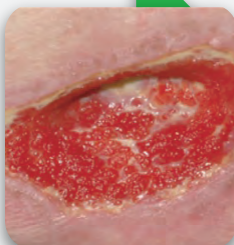
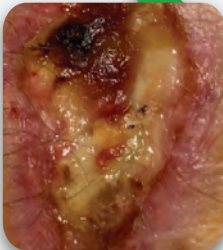


Quick Guide to Pressure Injury Management

		Aim	Treatment	Consideration
Stage 1		- 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		- 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)		- 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 deroofting of the blister
Stage 3		- 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		- 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)

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

CONSIDER

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


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

Mucosal


Urethra

Device-related pressure injury

- 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

References: 1. European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific. Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Prac-tice. Guideline. The International Guideline Emily Haesler (Ed.). EPUAP/NPIAP/PPPIA: 2019. 2. World Union of Wound Healing Societies (WUWHS). 2007. Principles of best practice: Wound exudate and the role of dressings. A consensus document. London: MEPLtd. 3. Carville, K. 2017, Wound Care Manual 7th edition, Silver Chain Nursing Association, Osborne Park, Western Australia.

AUSTRALIAN PRESSURE INJURY
TREATMENT ADVISORY (PITA) GROUP

A 'QUICK GUIDE' TO PRESSURE INJURY MANAGEMENT



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