

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

Very limited mobility or an existing pressure ulcer

HIGH RISK

Dynamic, alternating pressure mattress or a high-risk seat cushion

Limited mobility or fragile skin or loss of sensation

MODERATE RISK

At least a gel memory foam mattress or seat cushion

No limitations in mobility and healthy skin

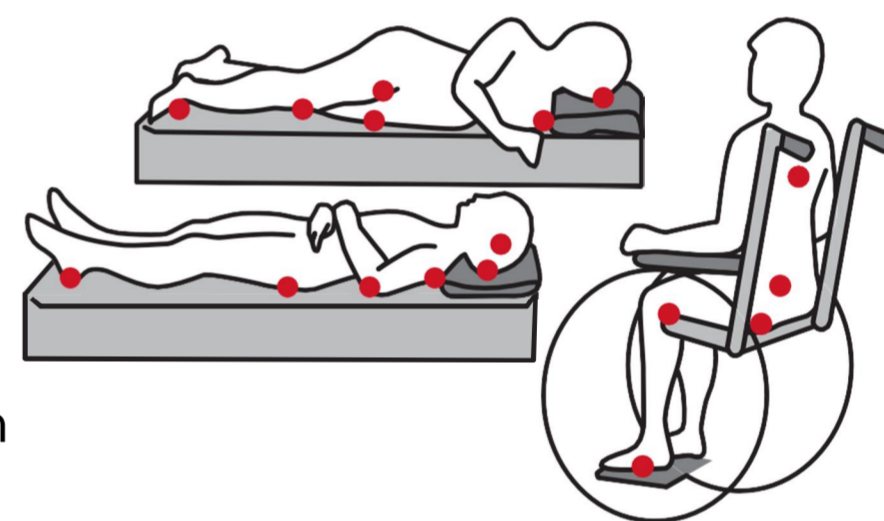
LOW RISK

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

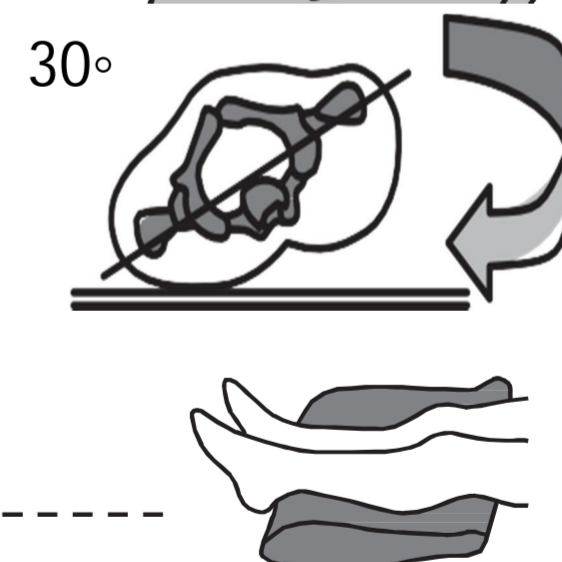
- **Keep the skin** clean and dry.
- **Change** any moist bed linen and clothes.
- **Apply lotion** on dry skin.
- **Check for incontinence:** Check diapers every 2–3 hours and use protective products on skin.



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.