces and resources Provide wound care and/or wound care education Manage infection and pain Assess for and provide debridement as indicated Optimize general health, including nutrition status Optimize mobility status and include strengthening and range of motion Address QoL needs, including emotional and/or spiritual care if appropriate 	
Re-screening, Reassessment and Evaluation of Interventions	
<ul style="list-style-type: none"> Ongoing as required Seating assessment annually, or with a worsening wound, by an expert clinician 	

Note: When a PI is identified it should be recorded and an incident report should be filed.

Relative financial burden on health-care system

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*On admission to LTC, group homes, emergency department, operating room, recovery room, critical care areas, transfer between in-patient units, transfer to different care setting, community care, prior to lengthy procedures (e.g., cardiac catheterization)

**Use emerging technology to assess for skin damage in those with darkly pigmented skin, as traditional approaches to detection (looking for skin redness) are not effective.