

Management of Pressure Areas following Spinal Cord Injury

Information for Health Professionals

Definition:

A pressure area is a localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear.

- **Pressure** – Pressure is the force that is applied vertically or perpendicular to the surface of the skin. Pressure compresses the underlying tissue and small blood vessels, hindering blood flow and nutrient supply. Tissues become ischaemic and are damaged or die.
- **Shear** – Shear occurs when one layer of tissue slides horizontally over another, deforming adipose and muscle tissue, and disrupting blood flow (e.g. when the head of the bed is raised > 30degrees).

Individuals with SCI are at an increased risk of developing pressure sores due to:

- Loss of sensation
- Inability to relieve pressure due to paralysis
- Reduced circulation
- Muscle spasm
- Poor nutrition

What does a Pressure Area look like?

For detailed information on the different stages please refer to [Skin Care and Pressure Areas](#)

How do you prevent a Pressure Area?

- Assess the condition of the skin on admission to care, including any red marks, scars, pimples or any other skin changes. If a change is noted, determine the cause and remove all pressure to this area.
- If physically able, clients should check their skin three times per day (eg. in the morning when they wake up, after having a shower and night or after a high risk event such as a bad transfer or fall).
- If clients are unable to perform their own skin inspections, it is important that they are educated on how to direct and monitor inspections by carers or clinicians.

SPINAL INJURIES UNIT

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Fact Sheet

Queensland Spinal Cord Injuries Service

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- All clients with a SCI should be positioned on a pressure reduction cushion and an Occupational Therapist or Physiotherapist should be involved in the prescription process.
- Use hoists, slings and slide sheets as needed in hospital to avoid dragging and shearing of skin.
- Avoid using incontinence pads and plastic under sheets over the pressure redistribution surfaces such as mattresses or cushions
- Completely remove pressure from the area until the redness is gone and sore has completely healed. **Never sit or lie on a pressure area!**

For more detailed information please refer to [Skin Care at Home](#) ; [Skin Care with Equipment and Clothing](#) ; and [Skin Care and Travel](#).

How do you manage a Pressure Area?

- Assess the condition of the skin on admission to care, including any red marks, scars, pimples or any other skin changes. If a change is noted, determine the cause and remove all pressure to this area.
- Completely remove pressure from the area until the redness is gone and sore has completely healed. **Never sit or lie on a pressure area!**
- Implement/ review a turning schedule (no longer than fourth hourly), either side-to-side or back to unaffected side. All pressure must be kept off the affected area.
- Sponges in bed to replace shower until the area is deemed healed.
- Once the area is completely healed a sitting regime may begin but this must be undertaken very gradually
- **Dressing Options:**
 - If skin is broken, a dressing regimen should be advised by your spinal team, stomal therapist, GP, local hospital or domiciliary nursing service.
- **Turning Regime:**
 - Begin by positioning the client on their back for four hours and examining the skin for any signs of redness (erythema).
 - Then position the client on their side for two hours, examining skin for any signs of redness (erythema).
 - If there is no redness, the time allocated for each position can be increased by one hour at appropriate intervals (such as daily or as skin tolerance allows).
 - Should any redness be detected, reposition the client off this site and inspect after 30 minutes.
 - If the area remains red, it is already a stage 1 pressure ulcer.



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- If redness has reduced but is slow to disappear, do not increase positioning times.
- It may take time for the area to build up tolerance/not remain red, at which time the positioning time can be increased.

➤ **Sitting Regime:**

- Once the wound has healed a gradual sitting program can commence:
- This program slowly increases the period of time spent sitting.
- This allows the more fragile scar tissue to stretch and adjust to bearing pressure and thus decreases the risk of the area breaking down.
- The skin should be inspected after each period of sitting
- If skin is red or broken – the patient should rest in bed until the area is completely healed and then restart the regime.

DAY	SITTING TIME	SITTING TIME	DAY	SITTING TIME	SITTING TIME
1	30 Minutes	30 Minutes	10	90 Minutes	90 Minutes
2	30 Minutes	30 Minutes	11	90 Minutes	90 Minutes
3	30 Minutes	30 Minutes	12	120 Minutes	120 Minutes
4	45 Minutes	45 Minutes	13	150 Minutes	150 Minutes
5	45 Minutes	45 Minutes	14	180 Minutes	180 Minutes
6	45 Minutes	45 Minutes	15	<u>Progress as tolerated up to fully mobile eg increase by hourly increments daily.</u>	
7	60 Minutes	60 Minutes			
8	60 Minutes	60 Minutes			
9	60 Minutes	60 Minutes			

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