Pressure Injury (PI) Prevention and Management Flowchart

1. **Patient presents to facility**

   Within 8 hours of presentation, two part PI assessment/screening process to be completed to guide clinical decision making.
   
   a) Use a validated PI risk assessment tool/process appropriate for the patient population
   
   b) Skin assessment based on visual inspection

2. **Does the patient have existing PI?**

   - **No**
   
     - **Is the patient at risk?**
     
     - **No**
       
       - **Reassess:**
         - If there is a change to health status or mobility
         - On transfer of care
         - If a PI develops
         - At least monthly
     
     - **Yes**
       
       - **BOX A** - Reassess:
         - Weekly PI risk assessment using the two part pressure injury assessment and:
           - If there is a change to health status or mobility
           - On transfer of care
           - If a pressure injury develops

   - **Yes**
     
     - **Reassess as per BOX A**
     
     - Complete an IIMS Notification for each PI using the NPUAP/EPUAP classification system
     
     - For patients with PI, skin inspection and pain assessment should occur at each patient care intervention and/or each positioning change

3. **Develop the care plan in consultation with the patient and/or carer**

4. **Implement prevention strategies appropriate to the level of risk e.g. equipment needs, repositioning**

5. **Make referrals as appropriate**

6. **Detailed documentation in patient health care record**

7. **Communicate PI risk and management at handover and transfer of care**