

The background is a gradient of dark blue and purple. On the left side, there are several concentric circles and a large arc with a scale. The scale has numbers ranging from 140 to 260 in increments of 10. There are also smaller circles and arrows scattered across the background, some pointing in different directions. The overall design is abstract and technical.

ASSESSING THE PRESSURE INJURY PATIENT

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DISCLOSURES

- No disclosures.

GOALS OF THIS PRESENTATION:

- 1. How to properly assess and determine stage of pressure sore
- 2. When is debridement necessary
- 3. Qualifications for pressure sore closure

“

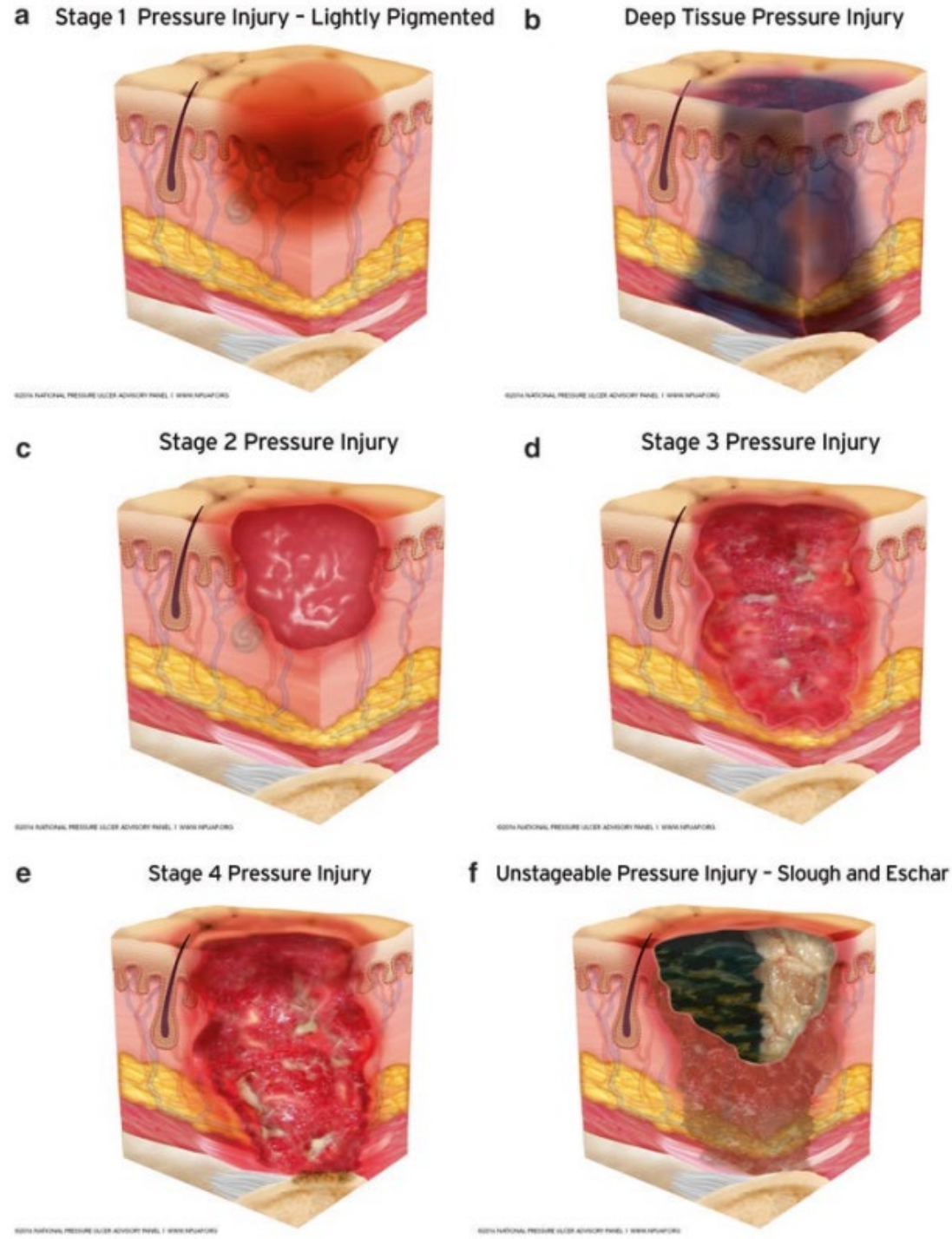
There are many pressure injuries in patients with comorbid diseases that may not be preventable despite best efforts (Orgill, 2018, pg. 75).

”

Pressure within tissues rises to level greater than pressure in capillaries, halting blood flow and causing ischemia

- NPIAP classification

(European Pressure
Ulcer Injury Advisory Panel)



with pressure sores
injury
critical, but debilitated

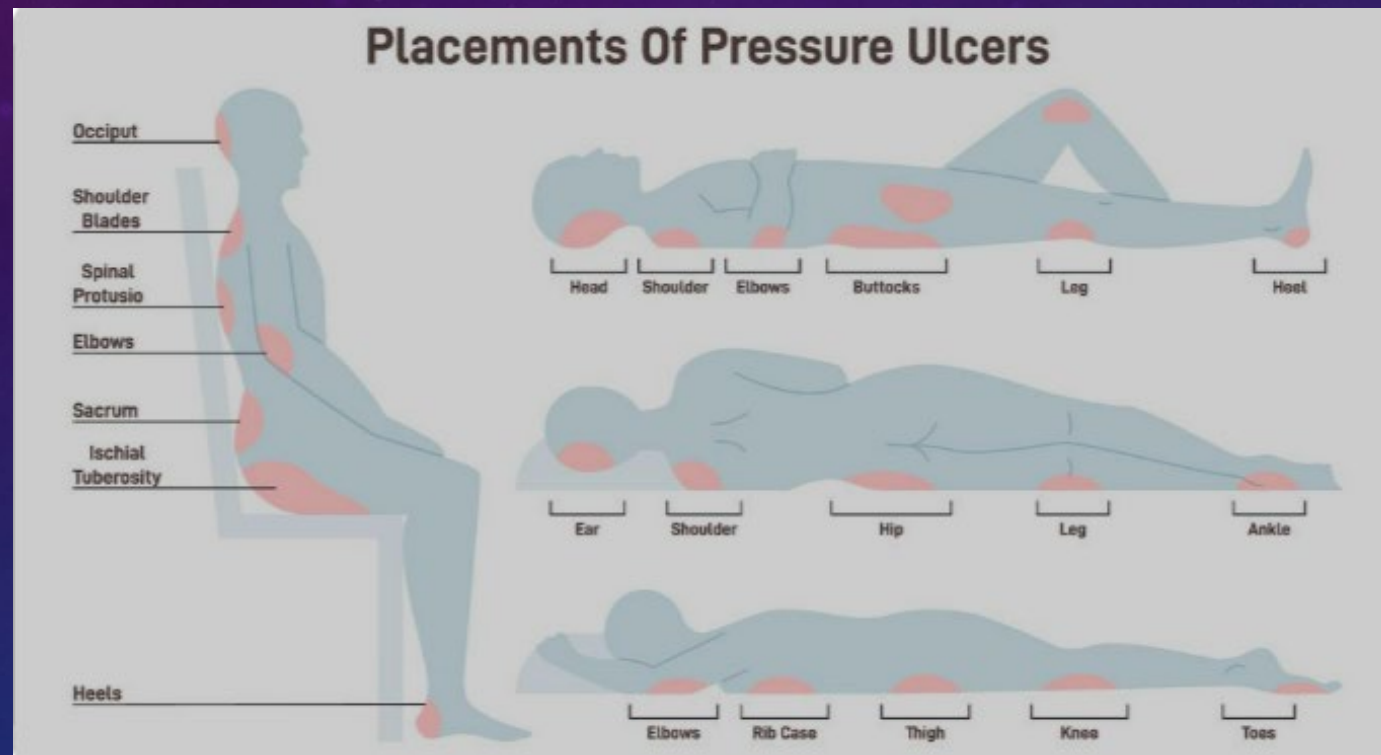
(Orgill, 2018, pg. 76).

CAUSES VS AREAS OF PI

- Determining and Treating underlying cause can help prevent recurrence
 - DM
 - Vascular
 - Pressure
- Ischial = sitting issue
- Sacral = lying down issue
- Trochanteric = lying down on sides/narrow wheelchair seat

(Orgill, 2018).

OTHER AREAS OF PI



(Knox Community Hospital, 2025).

DEBRIDEMENT

VS.

CLOSURE

- High burden of biofilm/fibrinous or necrotic tissue
- Significant osteomyelitis
- Iceberg wound
- “It just keeps getting worse” or “ It’s not getting better”

- PI healing with patient’s current care
- Medically stable
- PI was one time “oops”
- Resulted from inability to prevent, but situation/knowledge improved

(Orgill, 2018) (European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Injury Alliance. (2019).

THINGS TO ASSESS PRIOR TO CLOSURE

- Wheelchair / WC cushion
- Type of Bed at home
- Sitting habits
- Contractures
- Diversion
- Smoking/nicotine cessation
- Current dressings
- Caregivers / home health
- Follow in Wound Center
- Nutrition
- Infectious Disease

(Orgill, 2018).

POST-OP COMPLICATIONS

- Infection
- DVT
- Risk of dehiscence

(Orgill, 2018).

CAN YOU GUESS THE STAGE?



- Open, full thickness wound to sacrum/coccyx
- Wound extends through dermis in to subcutaneous tissues
- Moderate serosanguineous drainage

(3M UK, 2025).

CAN YOU GUESS THE STAGE?



- Pink, open wound to sacrum
- Serosanguineous drainage
- Dermis exposed

(3M UK, 2025).

CAN YOU GUESS THE STAGE?



- Pink, non-blanching wound to R heel
- No open wounds
- No drainage

(3M UK, 2025).

CAN YOU GUESS THE STAGE?



- Healthy granulation tissue at wound base
- Rolled wound edges to suggest healing
- Bone palpable

(3M UK, 2025).

REFERENCES

- European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Injury Alliance. (2019). Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline. Emily Haesler (Ed.). EPUAP/NPIAPAPPPIA.
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