

Guidance: Pressure Ulcer v1 April 2023

<p>TVN</p>	<ul style="list-style-type: none"> • Complete referral form on EPR • Link to Pressure Ulcer Prevention and Management Policy Appendix 2 Pressure Ulcer protocol
<p>Therapy</p>	<ul style="list-style-type: none"> • Review positioning guidelines bed and wheelchair, use of positioning adaptations
<p>Dietitian</p>	<ul style="list-style-type: none"> • Review nutritional requirement
<p>GP/Doctor</p>	<ul style="list-style-type: none"> • Refer patient for initial wound review
<p>WM/CN</p>	<ul style="list-style-type: none"> • Provide information to Head of Safeguarding (HoSA) if there was any Serious Incident/ Safeguarding of Adult (SI/SOA) alert done before admission
<p>TREAT</p>	<ol style="list-style-type: none"> Category 1 Monitor site daily, off-load and apply protective film or foam adhesive dressing (i.e. Tegaderm film, Opsite or Allevyn gentle border, Tegaderm round or square adhesive) Use Prontosan wound irrigation solution to clean wounds and surrounding skin Put date of expiration once bottle is opened (8 weeks since opening bottle) Category 2,3 and 4 If with necrotic or slough tissue on the wound bed, use Prontosan gel X or Activon Manuka honey. If exudate is low, use foam adhesive square or round (i.e. Allevyn gentle border or Tegaderm foam) If exudate is moderate to high, use Aquacel Extra hydrofibre or Durafibre square as primary dressing + Foam adhesive round or square as secondary dressing Unstageable Follow management for Category 2-4 above Deep Tissue Injury (DTI) Monitor using bruise algorithm to rule out bruising – if colour changes then it is a bruise Consider requesting for an X-ray to rule out trauma and bone involvement Change dressing when there is strike through noted on the foam dressing. Write the date of application on the dressing for easy reference
<p>Healed</p>	<ul style="list-style-type: none"> • Continue with routine skin care, follow positioning guidelines in bed and wheelchair
<p>Refer</p>	<ul style="list-style-type: none"> • For any deterioration and complication, inform GP/ward doctor and complete a TVN referral form on EPR