

## 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 UnstageableInitiate tertiary referral to SSCIS Pressure  
Injury Services for **all Stage III and IV PIs,**  
suspected Deep Tissue Injury (DTI) or  
Unstageable PIs**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  $\geq 2$ )
- ✓ 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

**\*\* 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:** 0434 570 385

**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