

PRESSURE INJURY PREVENTION IN MATERNITY PATIENTS

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- Pregnant/ postpartum woman with an increased risk of pressure injury is identified and a pressure injury prevention plan is initiated

2. PATIENT

- Pregnant/ postpartum woman

3. STAFF

- Midwifery staff

4. EQUIPMENT

- Spanko Mattress
- APAM mattress

5. CLINICAL PRACTICE

- If the woman is immobile for 4 hours AND has any of the following conditions:
 - Pre-existing pressure injury
 - BMI <20 or >30
 - Severely oedematous/dry/clammy/dicoloured skin/damaged skin
 - Regional analgesia
 - Chronic disability affecting mobility
 - Transfer from ICU
- Complete a full skin assessment and risk assessment using the Waterlow risk assessment tool on the Pressure Injury Prevention Regular Review form
- Ensure regular repositioning occurs if at risk
- Educate the woman to reposition and provide a CEC information brochure on the prevention of pressure injury
- Encourage the woman to reposition and assist when required
- Document pressure injury risk and repositioning in the clinical notes
- Assess woman who is immobilised because of disability or who is significantly nutritionally compromised using the Waterlow scale. (Appendix 1) Care should then be guided by Pressure Injury Prevention and Management policies
- Document in the medical record and IIMS if a pressure injury occurs

6. DOCUMENTATION

- Pressure Injury Prevention Regular Review form
- Patient's Antenatal Card / Record
- Integrated clinical notes
- IIMS: Clinical Incident

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Safety Committee
20 November 2014

PRESSURE INJURY PREVENTION IN MATERNITY PATIENTS cont'd

7. EDUCATIONAL NOTES

- When assessed using the Waterlow scale, healthy pregnant women are not at risk of pressure injury
- Co-morbidities, such as motorsensory deficit, BMI >30 or <20, using a wheelchair do increase the Waterlow score
- Patient Controlled Epidural Analgesia (PCEA) allows for a lighter block enabling easier change of position and reduced risk of pressure injury
- Intravenous lines, epidural catheters, in-dwelling catheters and strapping can cause pressure injury and skin damage if pressing into woman for extended periods of time

8. RELATED POLICIES / PROCEDURES

- NSW Health PD2014_007 Pressure Injury Prevention and Management Policy
- Prince of Wales Business Rule. Pressure Injury Prevention and Management. January 2014

9. RISK RATING

Low

10. REFERENCES

- Pan Pacific Clinical Practice Guideline for the Prevention and Management of Pressure Injury. Appendix H Waterlow Score

REVISION & APPROVAL HISTORY

Minor amendments May 2015
Maternity Services LOPs 4/11/14

FOR REVIEW : OCTOBER 2019

APPENDIX 1

WATERLOW PRESSURE ULCER PREVENTION/TREATMENT POLICY													
RING SCORES IN TABLE, ADD TOTAL. MORE THAN 1 SCORE/CATEGORY CAN BE USED													
BUILD/WEIGHT FOR HEIGHT	◆	SKIN TYPE VISUAL RISK AREAS	◆	SEX AGE	◆	MALNUTRITION SCREENING TOOL (MST) (Nutrition Vol.15, No.6 1999 - Australia)							
AVERAGE BMI = 20-24.9	0	HEALTHY	0	MALE	1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> A - HAS PATIENT LOST WEIGHT RECENTLY YES - GO TO B NO - GO TO C UNSURE - GO TO C AND SCORE 2 </td> <td style="width: 50%;"> B - WEIGHT LOSS SCORE 0.5 - 5kg = 1 5 - 10kg = 2 10 - 15kg = 3 > 15kg = 4 unsure = 2 </td> </tr> <tr> <td colspan="2"> C - PATIENT EATING POORLY OR LACK OF APPETITE 'NO' = 0; 'YES' SCORE = 1 </td> </tr> <tr> <td colspan="2"> NUTRITION SCORE If > 2 refer for nutrition assessment / intervention </td> </tr> </table>		A - HAS PATIENT LOST WEIGHT RECENTLY YES - GO TO B NO - GO TO C UNSURE - GO TO C AND SCORE 2	B - WEIGHT LOSS SCORE 0.5 - 5kg = 1 5 - 10kg = 2 10 - 15kg = 3 > 15kg = 4 unsure = 2	C - PATIENT EATING POORLY OR LACK OF APPETITE 'NO' = 0; 'YES' SCORE = 1		NUTRITION SCORE If > 2 refer for nutrition assessment / intervention	
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ABOVE AVERAGE BMI = 25-29.9	1	DRY	1	FEMALE	2								
OBESE BMI > 30	2	OEDEMATOUS	1	14 - 49	1								
BELOW AVERAGE BMI < 20	3	CLAMMY, PYREXIA	1	50 - 64	2								
BMI=W(Kg)/Ht (m) ²		DISCOLOURED GRADE 1	2	65 - 74	3								
		BROKEN/SPOTS GRADE 2-4	3	75 - 80	4								
				81 +	5								
CONTINENCE	◆	MOBILITY	◆	SPECIAL RISKS									
COMPLETE/ CATHETERISED	0	FULLY	0	TISSUE MALNUTRITION	◆	NEUROLOGICAL DEFICIT		◆					
URINE INCONT.	1	RESTLESS/FIDGETY	1	TERMINAL CACHEXIA	8	DIABETES, MS, CVA	4-6						
FAECAL INCONT.	2	APATHETIC	2	MULTIPLE ORGAN FAILURE	8	MOTOR/SENSORY	4-6						
URINARY + FAECAL INCONTINENCE	3	RESTRICTED	3	SINGLE ORGAN FAILURE (RESP, RENAL, CARDIAC,)	5	PARAPLEGIA (MAX OF 6)	4-6						
		BEDBOUND e.g. TRACTION	4	PERIPHERAL VASCULAR DISEASE	5	MAJOR SURGERY or TRAUMA							
		CHAIRBOUND e.g. WHEELCHAIR	5	ANAEMIA (Hb < 8)	2	ORTHOPAEDIC/SPINAL	5						
				SMOKING	1	ON TABLE > 2 HR#	5						
						ON TABLE > 6 HR#	8						
						MEDICATION - CYTOTOXICS, LONG TERM/HIGH DOSE STEROIDS, ANTI-INFLAMMATORY MAX OF 4							
SCORE													
10+ AT RISK													
15+ HIGH RISK													
20+ VERY HIGH RISK													
# Scores can be discounted after 48 hours provided patient is recovering normally													
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						www.judy-waterlow.co.uk							