

Strategies for Prevention and Treatment

Pamela G. Unger, PT, CWS

Vice President of Clinical Research & Reimbursement
Celleration, Inc

President
Unger Physical Therapy

Pressure Ulcers

- Significant insult to the integrity of the skin, subcutaneous tissues, fascia, muscle, and often bone, with a significant impact on the homeostasis of a given patient
- Pressure ulcers are associated with fatal septic infections and are reported as a cause of thousands of deaths each year in the US.

(Redelings, etal)

Basic Prevention Strategies

- **Assessment of risk (Braden Scale)**
"Individuals should be assessed on admission to acute care...using a validated risk assessment tool such as the Braden Scale..."
- **Maintain and improve tissue tolerance**
 - Skin Checks
"Individuals at risk should have a systemic skin inspection at least once a day....skin should be cleansed at time of soiling...dry skin should be treated with moisturizers..."
- **Appropriate pressure relieving device**
"Anyone assessed to be at risk should be placed on a pressure-reducing device when lying in bed..."
 - Weight shifts
- **Education**
"programs should be structured, organized, and comprehensive and directed at all levels of healthcare providers, patients, family/caregiver.."

AHRQ Clinical Practice Guideline #3, 1992

Basic Prevention

- Research results indicate that hospitals that put into place a program of risk assessment can expect to reduce the odds that a patient will develop a pressure ulcer by a factor between 2 and 5.

Institute for Healthcare Improvement (IHI)

1. Identify all patients at risk
2. Reliably implement prevention strategies for all patients identified as being at risk
 - Conduct a pressure ulcer admission assessment for all patients
 - Reassess risk for all patients daily
 - Inspect skin daily
 - Manage moisture
 - Optimize nutrition and hydration
 - Minimize pressure

Success in Pressure Ulcer Reduction

- N utrition and fluid status
- O bservation of skin

- U p and walking or turn and position
- L ift (don't drag) skin
- C lean skin and continence care
- E levate heels
- R isk assessment
- S upport surfaces for pressure redistribution

Success in Pressure Ulcer Reduction

- Surface selection
- Keep turning
- Incontinence management
- Nutrition

Prevention Strategy

- Risk Assessment – Braden Scale
 - Early detection
 - Utilization of the CAN/NA to improve skin care
- Share results with patient and family/caregivers
- Appropriate pressure redistribution
 - Innovative alert systems to prompt repositioning
- Educate
 - Precise diagnosis
 - Frequent repositioning
 - Good nutrition
 - Avoidance of friction and shear

Education

- Patients and caregivers need to be aware that any debilitating disease process poses a lifelong risk for developing pressure ulcers that may seem serious and/or life-threatening
- The patient and caregivers need to take charge of their own skin care program and feel empowered to partner with their healthcare providers

Education

- Patients and caregivers need prevention strategies that fit their level of functioning and activity and can be maintained and updated as risk changes
- Strategies are needed for coordinating social support for both family and paid caregiver situations.

Treatment of Pressure Ulcers

- **Assessment**
 - Basis for planning treatment
 - Assess not only the pressure ulcer but also the entire person
- **Managing tissue loads**
 - Create an environment that enhances soft tissue viability and promote(s) healing of the pressure(s)
- **Ulcer care**
 - Debridement, wound cleansing, dressings, and adjunctive therapies
 - Electrical stimulation has sufficient supporting evidence
- **Managing bacterial colonization and infection**
 - Colonization be minimized through effective wound cleansing and debridement
- **Operative repair**
 - Considered for individuals with clean Stage III or IV pressure ulcers that do not respond to optimal care
- **Education and quality improvement**
 - Develop and implement education programs for patients, families and caregivers

Clinical Algorithms

- Pressure ulcer identification
- Initial assessment
- Nutritional assessment and support
- Management of tissue loads
- Ulcer care
- Assessment of ulcer healing
- Monitoring
- Reassessment of treatment plan and evaluation of adherence

Treatment Goals

- Use an systematic and interdisciplinary approach to:
 - Promote healing
 - Prevent deterioration of existing pressure ulcers
 - Prevent new pressure ulcers
- That...
 - Is consistent
 - Can be monitored, evaluated and changed as the patient conditions warrant
 - Can be changed as knowledge warrants