

5 PRESSURE INJURY PREVENTION TIPS

Healthcare's understanding of HAPI (hospital-acquired pressure injuries) continues to evolve. Long considered the bi-product of three factors — **pressure, heat, and/or moisture** — verified HAPI causes have expanded in recent decades to include nutrition status and immobility. In 2007, deep tissue pressure injuries (DTPI) were added to the pressure injury staging scale, indicating wider recognition of HAPI variations that aren't readily visible or even diagnosable.

HAPI awareness and prevention are also evolving. Most healthcare facilities today prioritize patient repositioning in efforts to offset restricted blood flow that's the leading cause of pressure injuries among patients. Still, many other HAPI prevention techniques go underutilized or overlooked.

Here are five of them:



Consistently and promptly apply barrier products after incontinence episodes.

pH balanced skin care is encouraged when the skin's outer layer — the stratum corneum — is compromised. After cleansing and moisturizing soiled or wet patient skin, apply a barrier cream or another barrier product that helps restore a healthy pH of 5.5.



Encourage your employer to adopt pressure injury monitoring technology.

In many healthcare facilities, subjective tools like the Braden Scale are supplemented by pressure and positioning monitoring tools. Depending on the technology, these offer everything from pressure mapping to reminder alerts; some sync with patient electronic medical records and automatically document patient repositioning and turning — freeing up time, adding diagnostic clarity, and elevating compliance.



Chuck standard chux.

The HoverCover™ by HoverTech is a game-changer. The full-size HoverCover is 3 times the length of a standard size chux, has 6.7 liters of fluid absorbency, and creates a balanced microclimate that is breathable to allow airflow to keep the patient cool and dry.



Hype up sugar-free hydration.

It's easy to overlook the restorative power of water and other drinks that promote blood circulation. Encourage drinks that are low-sugar or sugar-free (sugar can have a negative impact on wound healing). Make a habit of reminding patients to use their overbed tables for drinks and to sip (and request refills) regularly.



Get smarter about turning and repositioning.

Not all repositioning is created equal. Practitioners looking to optimize q2h are wise to explore and refine their techniques. After all, turning and repositioning that maximize musculoskeletal alignment and distributed support can increase circulation and optimize microclimates — for all-around stronger skin outcomes.