

Skin Integrity and Pressure Injuries

A pressure injury is damage to the skin integrity and underlying tissue. This can be caused by pressure, shearing or friction. Bony prominences are common areas of pressure injury. It is important to consider equipment, positioning, clothing and other factors that may be contributing to pressure. The client or patient should keep weight or pressure off these areas until they have disappeared or healed, this may include bed rest.

Note any areas of scar tissue, particularly on a weight bearing area. Scar tissue is not as elastic as normal skin and is more vulnerable to breakdown. These areas of reduced skin condition will affect the use of orthotics such as AFOs, positioning and time of sitting and the type of equipment supplied. Skin breakdown or pressure areas may delay the rehabilitation process.

Areas of muscle wasting, particularly weight bearing areas will increase the risk of skin breakdown and need to be taken into account in the equipment prescription process.

Classifying a Pressure Injury

Stage 1

- Non-blanchable erythema
- Not an open wound

Stage 2

- Partial thickness skin loss
- Open wound

Stage 3

- Full thickness skin loss

Stage 4

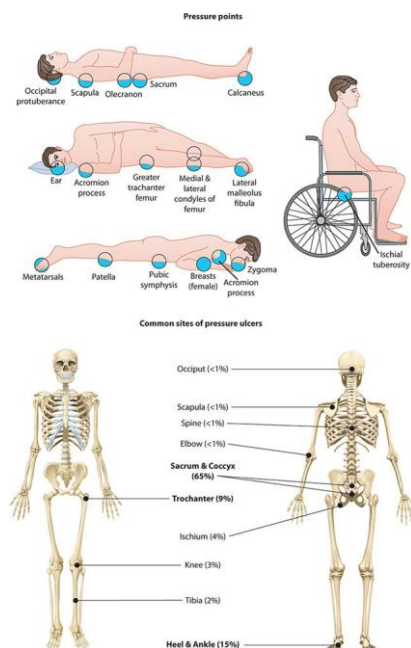
- Full thickness tissue loss
- Extending into muscle or bone
- Damage to joints and tendons may occur

Unstageable

- Depth unknown

Suspected deep tissue injury

- Depth unknown
- The wound is not open but there is damage to the tissue underneath
- The skin may look purple or dark red



Resource

- [Classifying pressure injuries and skin tears \(health.vic.gov.au\)](https://www.health.vic.gov.au)

Positioning to offload pressure

Positioning in supine

How to position the lower limbs and feet in bed to offload pressure to the heels.



Positioning in sidelying

Pillows are positioned between the knees and ankles to prevent pressure between bony prominences. One or two pillows are placed behind the back to offload pressure through the coccyx or sacrum.



Return to sitting

Return to sitting regime is generally implemented after the skin has fully healed. A sitting regime is slowly increased, usually over several weeks, after a period of skin breakdown. The extent and cause of the pressure injury are key factors in how quickly a sitting regime can be progressed. Ideally, the multidisciplinary team are involved in the progression of a sitting regime, especially after surgical repair of a pressure injury. A sitting regime is commenced using the wheelchair first, before progressing to showering or toileting aids. Skin tolerance benefits from progressing frequency of sitting times in a day, before progression of duration e.g., aim for sitting twice daily, then slowly progress duration of sitting time.

Things considered prior to recommencing sitting:

- What may have caused the pressure injury
- Transfer method to recommence sitting
- Equipment modifications or changes e.g., review of pressure redistribution cushion to reduce pressure and maximise surface area contact
- Duration of sit

Skin checks are performed before and after the sit and changes in skin integrity are noted. When the patient is sitting, activities that may cause shearing should be avoided, this is an important consideration for patient's attending therapy.

Other Resource

QSCIS sitting regime and fact sheet

- https://www.health.qld.gov.au/_data/assets/pdf_file/0026/434735/sitting-after-skin-breakdown.pdf