

IN BRIEF

Summarizing the Evidence

Non-Pharmacological Prevention of Pressure Injuries

Key Messages

- Survey respondents reported using a range of non-pharmacological interventions for pressure injury prevention in various patient populations and care settings.
- A variety of policies and guidelines are used among jurisdictions, but it was reported that there is difficulty keeping up to date with new guidelines and implementing them into practice.
- Improvements in knowledge transfer and communication among front-line staff and other health professionals may improve patient care and pressure injury prevention.
- It was reported that there is a lack of education and resources available for front-line staff to properly assess and prevent pressure injuries in patients.
- Funding and reimbursement for non-pharmacological pressure injury interventions is a challenge.

Context

A pressure injury (or pressure ulcer) — a localized injury to the skin that may involve the tissue underneath — normally occurs where there is a bony prominence. It is the result of pressure with or without shear (where the skin is pulled in the opposite direction of the body). A pressure ulcer can be classified into one of four categories that reflect the severity of the wound. Recent data are lacking on the prevalence of pressure injuries in Canada. In 2013, the Canadian Institute for Health Information reported a range of prevalence from 0.4% in acute in-patients to 14.1% in continuing care. Pressure injuries can be challenging to treat once they develop and the affected patients are often impacted through prolonged hospital stays and decreased quality of life.

Technology

There are many non-pharmacological options available to aid in the prevention of pressure injuries. Some examples include but are not limited to risk assessment tools, body repositioning,

support surfaces, dressings, prophylactic dressings, skin care, nutritional supplementation, electrical stimulation technologies, and pressure sensing and monitoring systems.

Issue

The prevalence of pressure injuries remains high in Canada despite the large range of non-pharmacological interventions that are available for prevention. If precautions are not taken, pressure injuries, once developed, reoccur frequently, are difficult to treat, and negatively impact patients and the health care system. Because of the large amount of interventions available, there is uncertainty regarding which interventions are currently being used, being considered for use, or being considered for discontinuation by jurisdictions in Canada. Also, these interventions may vary depending on the care setting and patient population. Identifying this information and key issues and questions that Canadian jurisdictions are facing related to the use of non-pharmacological interventions for preventing pressure injuries can potentially guide future research and the direction of care on this topic.

Methods

The Environmental Scan report summarizes Canada-specific information obtained through a survey of key informants. Initial consultations with two care providers were conducted to inform the development of the survey and feedback from key stakeholders was solicited. A limited literature search was also performed.

Results

Thirty-nine survey responses were included in this report. A large proportion of respondents were from Manitoba. No responses were received from Quebec, Nunavut, Northwest Territories, or Yukon.

Top survey responses for non-pharmacological interventions currently in use, being considered for use, and being discontinued for pressure injury prevention are, as follows:

- currently in use — screening and risk assessment tools (97%), body repositioning (95%), nutritional interventions (90%), wheelchair cushions (90%), active support surfaces (82%),

heel protector boots (82%), incontinence pads (77%), and multidisciplinary wound care teams (74%)

- under consideration — electrical stimulation (26%), wound care teams (18%), and silicone dressings (13%)
- being discontinued — soaker pads (8%) and Australian sheepskin (5%); reasons for discontinuation include but are not limited to lack of funding or reimbursement, perceived ineffectiveness, lack of education or staff training, and cost.

Patient and system-related factors that influence the selection of non-pharmacological interventions for pressure injury prevention are, as follows:

- patient-related factors — patient age, type of injury or surgical operation, clinical contraindications, level of mobility, history of pressure injury, nutritional intake, length of hospital stay, and co-presentation with an acute illness
- system-related factors — patient transitions across care settings, implementation feasibility, funding and reimbursement practices, availability of guidelines or evidence, coordination between providers, and the accessibility of a treatment or intervention.

Current policy or clinical practice issues for non-pharmacological pressure injury prevention are the absence of policies, limited availability of standardized and up-to-date guidelines, and varied education or skill levels in clinical practice.

Knowledge gaps and evidence needs related to the non-pharmacological prevention of pressure injuries are a lack of comparative evidence on interventions for pressure injury prevention, low levels of wound management education, and poor uptake and awareness of current policies or guidelines.

Note: The generalizability and transferability of the survey findings may be limited and should be interpreted based on the local context of care. This Environmental Scan may not accurately represent the views of all Canadian jurisdictions, health professionals, or practice settings.

Read more about CADTH and its review of non-pharmacological prevention of pressure injuries at:

https://cadth.info/non_pharmacological_prevention_of_pressure_injuries



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