

Pressure Injury (PI) identified

Pressure Injury (PI) Assessment

Wound Assessment

- Location, stage, size; wound base, edges and peri-wound condition, exudate, odour
- It is recommended to take a photograph of the wound at each assessment with consent

Red Flags Screening (Medical Complications)

- Autonomic Dysreflexia risk, wound infection, sepsis, malnutrition

Yellow Flags Screening (Psychosocial Concerns)

- Screen for past or current history of mental health conditions, low self efficacy, substance use, reduced social support, financial strain, neglect, mood disorder, anxiety, depression, PTSD or other psychological presentations

Possible Cause

- Device or equipment factors, position/posture, duration of activity, injury/trauma, ageing, illness, changing needs

Contributing Factors

- Incontinence, spasm, nutrition, illness or comorbidities, environmental issues, weight loss or weight gain and psychosocial factors, cognition

Malnutrition Screening

- Screen for malnutrition using a validated screening tool eg: the Malnutrition Screening Tool (MST) as part of the Waterlow Score assessment.

Investigations to consider if clinically indicated

- Blood test (FBC, BSL, LFTs, C-RP, ESR, albumin/pre-albumin), wound swab, imaging of underlying bone/tissue eg: xray, sinogram, CT, bone scan if required

* NOTE *

Use a validated pressure injury Risk Assessment Tool such as the Waterlow Score or Braden Scale.

All individuals with SCI are at high or very high risk of pressure injury.

Use clinical judgement to help identify additional risk factors eg: psychosocial considerations, comorbidities, age, injury level, activity, mobility, equipment or device factors.

Tips for SCI Risk Assessment & Treatment

Address all risk factors

- **Physical:** Activity, posture, mobility, transfer technique, spasms, pain limitation
- **Personal care:** Independent or assistance required, techniques, equipment and environment
- **Psychosocial factors:** Psychological conditions (eg: anxiety, depression, bipolar, schizophrenia etc), substance use (eg: alcohol and other drugs), social supports, lifestyle, mood, pain and sleep
- **Medical factors:** Consider comorbidities eg: diabetes, smoking status, OSA, nutrient deficiency
- **Medication:** Obtain a thorough medication history

Education

- Assess competencies for self-management (theoretical knowledge plus demonstration of techniques) eg: pressure relief technique and frequency, skin monitoring routine, knowledge about early intervention

Seating assessment and sitting protocol

- Consider **all** different sitting surfaces used by the individual (eg: wheelchair, cushion, commode, sports chair, car seat, mattress, bed etc).
- Once healed, implement a graduated program to increase sitting tolerance over time to improve strength of the skin.
- Contact SSCIS pressure injury services for guidance**

Cognition

- Traumatic Brain Injury, VP Shunt, dementia

PI Stage I or II

PI Stage III or IV,
Suspected Deep Tissue Injury (DTI)
or Unstageable

Commence first-line action

- ✓ Advise to remove all pressure from the wound. Note: Positioning recommendations are dependent on wound location, available equipment, mobility, social support and care
- ✓ Referral to Community Nursing and / or General Practitioner
- ✓ Referral to Occupational Therapy and/or Physiotherapy for equipment and mobility review
- ✓ Referral to Dietitian (if MST ≥ 2)
- ✓ If indicated - Referral to Clinical Psychologist or mental health professional for supportive counselling

Commence first-line action

- ✓ Advise to remove all pressure from the wound
- Positioning recommendations are dependent on wound location, current equipment, mobility, care
- ✓ Urgent review of personal care needs
- ✓ Urgent referral to Community Nursing
- ✓ Urgent appointment with GP
- ✓ Urgent referral to Occupational Therapy +/- Physiotherapy for equipment and mobility review
- ✓ Urgent referral to Dietitian
- ✓ Referral to Social Worker
- ✓ Referral to Clinical Psychologist or mental health professional for supportive counselling

Initiate tertiary referral to SSCIS Pressure Injury Services for **all** Stage III and IV PIs, suspected Deep Tissue Injury (DTI) or Unstageable PIs

** Tertiary Referral Spinal Pressure Injury Services

Spinal Plastics Service (SPS)
Royal North Shore Hospital (RNSH)
St Leonards NSW 2065
Ph. (02) 9463 2754

Spinal Pressure Care Clinic (SPCC)
Prince of Wales Hospital (POWH)
Barker St Randwick NSW 2031
Ph. (02) 9382 8338
Direct number: 0401 710 660

Tertiary Referral Specialist Seating Services

Assistive Technology & Seating Clinic
Building 7, Macquarie Hospital,
Norton Rd, North Ryde, NSW 2113
Ph. (02) 9857 7200

Seating Clinic POWH
Prince of Wales Hospital (POWH)
High St Randwick NSW 2031
Ph. (02) 9382 5286

Initiate tertiary referral to SSCIS PI services for non-healing or deteriorating Stage II PI