PREVENTING PRESSURE ULCERS

Assess the patient’s risk of pressure ulcers within 2–4 hours of admittance or at least within 8 hours. Reassess the risk every time the patient’s condition changes, but at least once a week.

1. Assess the risk according to mobility and skin condition

- **HIGH RISK**
  - Very limited mobility or an existing pressure ulcer
  - Dynamic, alternating pressure mattress or a high-risk seat cushion

- **MODERATE RISK**
  - Limited mobility or fragile skin or loss of sensation
  - At least a gel memory foam mattress or seat cushion

- **LOW RISK**
  - No limitations in mobility and healthy skin
  - New assessment when condition changes or at least once a week

2. Check the skin condition

- Check the skin especially on bony prominences, and near cannulas, catheters etc.
- Assess the skin: dry/moist, changes in colour, tissue elasticity, swelling, abrasions, blisters, and changes in temperature.
- Assess pressure ulcers classification and location.
- Check the skin at least once per shift (8 h) – more often if the risk is increased.

3. Care for the skin and possible incontinence

- Keep the skin clean and dry.
- Change any moist bed linen and clothes.
- Apply lotion on dry skin.
- Check for incontinence: Check diapers every 2–3 hours and use protective products on skin.

4. Relieve pressure and mobilise

- Relieve pressure from sitting patients at least once per hour, from bed patients every 2–4 hours, depending on the surface.
- Use pressure-relieving positions/repositioning: favour the 30° tilt and mind the heels
- Prevent bony prominences from touching each other.
- Keep the head of the bed at the lowest possible level, as determined by the patient’s condition.
- Avoid friction when lifting and moving the patient.
- Instruct and motivate the patient to move independently.

5. Assess the risk of malnutrition

- Follow the organisation’s best practice method for assessing the risk of malnutrition.
- Take care of nourishment according to the nutrition instructions.

6. Documentation

- Document the class of the risk, classification and location of the pressure ulcer, prevention and treatment plan, and all the performed procedures.