

Patient Safety 202: Preventing Pressure Ulcers
Summary Sheet

Lesson 1: Why Work on Preventing Pressure Ulcers?

- A pressure ulcer, also known as a bed sore, is a localized injury to the skin and/or underlying tissue, usually over a bony prominence.
- Pressure ulcers usually appear on a patient's tailbone, back, heels, elbows, and areas subjected to device-related pressure.
- Pressure ulcers are separated into four stages or categories:
 - Stage I: Skin may be painful, but there are no open wounds or tears.
 - Stage II: The skin actually breaks away and forms an ulcer.
 - Stage III: The sore gets worse, extending into tissue below the skin.
 - Stage IV: The sore reaches into muscle and bone, and causes serious, extensive damage.
- Elderly, obese, and/or malnourished patients are more likely to develop pressure ulcers. Other risk factors include:
 - Incontinence
 - Limited mobility (the patient can't reposition himself)
 - Poor nutritional/hydration status (the patient isn't eating enough or drinking enough water)
 - Skin in continuous contact with a hard surface
- More than 2.5 million acute care patients in the United States suffer from a pressure ulcer each year.

Lesson 2: Assessing Patients

- A strong pressure ulcer assessment process involves both initial assessment and reassessment. There are two parts to an initial assessment:
 - A risk assessment: A standardized approach to evaluating a patient's risk for developing a pressure ulcer.
 - [The Braden Scale](#) is the most popular risk assessment tool.
 - A skin assessment: A thorough examination of the patient's skin to see if he or she already has a pressure ulcer or an area that looks like it could develop into one.
 - Consider visual cues (such as a sticker, a sign, or a bracelet) to help identify at-risk patients.

Lesson 3: Responding to Patients

- For at-risk patients, it is important to:
 - Inspect skin daily.
 - This should involve a thorough examination of all problem areas.
 - Manage moisture.
 - Wet skin can lead to rashes and is more likely to break down, resulting in pressure ulcers.
 - Optimize nutrition and hydration.
 - Malnourished patients are twice as likely to develop skin breakdowns.
 - Minimize pressure.
 - Repositioning and using pressure-redistribution surfaces are two useful strategies.

Lesson 4: How to Implement a Pressure Ulcer Prevention Program

- To be successful at creating or modifying a pressure ulcer prevention program:
 - Form an interprofessional skin care team.
 - Use the Model for Improvement:
 - Set a clear, specific aim.
 - Develop some change ideas.
 - Select a pilot unit.
 - Run tests using the PDSA cycle.
 - Educate staff.
 - Involve patients in your prevention work.

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