

G-170 Management and Prevention of Pressure Ulcers

Prevention is the key to the management of pressure ulcers. Risk factor reduction must be a component of managing and treating existing ulcers and preventing them whenever possible.

Applies To

Registered Nurses

Licensed Practical/Vocational Nurses

Other (*Identify*): _____

The Braden Scale

Commonly used tool in predicting ulcer risk. Six areas are evaluated to determine risk using a numeric scale. The lower the score the higher the risk. The areas are:

1. Sensory perception: the ability to respond to pressure related discomfort - high risk paraplegics or quadriplegics with no sensation.
2. Moisture: the degree to which the skin area is exposed to moisture. (incontinent clients).
3. Activity: degree of physical activity - the less active the higher the risk.
4. Mobility: ability to change and control body position.
5. Nutrition: note usual food and intake pattern.
6. Friction and shear: ability to assist with management or be moved in a way that prevents contact with bedding or other surfaces.

Identifying Risk Factors and Implementing Prevention Measures

Turn and position every one to two hours.

Use pressure reducing devices such as cushions, mattresses etc.

Range of motion exercises to relieve pressure and improve circulation.

Lift rather than slide (body or body part).

Avoid positions with direct weight on bony prominences.

Adjust or pad appliances, casts, splints, etc.

Avoid increased pressure.

Avoid heat lamps and harsh soaps.

Individualize bathing routines - dry skin is more susceptible. Use lotions keep skin moist.

Nutrition is important to prevention and to healing - evaluate and use other disciplines as necessary.

Manage the incontinent client - keep dry and use protective moisture barriers.

Avoid heel and elbow protectors that fasten with single strap as they can affect movement and circulation.

Avoid artificial sheepskin as it does not decrease pressure.

Related Procedures

None.

Policy History

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