



## Service Priorities and Programmes Electronic Presentations

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### **Pressure Ulcer Prevention and Management Pilot Program for Lower Limbs**

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#### **Introduction**

A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. (EPUAP, NPUAP, PAPIA, 2014). Heel and ankle is one of the most prevalence locations for pressure ulcer in OLMH (CND, OLMH 2015). This is due to lower limbs muscular atrophy, contracture and reduced sensory sensation. The pilot program is aim to reduce hospital acquired pressure ulcers with the lower limbs.

#### **Objectives**

Early detection for patients with risk of pressure ulcers with their lower limbs, and timely management for prevention of hospital acquired pressure ulcer.

#### **Methodology**

The podiatry pressure ulcer prevention and management of lower limbs pilot program was carried out in Our Lady Maryknoll Hospital (OMLH) geriatric ward between 2Q to 4Q 2015. All patients admitted to Geriatric Ward in OLMH were first assessed by nurses. Patients with the following criteria were then referred to the program: 1) Braden score 14 or below [Moderate to very high risk of pressure ulcer] or; 2) presence of pressure ulcer with the lower limbs. Podiatrist would then further assess those patients and provide intervention for pressure ulcer prevention for the lower limbs. Intervention includes positioning and off-loading of the foot and ankle; applying pressure relieving dressing and devices; skin conditioning of the lower limbs; wound and ulcer management; and removal of any risk factors such as hyperkeratosis and pathological nails. Those interventions were reviewed on a regular basis by podiatrist until patients were discharged. The locations and staging of their pressure ulcers data were collected and evaluated.

#### **Result**

A total of 168 patients were referred to this program during the period. 143 patients (86%) had current/ existing pressure ulcer before admission to OLMH. 65 patients (39%) had stage I pressure ulcer and 78 patients (47%) had stage II or above pressure ulcers with the lower limbs. Heel is one of the most prevalence pressure

ulcer locations. No patients developed new hospital acquired pressure ulcer with the lower limbs under the program. One patient developed a heel blister prior referral to the program. The heel blister was managed with wound dressing and subsided before the patient was discharged. 39% patients had stage I pressure ulcer during their hospital stay. Pressure ulcer prevention is essential to address these high risk areas of breaking down, and stop these early stages to advance further.