

PRESSURE INJURY PREVENTION BUNDLE

ASSESSMENTS:

Skin Assessment

- ↻ **2-Person skin assessment** on admission or transfer to the unit (within 12 hours)
- ↻ **Skin assessment** every shift and with change in patient condition
- ↻ **Braden assessment** on admission and every shift
- ↻ **Bed Surface Algorithm** daily and change in patient condition

INTERVENTIONS:

Pressure/Friction/Shear Relief:

- ↻ **Heel boots** (keep straps loose and cords away from ankle)
- ↻ **Medical Device protection** (e.g. BiPap - nose, oxygen devices - cheeks and ears, NG tube - nares, PAS sleeves - heels and ankles, TED hose and stump shrinkers - legs)
- ↻ **Prophylactic Mepilex** to sacrum/coccyx/heels
- ↻ **Waffle chair cushion**

Moisture/Incontinence:

- ↻ **Dri-Flow Pads**
- ↻ **Barrier Peri wipes**
- ↻ **Protective spray, barrier ointment or cream**
- ↻ **Condom catheter**
- ↻ **Fecal incontinence algorithm**

Turning and Positioning:

- ↻ **In Bed:** every 2 hours
- ↻ **In Chair:** every 1 hour
- ↻ **Maintain HOB** less than 30° (unless contraindicated)