

THE PRESSURE DILEMMA:

MANAGING PRESSURE, MOISTURE & SHEAR

SALLY MUNN PT DPT CWS

CERTIFIED WOUND
SPECIALIST



EVALUATION OF SKIN DAMAGE



What is the skin damage?



Why & How is it happening ?



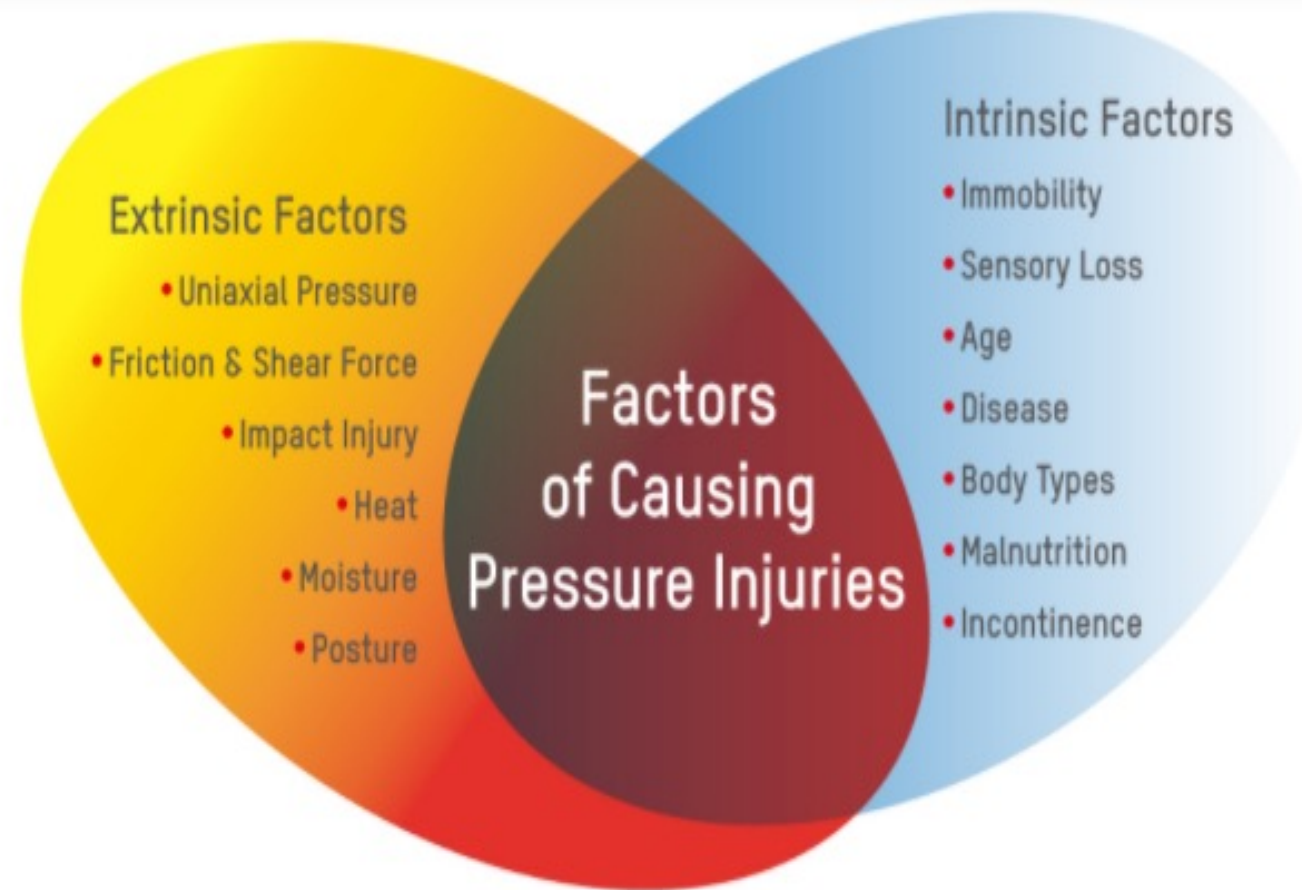
Can it be healed?



Are the interventions reasonable?



What can be done for prevention?



Also, the tolerance of soft tissue for pressure and shear may be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue.

Reference: Pressure ulcer prevention: pressure, shear, friction and microclimate in context. A consensus document. London: Wounds International (2010).

INCONTINENCE RELATED DERMATITIS COMPARED

TO

MOISTURE LESIONS

<https://www.tissueviabilityscotland.org/>

Incontinence Related Dermatitis (IRD)

Mild

Erythema (redness) of skin only. No broken areas present.



Moderate

Erythema (redness), with less than 50% broken skin. Oozing and/or bleeding may be present.



Severe

Erythema (redness), with more than 50% broken skin. Oozing and/or bleeding may be present.



Moisture Lesions:

Skin damage due to exposure to urine, faeces or other body fluids

Location

Located in peri-anal, gluteal, cleft, groin or buttock area. Not usually over a bony prominence.



Shape

Diffuse often multiple lesions. May be 'copy', 'mirror' or 'kissing' lesion on adjacent buttock or anal-cleft. Linear



Edges

Diffuse irregular edges.



Necrosis

No necrosis or slough. May develop slough if infection present.



Depth

Superficial partial thickness skin loss. Can enlarge or deepen if infection present.



Colour

Colour of redness may not be uniform. May have pink or white surrounding skin (maceration). Peri-anal redness may be present.



MANAGING MOISTURE

TREATMENT

Reduce pressure & shear

Urinary catheter /Fecal tube/Ostomy

Absorptive dressings as needed

Barrier creams/ointments :Zinc/Calamine

Frequent change of position

Least restrictive incontinence garments to decrease moisture

PREVENTION

Caregiver education

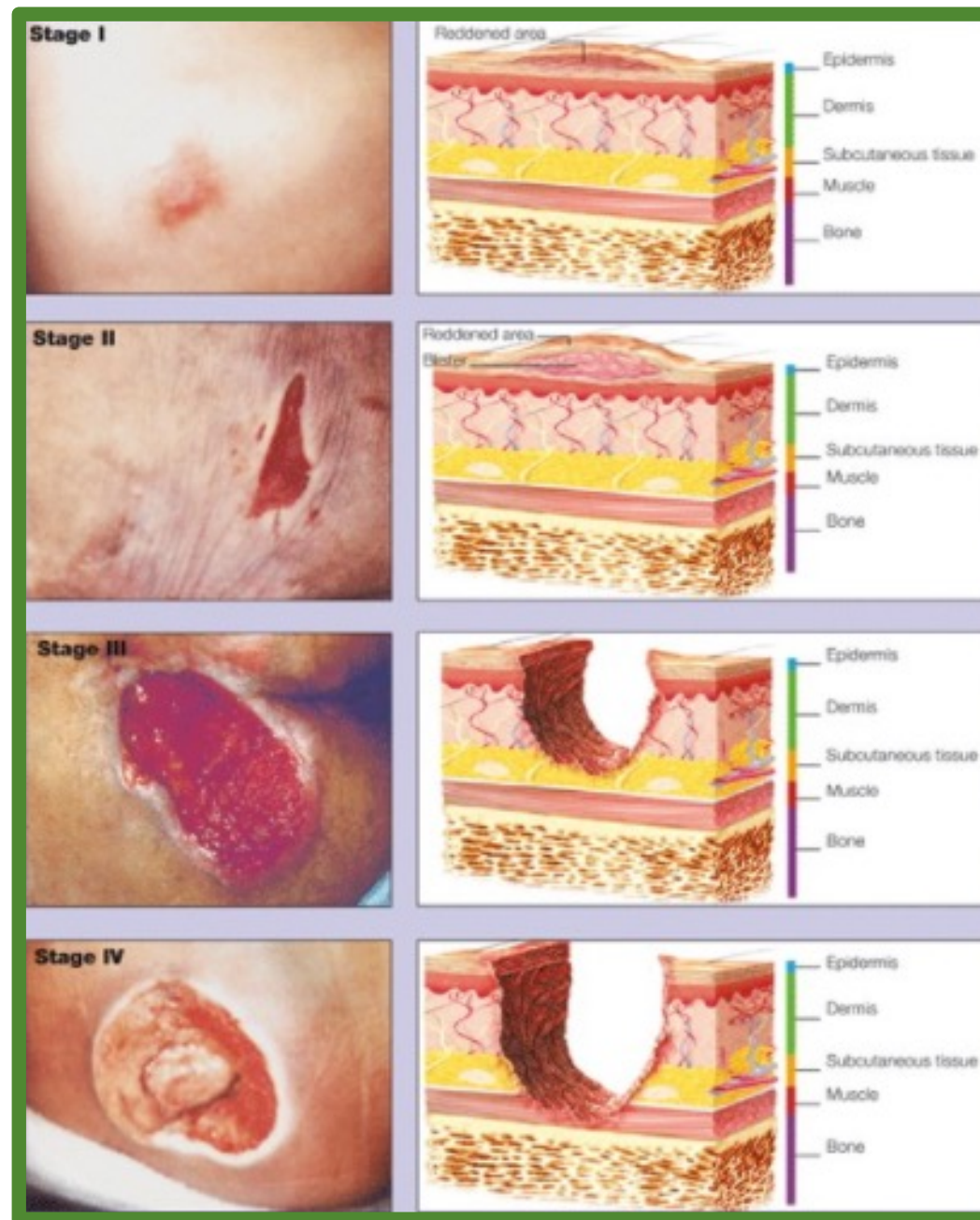
Bowel/Bladder programs

Barrier film, ointment, creams

Frequent change of incontinence garments

Frequent change of position

PRESSURE INJURIES



PRESSURE INJURY MANAGEMENT

TREATMENT

Remove pressure; Head of bed below 30° in supine

Frequent change of position

Debridement as needed

Manage incontinence

Moist dressing; absorb, debridement, protect

Nutrition

PREVENTION

Caregiver Education

Pressure reduction & trauma protection devices

Frequent change of position

Prophylactic dressings; Mepilex silicone adhesive foam is the product with evidence

Nutrition

Quality of life goals

RESOURCES

AquaShield USA (cast covers) : <https://aquashieldusa.com/>

Cast covers for shower to cover bandages, casts, splints. Has non-skid on the bottom of the foot. The person can wear a shoe inside the cast cover for increased safety. Reuseable. Can be used for swimming. Can call the company and buy direct.

Derma Saver (skin tear protection): <https://www.dermasaver.com/>

A washable soft foam fabric skin protector. Easy to apply. Available for most body parts. Comfortable to wear. Includes some pressure relief item for heels.

Waffle Cushion (pressure redistribution cushion): <https://www.ehob.com/products/waffle-seat-cushion/>

Reasonably priced first line pressure redistribution cushion. Up to 700-pound capacity. Some precautions and monitoring needed as it can be slick

RESOURCES CONTINUED

SAGE INDUSTRIES (Skin injury prevention, elimination management, infection prevention & caregiver safety equipment): <https://sageproducts.com/>

Wide variety of homecare products including pressure relief & positioning as well as bed bound skin care.

National Pressure Injury Advisory Panel : <https://npiap.com/page/FreeMaterials>

National pressure injury prevention & management guidelines and resources for providers and caregivers.

Moisture Barrier Products. No specific recommendations on brand. Dimethicone repels moisture. Zinc creates a physical barrier. Calamine reduces itching. Do not scrub to remove.