# Worldwide Pressure Injury Prevention Day
## November 17th, 2022


Hello Healers,

Did you know???

**Worldwide Pressure Injury Prevention Day will take place on November 17, 2022.**

Click Link to participate!

https://npiap.com/page/2022WWPIPD

**What will you do to raise awareness on PI Prevention?**

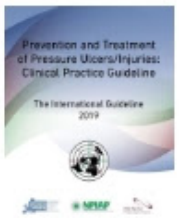
The objective of Worldwide Pressure Injury Prevention Day is to increase awareness about pressure injury prevention and to educate the public on this topic.

**Advantage Surgical and Wound Care** is your partner in wound care and will continue to support your Pressure Injury Prevention Program.

In the next weeks you will receive information about the key elements of a successful pressure injury prevention program along with resources and tools to enhance your specific program.

Included are potential ways organizations may provide support. Organizations can download and utilize these three documents produced by the NPIAP including:

**Want to win 2 registrations to the 2023 NPIAP Annual Conference?** To be entered in the raffle, tag Advantage Surgical Wound Care & NPIAP on Linked In sharing how your recognizing Worldwide Pressure Injury Prevention Day 2022 and fill out our entry form. **The form will become available on November 14th.**




**Save the dates!** A free e-version of the CPG will be gifted to those who complete our entry form sharing your activities during Worldwide Pressure Injury Prevention Day 2022. The promotion will run **Wednesday, Nov 16th - Saturday, Nov 19th.** The form will only be available during those days.

- Stop PI Day Image and Education Sheet



- Patient guide for pressure injuries

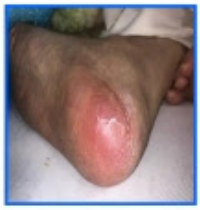
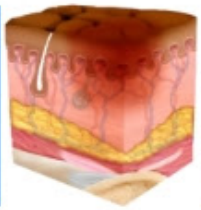

- Poster advertising World Wide Pressure Injury Prevention Day.


**Share with us how YOU are preventing PIs in your buildings!**

Happy healing!

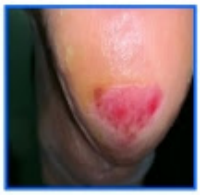
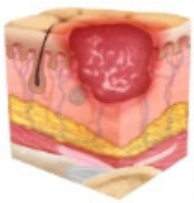
Advantage Surgical Wound Care
Tara Frazier

# Pressure Injury Staging Guide

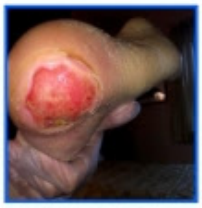
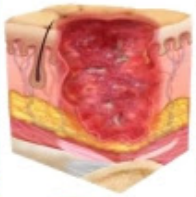
## Stage I: Non-blanchable erythema of intact skin

Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.

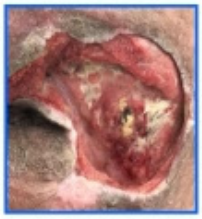
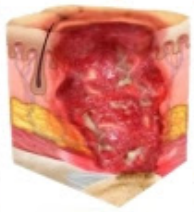
## Stage 2:Partial-thickness skin loss w/exposed dermis

Partial-thickness loss of exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARSI), or traumatic wounds (skin tears, burns, abrasions).

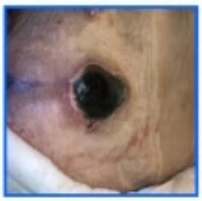
## Stage 3: Full-thickness skin loss

Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

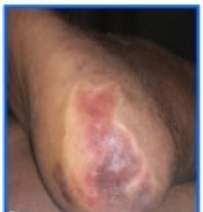
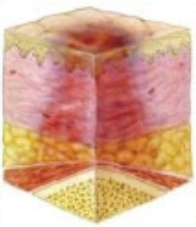
## Stage 4: Full thickness skin and tissue loss

Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.




## Un-stageable: Obscured full-thickness skin & tissue loss

Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.

## Deep Tissue injury: Persistent non-blanchable

Deep red, maroon or purple discoloration. Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood-filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly Pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury or may resolve without tissue loss. If NECROTIC, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury **(Unstageable, Stage 3 or Stage 4).** Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.

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# FACT NPIAP℠ SHEET

NATIONAL PRESSURE INJURY ADVISORY PANEL

## PRESSURE INJURY INCIDENCE/ PREVALENCE

## INCIDENCE

Centers for Medicare & Medicaid Classify Pressure Injuries a

**"NEVER EVENT"**

**NO OTHER** PREVENTABLE EVENT OCCURS AS FREQUENTLY AS PRESSURE INJURIES

**Acute Care Rates: 2%–40%**

## PREVALENCE

ONE OF THE FIVE **MOST COMMON** HARMS EXPERIENCED BY PATIENTS

**25.2%** Long Term Acute Care

**9.7%** Acute Care

**11.8%** Long Term Care (Nursing Home)

**12.0%** Rehabilitation Centers

(2014 data)

## PRESSURE INJURY COST

2007 **$11.6 BILLION**

PATIENT CARE COST PER PRESSURE INJURY: **$20,900 TO $151,700**

2019 **$26.8 BILLION** (ESTIMATED)

## LAWSUITS

**17,000** Directly related to pressure injuries

Annually

**2ND** most common claim after wrongful death

## IMPACT ON PATIENTS

**2.5 million** patients per year develop a pressure injury

**60,000** patients die every year as a direct result of pressure injuries

Patients with hospital acquired pressure injuries (HAPI) have a median **excess length of stay** of 4.31 days

Patients with HAPI have **higher 30-day readmission** rates (22.6% vs. 17.6%)

HAPI rates are **increasing**. All other hospital acquired conditions are decreasing (AHRQ, 2019).

For more info visit, www.NPIAP.com