## **Preventing Stage I Pressure Ulcers**

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A Stage I pressure ulcer is an area of localized pressure-caused injury with nonblanchable redness of intact skin, usually over a bony prominence. Dark pigmented skin may not have visible blanching and the color may differ from the surrounding area. The area can be firmer or softer, warmer or cooler, or more painful compared to adjacent skin. These ulcers can quickly progress to cause further damage — it is important to expediently perform patient risk and skin assessments.

To reduce the risk of skin damage, the skin should be kept clean and dry; protected from perspiration, urine, and fecal matter by using moisture barriers and skin protectants; and hydrated with emollients. Pressure should be redistributed. Support surfaces help redistribute pressure and may reduce shear, friction, and moisture. Healthcare providers should be knowledgeable about the various support surfaces available and choose the appropriate surfaces based on the patient's need. Repositioning also helps redistribute pressure to prevent pressure ulcers. To determine the patient's repositioning frequency, it is important to assess the patient's tissue tolerance; level of acuity, mobility, and general medical condition; the overall treatment objective; and the patient's skin condition. It is essential to continue to provide pressure ulcer prevention measures in addition to support surface use.

Padding bony prominences with dressings or pressure-relieving boots may help protect those areas from pressure. However, some dressings may hold moisture against the patient's skin, causing skin breakdown. It is important to choose an appropriate absorbent dressing.

Other prevention strategies to consider when considering Stage I pressure ulcers include nutrition assessment, improving patient mobility and activity level, and providing patient and family education. Wound nurses must educate other nurses to care not only for patients' illnesses, but also to prevent harm to patients' skin. For every patient entrusted to our care, preventing Stage I pressure ulcers should be a key goal.

## Resource

National Pressure Ulcer Advisory Panel and European Pressure Ulcer Advisory Panel. Prevention and treatment of pressure ulcers: clinical practice guideline. Washington DC: National Pressure Ulcer Advisory Panel; 2009.

## Commentary from Ferris Mfg. Corp.

Pressure ulcers often increase in severity if not properly managed, so it is important to intervene early in order to prevent further damage. PolyMem<sup>®</sup> dressings help reduce swelling, pain, and inflammation of open wounds. The dressings provide the same benefits when placed over closed injuries such as Stage I pressure ulcers, contusions, sprains, and strains. The dressings decrease inflammation and pain by helping modulate the inflammatory nerve (nociceptor) response at and around the injury.

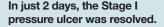
In a representative case study,<sup>1</sup> multifunctional PolyMem dressings were placed on 10 patients with Stage I pressure ulcers. The patients' affected areas were properly offloaded to reduce the risk of further damage. On day 4, the dressings were removed to reassess the pressure ulcers. At that time, 80% of the Stage I pressure ulcers were resolved. By days 7 to 8, the remaining Stage I pressure ulcers were resolved. All patients commented that the pain, itching, and burning caused by the pressure ulcers were greatly reduced and, in most instances, were completely eliminated within 2 hours of the initial PolyMem dressing application.

## References

 Wilson D. Application of Polymeric Membrane Dressings to Stage I Pressure Ulcers Speeds Resolution, Reduces Ulcer Site Discomfort and Reduces Staff Time Devoted to Management of Ulcers. Poster presented at the Symposium on Advanced Wound Care, Orlando, FL. April 17–20, 2010.



One of 10 patients in a representative case study: PolyMem applied to right trochanter Stage I pressure ulcer.



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