
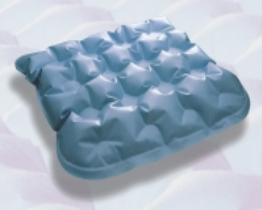














# Pressure Injury Prevention Interventions

Interventions based on the Braden Scoring of 1 or 2 for the risk assessment factors

BRADEN RISK FACTORS (if yes)	Then consider these INTERVENTIONS for your patient			
<p><b>Mobility</b></p> <ul style="list-style-type: none"> <li>Makes no changes in body positions</li> <li>Very limited on movements</li> </ul> <p><b>Activity</b></p> <ul style="list-style-type: none"> <li>Bedfast</li> <li>Ambulation is limited to non-existent</li> </ul> <p><b>Sensory</b></p> <ul style="list-style-type: none"> <li>Unresponsive</li> <li>Very limited response to stimuli</li> </ul>	<p>Turning Schedule</p>  <p>Turn q 2</p>	 <p>Chair Cushion #1782</p>	 <p>TAP system #112080</p>	 <p>Heel boot #23615</p>
<p><b>Shear/Friction</b></p> <ul style="list-style-type: none"> <li>Needs maximum or moderate assistance in moving</li> <li>Slides down in bed or chair frequently</li> </ul>	 <p>Trapeze</p>	 <p>TAP system #122080</p>	 <p>Mepilex sacral #84549</p>	 <p>Mepilex heel #137351</p>
<p><b>Nutrition</b></p> <ul style="list-style-type: none"> <li>NPO or clear liquids for greater than 5 days</li> <li>Eats less than 50% of meals per day</li> <li>Receives less than optimum tube feeds</li> </ul>	  			
<p><b>Moisture</b></p> <ul style="list-style-type: none"> <li>Constantly wet from urine or stool</li> <li>Linens changed once per shift</li> </ul>	 <p>Criticaid ointment #83555</p>	 <p>3M barrier #1396</p>	 <p>Cleansing cloths</p>	<p><b>Other items to consider:</b></p> <ul style="list-style-type: none"> <li>-Condom catheter</li> <li>-PureWick female catheter</li> <li>-Rectal pouch</li> <li>-Bowel management</li> </ul>