At Risk for Pressure Injury Development Guidelines

Stage 1	Deep Tissue Pressure Injury	Moisture Associated Skin Damage	Stable Heel Eschar
Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; this may indicate deep tissue pressure injury.	Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone- muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss.	Skin in the presence of constant moisture from fecal/ urinary incontinence, wound exudate, effluent from stoma/ fistula or perspiration develops persistent erythema leading to diffuse erosions and partial thickness wounds.	Eschar is intact, firm, flat without fluctuance, pain, drainage or surrounding erythema or redness.
Protect - Off Load	Protect - Off Load Manage Incontinence	Protect - Off Load Manage Moisture & Incontinence	Protect - Off Load
 Assess/Modify Turn & Reposition Schedule Use of Heel Lift protectors/Float Heels Use of Barrier Ointments 	 Assess/Modify Turn & Reposition Schedule Use of Heel Protectors/Float Heels Use of Barrier Ointments 	 Assess/Modify Turn & Reposition Schedule Use of Barrier Ointments Assess Support Surfaces Assess Nutrition/Hydration 	 Use of Heel Lift Protectors Use of Pillows/Specialty Cushions to Float Heels Keep Skin Dry & Supple Keep Foot out of shoe wear Use of guillotine shoe for

• Assess for Ancillary Referrals for	 Assess for Ancillary Referrals for 	• Measures to Decrease Friction	ambulation
Positioning if needed	Positioning	& Shear	
 Assess Support Surfaces 	 Assess Support Surfaces 	 Manage/contain incontinence 	
 Assess foot wear 	 Assess Nutrition/Hydration 	· Modify Care Plan as Needed	
 Assess Nutrition/Hydration 	 Measures to Decrease Friction 	 Use of Cover Dressings may 	
Measures to Decrease Friction &	& Shear	be indicated	
Shear	 Modify Care Plan as Needed 		
 Modify Care Plan as Needed 			
 Use of Dressings to decrease 			
Friction & Shear may be indicated			