

PREVENT PRESSURE INJURY IN AMBULANCE SERVICE

UNOFFICIAL DRAFT
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ASSESS cABCDE (catastrophic hemorrhage, Airway, Breathing, Circulation, Disability, Exposure). If the situation allows, assess the risk of pressure injury. Supporting basic vital functions and transport to a competent hospital are priorities.

RISK FACTORS FOR PRESSURE INJURIES ARE:

- Circulatory disorder, vasoconstriction, hypotension, hypovolemia
- Hypoxemia, ventilator therapy
- Immobile patient on hard surface
- Paralysis, spinal injury or spasticity
- Poor nutrition or hydration, remarkably under- or overweight
- Fragile or moist skin, swelling or skin exposed to urine or feces
- Parenteral nutrition/only saline intravenous fluids
- Surgery within 48 hours
- Diabetes, cardiovascular, respiratory, neurological or autoimmune disease
- Severe cognitive dysfunction, low GCS
- Patient feels pain due to pressure

1 ASSESS THE RISK

VERY LIMITED MOBILITY, POOR CIRCULATION IN LEGS AND/OR A PRESSURE INJURY

HIGH RISK

ACT TO PREVENT PRESSURE INJURIES. IF NECESSARY, A SPECIAL MATTRESS IN TRANSPORT OVER 2 HOURS.

LIMITED MOBILITY OR A RISK FACTOR

MODERATE RISK

ACT TO PREVENT PRESSURE INJURIES.

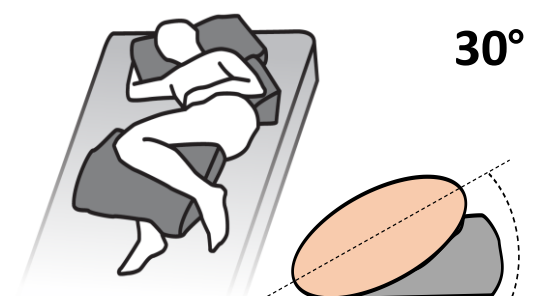
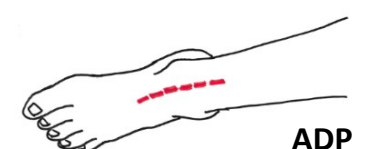
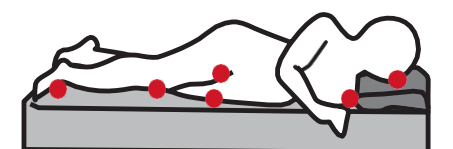
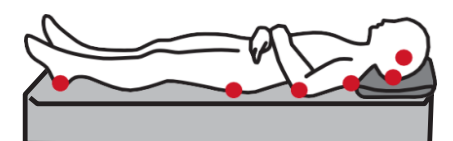
NO LIMITATIONS IN MOBILITY, HEALTHY SKIN

LOW RISK

NEW ASSESSMENT WHEN CONDITION CHANGES.

2 PREVENT PRESSURE INJURIES

- **SUPPORT BASIC VITAL FUNCTIONS AND OXYGENATION**
 - SpO₂ 95 %, if not contraindicated
- **CHECK THE SKIN – PARTICULAR RISK FACTORS ARE:**
 - Pain, redness, or swelling of the skin
 - Loss of sensation or poor circulation
 - Cold feet or absent ADP/ATP pulses
- **CARE FOR THE SKIN:**
 - Avoid friction, strain, and shear stress of the skin
 - Avoid excessive use of hard spinal supports
 - Clean secretions and change any moist textiles
 - Unwrinkle textiles and remove objects causing pressure under the patient
 - Adjust support surfaces, catheters and lines, check cuff pressure
 - Use skin protective products
- **RELIEVE PRESSURE:**
 - Prevent bony prominences from touching each other
 - Keep the head of the bed at the lowest possible level
 - Use pressure relieving cushions on risk areas
 - Especially relieve pressure from heels
- **DRIVE SMOOTHLY AND PREVENT HYPOTHERMIA**
- **RELIEVE PRESSURE, REPOSITION CATHETERS AND CHECK DIAPER EVERY 1 – 2 HOURS IF POSSIBLE**



3 DOCUMENT AND ACT

- **DOCUMENT, REPORT AND ACT:**
 - Document & report the class of the risk, classification and location of the pressure ulcer, and the performed procedures
 - Pressure relief and repositioning at the time of handover

