

Chapter 9: Pressure Ulcers **(from Comprehensive Wound Management, Glenn L. Irion, PhD, PT, CWS)**

Background

Pressure ulcers are among the most costly preventable injuries, and as such, various agencies including the National Pressure Ulcer Advisory Panel (NPUAP)¹ and the Agency for Health Care Policy and Research (AHCPR)² have published materials to develop a common language and guidelines for prevention and treatment of pressure ulcers (see Appendix). The scope and mission of the AHCPR has since changed. The name was also changed to the Agency for Healthcare Research and quality (AHRQ) to indicate these changes.

Pressure ulcers have a high prevalence and incidence in acute- and long-term care. Certain conditions are associated with a very high prevalence and incidence: quadriplegia (60% prevalence), femoral fractures (66% incidence), critical care (33% incidence, 41% prevalence), and a total cost of \$1.3 billion. For 1992, a study performed for the AHCPR estimated an average of \$21,000 per ulcer in hospital charges and \$2,900 in physician charges and additional charges by hospitals of \$10,986 and \$1,200 in physician charges for hip fractures due to pressure ulcers.²

Summary

Pressure ulcers are caused by a number of factors, including pressure, shear, friction, excess moisture, heat or skin dryness, and a lack of nutrition. Both time and pressure on a body surface must be considered in assessing risk of skin injury. Staging of pressure ulcers is based on the tissue involved and, therefore, reverse staging cannot be done logically. With regard to positioning and pressure, the patient's body composition, mental status, and support surface must be considered. Guidelines for appropriate support surfaces are discussed, as is the end need for adequate nutritional and psychosocial assessment. Methods to enhance healing of pressure ulcers are discussed in subsequent chapters.