

**PRESSURE INJURY PREVENTION AND MANAGEMENT – HAEMODIALYSIS OUTPATIENT**

<b>Cross References</b>	Pressure injury prevention and management policy PD2014_007
<b>1. Purpose</b>	To prevent and appropriately manage pressure injuries in the outpatient haemodialysis patient

**2. Process**

**2.1 Pressure Injury prevention (PIP)**

People receiving haemodialysis treatments experience the same risks for pressure injury as the general population and may be at higher risk due to lying or sitting in the same position for extended periods. In addition our patients are at risk of pressure injuries due to the high prevalence of bedbound and wheelchair dependence. Most patients are aged with multiple co morbidities including, diabetes, vascular disease and poor venous return. Precautions should be taken to minimise the incidence of pressure injuries in the haemodialysis patient group.

There are a number of strategies which can assist in minimising pressure injuries:

- Discuss the importance of early recognition and management with the patient/carer. A range of education material on pressure injury prevention is available via the NSW Clinical Excellence Commission on the intranet.
- Provide information on PIP during the orientation process.
- Patients should be encouraged to reposition themselves in the chair hourly at nurse rounding or more frequently throughout the shift.
- Ensure patient recliners are adjusted to allow feet to be flat on the floor to reduce buttock pressure and allow independent movement.
- Patients in beds should be encouraged or assisted to turn at hourly rounding
- Ask patients to inform nurses of any skin irregularities
- Provide appropriate products or encourage patients to bring pressure relieving devices to dialysis

There are other preventative strategies which are general and not applicable to the service – please see noted in Pressure injury prevention and management policy PD 2014\_007

**2.3 Pressure injury risk screen**

- The Waterlow Pressure Injury Risk Assessment should be completed (at commencement of dialysis) for all outpatients. If the patient refuses visual inspection, document in the patient file
- Assessment must be completed on aged care facility residents and wheelchair bound patients
- As part of ongoing PN assessments, patients deemed at high risk should be assessed monthly
- Patients in low risk category should be assessed when there is a change to their health status or mobility or when a pressure injury has developed.

**2.2 Managing a pressure injury**

- Where a pressure injury is present regular follow up must occur.
- If the patient is in residential aged care confirm progress of wound with the Care RN.
- If a pressure injury is evident in patients not in residential aged care discussions should occur with the primary carer regarding management.

<b>3. Network file</b>	Haemodialysis
<b>4. External references / further reading</b>	<a href="http://www.safetyandquality.gov.au/wp-content/uploads/2011/01/NSQHS-Standards-Sept2011.pdf">http://www.safetyandquality.gov.au/wp-content/uploads/2011/01/NSQHS-Standards-Sept2011.pdf</a> Adams, K. & Fogarty G. Meeting national standards in dialysis units: our experience with pressure injury prevention. Renal Society of Australasia Conference Proceedings 2015.
<b>5. Specialty/department committee approval</b>	Renal Department Haemodialysis Committee
<b>6. Department head approval</b>	Prof Mark Brown or As/ Prof Ivor Katz
<b>7. Executive sponsor approval – NCD or CGM</b>	Nursing Co-director Medicine & Critical Care

**Revision and Approval History**

Date published	Revision number	Author/Contact Officer (Position)	Date due for revision
Oct 2015	1	Tracey Blow	August 2018

<b>WPI Criteria</b>	<b>Yes</b>	<b>No</b>
Contains ward/unit/department specific instructions only	<b>x</b>	
Description of process is straight forward and without variables. <b>NOT a WPI</b> if dependent on various decision making pathways <b>e.g.</b> if something is A do B and if C do D	<b>x</b>	
Process is free from complex clinical decision making	<b>x</b>	
Process is free from medications	<b>x</b>	
Process is free from high risk invasive procedures	<b>x</b>	
Document will be located on the ward/unit/department dedicated intranet page	<b>x</b>	
Document will be listed in a local register by custodian responsible for facilitating WPI review every 3 years	<b>x</b>	
Department head will approve the document and nursing co-director or clinical group manager will be the executive sponsor	<b>x</b>	
<p>If <b>NO</b> to any of the criteria</p> <p>↓</p> <p><b>NOT a WPI</b> – progress to clinical business rule (CIBR) development</p>		