Managing a Patient with Deep Tissue Damage

Establish differential diagnosis
Does patient history establish an episode of exposure to pressure prior to injury (24-72hrs) exclude other possible causes of injury e.g. bruising due to trauma; a dermatological problem

DTI? (If answer is No)

No

- Complete Waterlow and MUST Risk Assessments
- Complete Datix as required
- Request appropriate pressure relieving equipment in line with pressure ulcer grade, and patient’s weight
- Provide Heel Lift device if appropriate to do so (see pathway for use).
- Complete pain assessment and action accordingly
- Take wound photographs with consent
- Devise wound management care plan (refer to wound formulary) and review at least weekly
- Refer Cat 3 or Cat 4 to TV
- Refer Unstageable to TV
- Complete SSkin Bundle
- Referrals to multi-disciplinary team as required
- Provide patient and/or carer with SSkin patient Information leaflet

Yes

- High risk factors include: prolonged immobility; neuropathy; paralysis; obesity.

DTI Heel
(a high risk anatomical site) patient has no other areas of pressure damage

- Request static mattress and provide the patient with heel lift device (HLD) if appropriate to do so (see HLD criteria for use).
- If a HLD is not appropriate alternative mattress is required; liaise with TVN for advice if required.

- Complete Datix using specific DTI drop down

- DN or TCO to review after 2 weeks

- Request full dynamic replacement mattress

- DTI appears static

Reconsider differential diagnosis
DN/TCO to reassess

- DTI has evolved to a Cat 3 or Cat 4 pressure ulcer

Datix adjusted and submitted by TCO
RCA completed

Resolved

- Reassess patient
- Consider if equipment selection remains appropriate; can it be exchanged for alternative equipment as per selection criteria?