C.P.R.-S.
Pressure Injury Prevention

CHECK | PROTECT | REPORT | SUPPORT

C.P.R-S. for Pressure Injury Prevention

C. CHECK

CHECK FOR:

- General Skin Condition – Dry/Wet/Irritated
- Redness – Periodic/Persistent
- Non-Blanching Redness (Hyperemia)
- Blisters – Fluid/Blood
- Localised Heat or Coolness
- Localised Oedema (Swelling)
- Localised Induration (Hardening)
- Discoloration purplish/bluish localised areas

- Assess skin regularly –inspect most vulnerable areas
- Frequency – based on vulnerability and condition of patient
- Encourage individuals to inspect their skin where possible
- *Feet should always be Checked separately.*

C.P.R-S. for Pressure Injury Prevention

P. 

PROTECT

PROTECT BY:

- Maintain Healthy Skin Condition
  - Skin Mosturiser – (Dyry Skin)
  - Barrier Cream – (Wet/Escoriated Skin)
  - ***NO POWDER or SUDOCREM***
- Repositioning – Tailored Documented Regimen
- Offloading – Especially Useful for Feet/Heels
- Support Surface –
  - Chair/Mattress/Cushion
- Protective Dressing – Protect Fragile Skin

C.P.R-S. for Pressure Injury Prevention

R. REPORT

REPORT TO NURSING TEAM FOR FURTHER ASSESSMENT :

- Non-Blanching Redness (Erythema)
- Redness – Blanching but persistent when turning/repositioning
- Blisters – Fluid/Blood
- Deterioration or changes in skin condition.
- Poor Compliance with repositioning regimen.
- Any reduction in mobility.
- Support Surface (Bed/Mattress/Chair/Cushion) is unsuitable in reducing pressure or maintaining position.

C.P.R-S. for Pressure Injury Prevention

S. 

SUPPORT

SUPPORT PREVENTION & TREATMENT:

- Maintain & Encourage Mobility – Physio Support & Mobility Aids
- Hydration – Good hydration supports good skin condition
- Nutrition – The application of the MUST assessment. Avoid Weight Loss and support with supplements were indicated.
- Continence Care – Manage changes in continence using the appropriate continence wear and Skin protection
- Wound Care - Provision of focused wound care for the treatment of active pressure injuries with regular documented assessment of wound progress.