

# Sullivan County Department of Public Health

<p><b><u>Title:</u></b> Pressure Injury Care</p> <p><b><u>Number:</u></b> CP-28</p> <p><b><u>Page Number:</u></b> 1 of 2</p>	<p>Original Approval: 6/87</p> <p>Reviewed/ revised: 9/99, 9/05, 9/08, 7/12, 4/24</p>
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**Statement/ Purpose:**

To provide guidelines for care of pressure injuries.

**Authority:**

**Application:**

RNs, LPNs, PTs

**Terminology:**

**Responsible Party:**

Training and Quality Improvement Coordinator

**Cross-Reference:**

Hand Hygiene, Photography/ Videography of patients

**Procedure:**

1. Confirm provider's orders for pressure injury care.
2. Instruct patient and/or caregiver regarding the reasons for pressure injury care:
  - a. To encourage tissue healing
  - b. To increase circulation to affected area
  - c. To assess and treat breaks in the skin
  - d. To promote skin comfort
3. Perform hand hygiene
4. Gather supplies and equipment needed
5. Explain the procedure to the patient.
6. Position the patient in a position of comfort that allows for ease of completion of pressure injury care.
7. Don non-sterile disposable gloves
8. Remove old dressings and place in garbage receptacle.
9. Assess wound size, color, depth, drainage, odor, and condition of surrounding tissue.
10. Perform hand hygiene.
11. Set up clean/ sterile area
12. Prepare mild soap and water or prescribed cleansing solution.
13. Clean skin around pressure injury with mild soap and water or prescribed clean solution working outward from the center with circular motions.
14. Dry area with sterile gauze
15. Cleanse pressure injury area with sterile 4x4 gauze moistened with prescribed cleaning solution from the

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center outward as ordered. Use a new 4x4 gauze for each application.

16. Gently irrigate entire pressure injury with piston syringe filled with solution as ordered according to wound irrigation procedure.
17. Dry wound using sterile gauze.
18. Assess wound for presence of granulation tissue.
19. Apply provider-prescribed dressing, according to the appropriate procedure.
20. Discard all waste in garbage receptacle.
21. Remove and discard gloves appropriately.
22. Assist patient to position comfortably.
23. Perform hand hygiene
24. Document procedure in the patient's clinical record. Documentation is to include the following:
  - a. Condition of pressure injury, including staging
  - b. Depth and size
  - c. Drainage, if any
  - d. Odor, if any
  - e. Patient's tolerance of procedure
  - f. Condition of surrounding tissue
  - g. Any tissue granulation noted
  - h. Instructions provided to patient/ caregiver