TENNESSEE
Center for Patient Safety

HAPI Panel of Experts Topic of the Month – October 2019

Improving Recognition of Stage 1 Pressure Injuries

Introduction

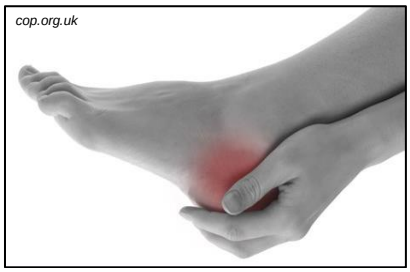
In a recent assessment of pressure injury activity among a cohort of Tennessee hospitals, it was found that hospital-acquired pressure injuries were often not identified until they were Stage 2. When identified and treated while still at Stage 1, pressure injuries can usually heal within a few days, saving costs, reducing risk of complications such as infection, and preventing patient discomfort.

Recognizing Stage 1 Pressure Injuries

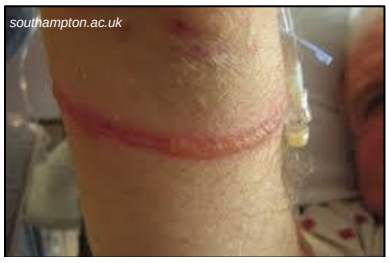
Stage 1 pressure injuries are defined as intact skin with a localized area of non-blanchable erythema,[1] particularly in areas of sustained pressure such as over a bony prominence or under a medical device. Despite having a simple definition, Stage 1 pressure injuries can be tricky to identify. In the words of Sonya Clark, RN, CWS, and HAPI Panel of Experts Panelist from Henry County Medical Center, "They don't have a flashing red sign that says, 'Here I am!'." The following recommendations can help clinicians improve identification of Stage 1 pressure injuries.

Work as a team to ensure every patient gets a thorough skin assessment.

Use adequate lighting during skin assessment.



Assess for non-visual symptoms: change in skin consistency, temperature, or sensation.



Pay special attention to skin on bony prominences and under medical devices.

Use lift equipment to hold heavy limbs or a large pannus for skin assessment in bariatric patients.

Test gently for blanching. Use a skin-prep wipe on dry skin to enhance visualization.

If you are unsure whether an area is a Stage 1 pressure injury, remove pressure and reassess the area in 30-60 minutes. Consult wound care or an experienced colleague as needed.

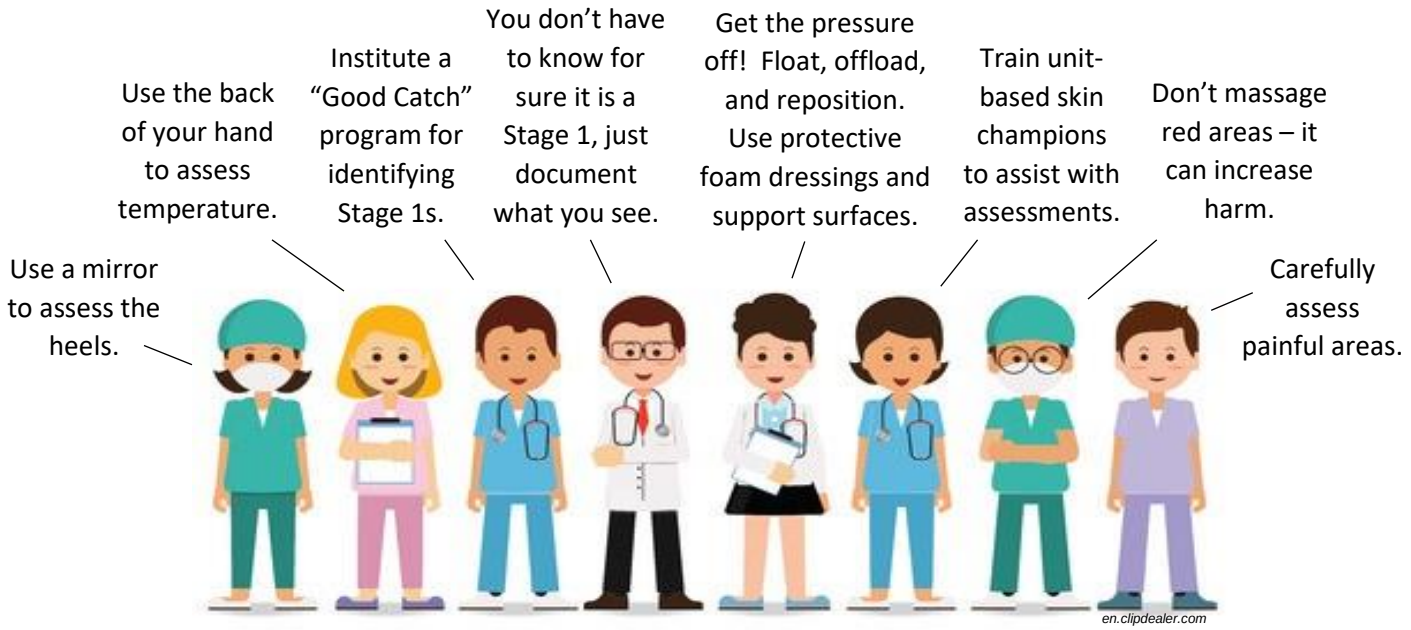
For Patients with Darkly-Pigmented Skin

More than one study has demonstrated a failure to recognize Stage 1 pressure injuries among individuals with darker pigmentation.[2] Skin color changes can be more difficult to recognize with darker skin pigmentation, but they do occur. The area will be different in color than the surrounding skin and non-blanchable. It is important to assess for non-visual symptoms such as pain, change in skin consistency, or change in skin temperature.[3] If you are uncertain whether an area is a Stage 1 pressure injury, remove pressure and reassess in 30-60 minutes. If the symptoms and discoloration continue, it is likely a Stage 1. Also, when in doubt, consult with a wound care professional or experienced colleague.

ABOUT TEMPERATURE ASSESSMENT

Successfully detecting skin temperature change in an area of concern depends upon many things, including the clinician's sensitivity to temperature, whether the patient was just laying on the area, if the area is moist, if the area has thick subcutaneous fat or edema, or if the patient has altered circulation. Compare the area of concern to the temperature of surrounding tissue but assess for other symptoms as well.

Additional Recommendations



References

1. Edsberg, L., Black, J., Goldbert, M., McNichol, L., Moore, L., and Sieggreen, M., (2016). Revised national pressure ulcer advisory panel pressure injury staging system. *Journal of Wound, Ostomy, and Continence Nursing* 43(6): 585-597.
2. Clark, M. (2010). Skin assessment in dark pigmented skin: a challenge in pressure ulcer prevention. *Nursing Times*; 106:30.
3. Bennett, A. (1995). Report of the task force on the implications for darkly pigmented intact skin in the prediction and prevention of pressure ulcers. *Advances in Wound Care* 8(6): 34-35.

The HAPI Panel of Experts is a group of wound care and quality professionals that represent hospitals of varying sizes and geographic regions of Tennessee. The Panel convenes monthly to discuss a topic specific to pressure injury prevention and share their practices and recommendations.

Panel of Experts

Jennifer Vandiver, BSN, RN, CWON - West Tennessee Healthcare

Julie Brandt, MSHA, BSN, RN, WOCN - Erlanger Health System

Lauren White, MBA, BSN, RN - Vanderbilt University Medical Center

Sonya Clark, RN, CWOCN - Henry County Medical Center

Suzanne Kuhn, RN, CWS - Delta Medical Center

If you would like to suggest a topic for the Panel to discuss, please email your request to Rhonda Dickman at rdickman@tha.com.