



AUSTRALIAN PRESSURE INJURY
TREATMENT ADVISORY (PITA) GROUP

A 'QUICK GUIDE' TO PRESSURE INJURY MANAGEMENT

WOUNDS | INTERNATIONAL

Quick Guide to Pressure Injury Management

Aim

Treatment

Consideration

Stage 1



Heel

- Protect
- Monitor
- Offload

- Five-layer silicone foam dressing
- Check skin integrity daily under dressing and reapply the same dressing
- Barrier film/cream when required

Note: If a five-layer silicone foam dressing is not applied, regular observation is indicated

- If pressure injury is present inspect at least daily for improvement or deterioration (monitor capillary return)

Stage 2



Heel

- Protect
- Monitor
- Maintain moisture
- Manage exudate (if present)
- Offload

- Five-layer silicone foam dressing
- Change as required

- If there is periwound maceration, use a barrier film
- If signs of local infection use an antimicrobial dressing in the wound contact layer

Stage 2 (blister)



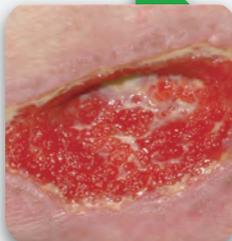
Heel

- Protect
- Monitor
- Offload

- Five-layer silicone foam dressing
- Absorbent dressing for protection

- If painful or the person has tight blisters over a flexor region reducing mobility, consider either aseptic aspiration or possible deroofing of the blister

Stage 3



Sacrum

- Maintain moisture
- Manage exudate
- Protect wound edges
- Prevent infection
- Offload

Primary dressing

- Gelling fibre (+/- antimicrobial) sheet/rope
- Hypertonic saline sheet/rope if slough present
- Antimicrobial hydrogel or antimicrobial solution-soaked packing gauze
- Topical Negative Pressure Wound Therapy

Secondary dressing

- Five-layer silicone foam dressing if low-moderate exudate
- Super-absorbent dressing if high exudate

- If applicable, determine the extent of tunnelling or undermining
- Gently pack wound loosely
- Make sure to fill the entire cavity to aid wound healing

Stage 4



Sacrum

- Maintain moisture
- Manage exudate
- Protect wound edges
- Prevent infection
- Protect underlying structure such as bone, tendon, ligament, joint capsule
- Offload

Primary dressing

- Gelling fibre (+/- antimicrobial) sheet/rope
- Antimicrobial hydrogel or antimicrobial solution-soaked packing gauze
- Topical Negative Pressure Wound Therapy

Secondary dressing

- Use five-layer silicone foam dressing if low-moderate exudate
- Super-absorbent dressing if high exudate

- Ensure underlying structures are kept moist (do not allow to dry out)
- Consider that all Stage 4 pressure injuries require an antimicrobial interface
- Consider further investigations for osteomyelitis (full bloods, inflammatory markers, x-ray/bones/MRI)

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Unstageable



Sacrum



Sacrum

- Goals of care need to be determined in order to decide dressing regimen
- Facilitate debridement (if wound is capable of healing)
- Protect (maintain the dry eschar if healing is not the goal of care)
- Prevent infection
- Offload

- Primary dressing selection**
(dependent upon assessment outcome and goals of care)
- Below knee – aim to keep the wound dry until vascular assessment is determined. Apply Povidine iodine 10% to the wound bed
 - Above knee – consider an antimicrobial gel to aid in autolytic debridement

- Secondary dressing selection**
- Below knee – stable eschar – absorbent pad
 - Below knee – unstable eschar – consider conservative sharp wound debridement
 - Low to moderate exudate use five-layer silicone foam dressing
 - Moderate to high exudate use a super-absorbent dressing

- May require surgical input for debridement in some cases
- Periwound skin protection for higher exuding wounds

CONSIDER

- Stable, dry adherent eschar over the heel
- Without exudate or erythema the eschar serves as the body's own natural biological cover and should not be removed

Suspected deep tissue



Sacrum

- Protect
- Monitor
- Offload

- Five-layer silicone foam dressing
- Blood blister:
 - Five layer silicone foam dressing
 - Absorbent dressing if there is heavy exudate
- If a dressing is not required – regular observation, consider barrier cream if there is no blister

OTHER:

- Inspect injury at least daily for improvement or deterioration and monitor capillary return

Device-related pressure injury

Mucosal



Inside lip



Tongue

- Protect

- Cleanse gently with water
- Consider repositioning of the device
- Review device securement
- Remove device as soon as clinically possible

- If mucosal device-related pressure injury occurs in the mouth – give regular mouth rinses/washes/oral care
- Consider antiseptic oral mouth rinses
- Consider use of antibacterial honey gel to mucosal /tongue areas

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Device-related pressure injury

Mucosal



Urethra

- Protect

Vaginal, rectal, or urethral:

- Peri-toilet with clean water at least twice per day (morning bath and then evening)

Nasal or oral:

- Cleanse gently with water
- Relieve the tension of the device securement
- Resolve possible tubing drag
- Ensure correct placing of the device
- Remove the device as soon as clinically possible

- For male patients - if not circumcised clean under foreskin with water and a cloth

Skin



Above the lip

- Protect
- Maintain moisture
- Manage exudate (if present)

- Cleanse gently with water or saline
- Consider repositioning of device
- Review the tension of the device securement

Dependent on depth of tissue loss:

- Superficial area on the nare keep area protected, consider using soft white paraffin
- If deeper tissue loss and extending onto epithelium and exudate needs to be controlled, consider use of a five-layer silicone foam dressing
- Eschar - keep intact and protect with barrier wipe

Remove device as soon as clinically possible

- If macerated – use super absorbents
- If dry - stable eschar maintain and monitor

Infected



Urethra

- Protect
- Maintain moisture
- Manage exudate (if present)
- Manage infection

- Antibacterial
- Antimicrobial
- Antifungal
- Frequent review of wound progress required
- Hypochlorous acid, surfactant or gel

- Check for fungal/yeast infection (check tongue for coating/possible oral thrush). Fungal/ yeast infection will delay healing
- Swab wound for microbial diagnosis