**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, 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

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**PI Stage I or II**

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

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

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**

**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 (POW)
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 Road, North Ryde, NSW 2113
Ph: (02) 9857 7200

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

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