**Materials & Methods**

Sheltering Arms Hospital is an acute rehabilitation facility comprised of 2 inpatient hospitals with a total of 68 beds. Inconsistencies in care with regard to pressure injury prevention had been identified. The inconsistencies were related to staff turnover and a lack of experience with our patient population and its inherent pressure injury risk. Based on interviews with clinical staff, LPN’s, RN’s, PCT’s and therapists, a “disconnect” was noted in their association between admitting diagnoses and the consistent pressure injury risks associated with those diagnoses. Some of the most common diagnoses seen at our hospitals are: Diabetes, CVA, Brain Injury/AMS, Hip/Knee/Back Surgery and Lower extremity edema.

### Understanding the Link Between Diagnoses and Pressure Injury Risk

#### Problem:

- **Diabetes**
  - Poor circulation to LE
  - Neuropathy = decreased sensation to feet
  - Increased risk of undetected injury.

- **CVA**
  - Hemiparesis = cannot feel pressure, pain
  - Weakness to affected side = cannot turn self
  - Incontinence = risk MASD = weakens skin tolerance

- **Brain Injury/AMS**
  - Weakness = cannot T&R self
  - Poor short term recall = cannot remember to T&R self
  - Pain = limits mobility
  - Brace/AFO/Splint = potential skin alteration

- **Hip/Knee/Back Surgery**
  - Pain = limits mobility
  - Tube feeding = increased HOB elevation
  - Bandage alteration

- **Lower Extremity Edema**
  - Heavy legs = poor mobility
  - Shortness of breath

### Interventions:

1. **Heel floatation – Prevalon boots or 1 pillow lengthwise under each leg knee to ankle**
2. **Shoes to be worn at all times.**
3. **Patient education on foot care**
4. **Daily foot inspection**

#### Problem:

1. **Problems**
   - Poor circulation to LE
   - Neuropathy = decreased sensation to feet
   - Increased risk of undetected injury.

2. **Interventions**
   - **Heel floatation – Prevalon boots or 1 pillow lengthwise under each leg knee to ankle**
   - **Shoes to be worn at all times.**
   - **Patient education on foot care**
   - **Daily foot inspection**

### Results

1. **Clinicians gained increased awareness of how clinical manifestations of diagnoses equates to pressure injury risk.**
2. **Enhanced patient compliance with their plan of care due to increased patient education.**
3. **Decreased hospital acquired pressure injuries.**

### Conclusions

1. **Materials & Methods**

2. **Results**

3. **References**

### Underlying the Link Between Diagnoses and Pressure Injury Risk

- **Diabetes**
  - Poor circulation to LE
  - Neuropathy = decreased sensation to feet
  - Increased risk of undetected injury.

- **CVA**
  - Hemiparesis = cannot feel pressure, pain
  - Weakness to affected side = cannot turn self
  - Incontinence = risk MASD = weakens skin tolerance

- **Brain Injury/AMS**
  - Weakness = cannot T&R self
  - Poor short term recall = cannot remember to T&R self
  - Pain = limits mobility
  - Brace/AFO/Splint = potential skin alteration

- **Hip/Knee/Back Surgery**
  - Pain = limits mobility
  - Tube feeding = increased HOB elevation
  - Bandage alteration

- **Lower Extremity Edema**
  - Heavy legs = poor mobility
  - Shortness of breath

### Interventions:

1. **Heel floatation – Prevalon boots or 1 pillow lengthwise under each leg knee to ankle**
2. **Shoes to be worn at all times.**
3. **Patient education on foot care**
4. **Daily foot inspection**

### Problem:

1. **Problems**
   - Poor circulation to LE
   - Neuropathy = decreased sensation to feet
   - Increased risk of undetected injury.

2. **Interventions**
   - **Heel floatation – Prevalon boots or 1 pillow lengthwise under each leg knee to ankle**
   - **Shoes to be worn at all times.**
   - **Patient education on foot care**
   - **Daily foot inspection**

### Results

1. **Clinicians gained increased awareness of how clinical manifestations of diagnoses equates to pressure injury risk.**
2. **Enhanced patient compliance with their plan of care due to increased patient education.**
3. **Decreased hospital acquired pressure injuries.**

### Conclusions

1. **Materials & Methods**

2. **Results**

3. **References**

### Underlying the Link Between Diagnoses and Pressure Injury Risk

- **Diabetes**
  - Poor circulation to LE
  - Neuropathy = decreased sensation to feet
  - Increased risk of undetected injury.

- **CVA**
  - Hemiparesis = cannot feel pressure, pain
  - Weakness to affected side = cannot turn self
  - Incontinence = risk MASD = weakens skin tolerance

- **Brain Injury/AMS**
  - Weakness = cannot T&R self
  - Poor short term recall = cannot remember to T&R self
  - Pain = limits mobility
  - Brace/AFO/Splint = potential skin alteration

- **Hip/Knee/Back Surgery**
  - Pain = limits mobility
  - Tube feeding = increased HOB elevation
  - Bandage alteration

- **Lower Extremity Edema**
  - Heavy legs = poor mobility
  - Shortness of breath

### Interventions:

1. **Heel floatation – Prevalon boots or 1 pillow lengthwise under each leg knee to ankle**
2. **Shoes to be worn at all times.**
3. **Patient education on foot care**
4. **Daily foot inspection**

### Problem:

1. **Problems**
   - Poor circulation to LE
   - Neuropathy = decreased sensation to feet
   - Increased risk of undetected injury.

2. **Interventions**
   - **Heel floatation – Prevalon boots or 1 pillow lengthwise under each leg knee to ankle**
   - **Shoes to be worn at all times.**
   - **Patient education on foot care**
   - **Daily foot inspection**

### Results

1. **Clinicians gained increased awareness of how clinical manifestations of diagnoses equates to pressure injury risk.**
2. **Enhanced patient compliance with their plan of care due to increased patient education.**
3. **Decreased hospital acquired pressure injuries.**

### Conclusions

1. **Materials & Methods**

2. **Results**

3. **References**

### Underlying the Link Between Diagnoses and Pressure Injury Risk

- **Diabetes**
  - Poor circulation to LE
  - Neuropathy = decreased sensation to feet
  - Increased risk of undetected injury.

- **CVA**
  - Hemiparesis = cannot feel pressure, pain
  - Weakness to affected side = cannot turn self
  - Incontinence = risk MASD = weakens skin tolerance

- **Brain Injury/AMS**
  - Weakness = cannot T&R self
  - Poor short term recall = cannot remember to T&R self
  - Pain = limits mobility
  - Brace/AFO/Splint = potential skin alteration

- **Hip/Knee/Back Surgery**
  - Pain = limits mobility
  - Tube feeding = increased HOB elevation
  - Bandage alteration

- **Lower Extremity Edema**
  - Heavy legs = poor mobility
  - Shortness of breath

### Interventions:

1. **Heel floatation – Prevalon boots or 1 pillow lengthwise under each leg knee to ankle**
2. **Shoes to be worn at all times.**
3. **Patient education on foot care**
4. **Daily foot inspection**

### Problem:

1. **Problems**
   - Poor circulation to LE
   - Neuropathy = decreased sensation to feet
   - Increased risk of undetected injury.

2. **Interventions**
   - **Heel floatation – Prevalon boots or 1 pillow lengthwise under each leg knee to ankle**
   - **Shoes to be worn at all times.**
   - **Patient education on foot care**
   - **Daily foot inspection**

### Results

1. **Clinicians gained increased awareness of how clinical manifestations of diagnoses equates to pressure injury risk.**
2. **Enhanced patient compliance with their plan of care due to increased patient education.**
3. **Decreased hospital acquired pressure injuries.**

### Conclusions

1. **Materials & Methods**

2. **Results**

3. **References**

### Underlying the Link Between Diagnoses and Pressure Injury Risk

- **Diabetes**
  - Poor circulation to LE
  - Neuropathy = decreased sensation to feet
  - Increased risk of undetected injury.

- **CVA**
  - Hemiparesis = cannot feel pressure, pain
  - Weakness to affected side = cannot turn self
  - Incontinence = risk MASD = weakens skin tolerance

- **Brain Injury/AMS**
  - Weakness = cannot T&R self
  - Poor short term recall = cannot remember to T&R self
  - Pain = limits mobility
  - Brace/AFO/Splint = potential skin alteration

- **Hip/Knee/Back Surgery**
  - Pain = limits mobility
  - Tube feeding = increased HOB elevation
  - Bandage alteration

- **Lower Extremity Edema**
  - Heavy legs = poor mobility
  - Shortness of breath

### Interventions:

1. **Heel floatation – Prevalon boots or 1 pillow lengthwise under each leg knee to ankle**
2. **Shoes to be worn at all times.**
3. **Patient education on foot care**
4. **Daily foot inspection**

### Problem:

1. **Problems**
   - Poor circulation to LE
   - Neuropathy = decreased sensation to feet
   - Increased risk of undetected injury.

2. **Interventions**
   - **Heel floatation – Prevalon boots or 1 pillow lengthwise under each leg knee to ankle**
   - **Shoes to be worn at all times.**
   - **Patient education on foot care**
   - **Daily foot inspection**

### Results

1. **Clinicians gained increased awareness of how clinical manifestations of diagnoses equates to pressure injury risk.**
2. **Enhanced patient compliance with their plan of care due to increased patient education.**
3. **Decreased hospital acquired pressure injuries.**

### Conclusions

1. **Materials & Methods**

2. **Results**

3. **References**