

Guiding principles for pressure injury prevention and management during patient transport

Communicating Pressure Injury (PI) risk factors (at every stage of the transfer of care process)

First Phase (short term and ongoing):	Second Phase (longer term):
<ul style="list-style-type: none"> Identify and document PI risk factors and / or existing PI present <ul style="list-style-type: none"> Example risk factors: age, frailty, long lie, health conditions/comorbidities, duration of prolonged pressure on bony prominences, poor mobility Communicate PI risk factors and PI management as part of transfer of care handover Review current process / system to facilitate communication of risk factors. 	<ul style="list-style-type: none"> Update the process / system to include communication of PI risk factors and/or PI present at time of booking transport and/or transfer of care handover Implement systems and processes for communicating PI risk factors and management Communicate PI prevention and management requirements as standard process.

Use of PI prevention equipment

First Phase (short term and ongoing):	Second Phase (longer term):
<ul style="list-style-type: none"> 30° side lying wedge to offload sacrum: <ul style="list-style-type: none"> product example: foam wedge to maintain offload, wipeable cover, reusable between patients Increase use of stretcher knee bend and/or offloading heel equipment (pillow or offloading device) to reduce pressure according to PI risk factors and patient's condition Use equipment during transfers e.g. slide sheet, to reduce sheer and friction, pat slide board or sling lifter Establish a process for regular review of foam stretcher mattress to assess for "bottoming out" as part of the stretcher review. 	<ul style="list-style-type: none"> 30° side lying wedge available for purchase through procurement Replace stretcher mattress as recommended through process for regular review for "bottoming out" Upgrade stretcher mattress to support PI prevention and management <ul style="list-style-type: none"> Properties and design for immersion and redistribution of pressure.

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Education and training	
First Phase (short term and ongoing):	Second Phase (longer term):
<ul style="list-style-type: none"> Identify current education / training in risk identification, prevention, management and use of equipment and communication of risk to prevent and manage PI Include PI prevention and management as a standing agenda item at regular staff meetings. 	<ul style="list-style-type: none"> Develop resources to support education and training, specific to the organisation Implement training in use of equipment and communication of risk to reduce PI risk or deterioration of an existing PI during transport Education included in orientation program.
Reviewing incidents/data and supporting improvement initiatives	
First Phase (short term and ongoing):	
<ul style="list-style-type: none"> Regular review of incidents and data for trends / themes and provide support for improvement initiatives to improve processes and implement new strategies. 	

Supporting Article

Prevalence of pressure injury in adults presenting to the emergency department by ambulance. Australian Critical Care. Fulbrook P, Miles S, Coyer F. 32 (2019) 509-514. [https://www.australiancriticalcare.com/article/S1036-7314\(18\)30098-5/fulltext](https://www.australiancriticalcare.com/article/S1036-7314(18)30098-5/fulltext)

References

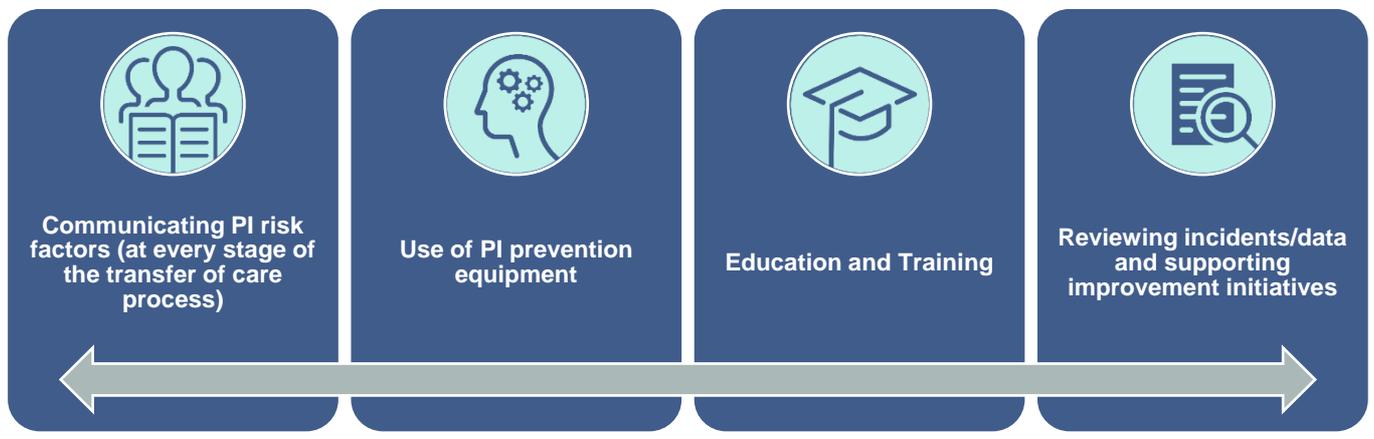
- 1 European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. *Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline*. The International Guideline. Emily Haesler (Ed). EPUAP/NPIAP/PPPIA: 2019
- 2.NSW Pressure Injury Prevention and Management Policy Directive PD2021_023

Background

The Clinical Excellence Commission (CEC), supported by a group of expert clinicians, reviewed the Pressure Injury Prevention and Management Policy, released in June 2021. The group identified pressure injury prevention (PIP) during patient transport as an area for improvement.

The CEC has supported a pressure injury prevention working group, chaired by an experienced Occupational Therapist and including representatives from HealthShare (Patient Transport Services, Strategic Procurement Services), Agency for Clinical Innovation, NSW Ambulance, Royal Flying Doctor Service, vCare, Spinal Injury CNC, Wound Care clinicians (both Metro and Rural).

The working group identified four areas for improvement:



The working group developed guiding principles to improve pressure injury prevention and management during patient transport in NSW and reduce preventable harm.

These Guiding Principles align with the European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline.¹

The principles have been informed within the context of the revised PI Prevention and Management Policy to support policy requirement and provide evidence-based practice.²

NSW Health Pressure Injury Prevention and Management Policy PD2021_ 023 states:

“Prevention strategies are to be used during transportation or transition of care for patients at risk or with an existing pressure injury”

For further information and resources visit the Clinical Excellence Commission, Pressure Injury Prevention webpage www.cec.health.nsw.gov.au/