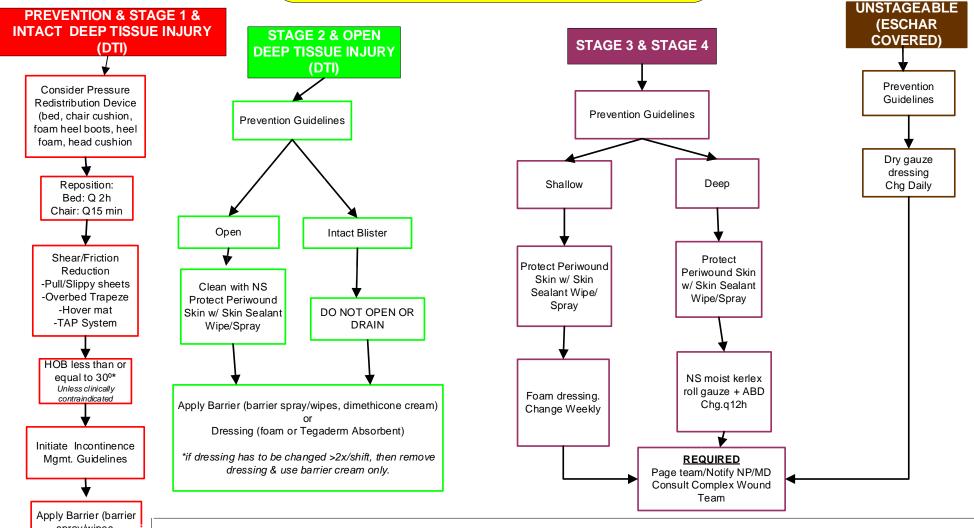
Pressure Injury Prevention and Treatment Guidelines

Perform Skin Assessment and Braden Risk Scale every shift or with significant change in patient condition (ie: surgery, decline in condition).

"AT RISK" IS 18 OR LESS



Apply Barrier (barrier spray/wipes, dimethicone cream) or Dressing (fram or

Dressing (foam or Tegaderm Absorbent)

*if dressing has to be changed >2x/shift, then remove dressing & use barrier cream only.

CONSIDER CONSULTS

Simple Wound Team Consult (WOC nurse) Clinical Nutrition PT/OT, CM/SW

PT./CAREGIVER EDUCATION

Patient Education: Getwell Network & Krames Epic search "pressure injury" Nursing/Carepartner Education: -Skin Care Incontinence Guideline

- -Fecal Incontinence Guideline
- -Bed Decision Guideline

<u>D/C PLANNING</u> Wound care supplies & instructions

Home Health referral

DOCUMENTATION in EMR: Assessment, Treatment, Education, Consults, Discharge Planning