

**Reducing Pressure Injuries** 



## The impact of pressure injuries

In 2019, the Centers for Medicare & Medicaid Services (CMS) reported that pressure injuries were the only hospital-acquired condition that increased in incidence rates (+ 6%) from 2014-2017, while other hospital-acquired conditions saw a decrease.<sup>1</sup> Pressure injuries (PI) continue to be a growing healthcare concern<sup>2</sup> – leading to longer hospital stays and higher rates of readmission<sup>3</sup>.



### Patient safety begins with skin safety

Now more than ever, patient safety continues to drive the design and delivery of care. To reduce incidence rates, and ultimately improve patient outcomes, it helps to understand where, how and why pressure injuries occur so the appropriate preventative measures can be put in place.

Pressure injury prevalence and impact



In New Zealand, a total cost of a pressure injury treatment is estimated \$694 million annually (NZD, at 2015)<sup>5</sup>



Estimated annual cost of pressure injury care in Australia<sup>4</sup>

## **Pressure injury facts**

- Most PIs are developed within the first week of admission<sup>7</sup>
- The most common stage reported was Deep Tissue Injury (DTI)<sup>7</sup>
- 75% of medical device-related pressure injuries (MDRPIs) are facility-acquired vs. present on admission (POA)<sup>7</sup>

## Sites most susceptible to PI

While pressure injuries can occur at nearly any site, some areas are more vulnerable than others. The most at-risk areas include:



Sacrococcygeal area

Heels



Medical device areas



## The forces at play



While ischemia plays a role, we now know that the primary driver for pressure injury is deformation of soft tissue. Direct damage from sustained deformation can result in cell damage in a matter of minutes,<sup>6</sup> and an eventual cascade of cell death.





Shear

Shear strain occurs when skin is exposed to friction and gravity. Friction pins the skin to the underlying surface as gravity pulls downward. These forces compress, twist, and stretch cells and blood vessels and can lead to tissue necrosis.

# tional **X60**

It's estimated that 60,000 die as a direct result of PU/I-related complications<sup>6</sup>

·[**41%** of ICU patients

Up to 41% of ICU patients may develop a pressure injury<sup>7</sup>



Pressure injuries add 3-7 days to patient stays<sup>8</sup>



## Reduce pressure injury with 3M<sup>™</sup> Tegaderm<sup>™</sup> Silicone Foam Dressings

To protect against friction and shear, the National Pressure Ulcer Advisory Panel (NPUAP) recommends using a polyurethane foam dressing to protect bony prominences like the sacrum and heels.<sup>14</sup> To align with these standards, Tegaderm Silicone Foam Dressings provide protection and gentle adhesion at these high-risk locations by:





### **Redistributing pressure**

Recent clinical research, imaging studies and mathematical modeling have led to new understanding of how pressure injuries, and especially serious pressure injuries, form. Tegaderm Silicone Foam Dressings have been shown to reduce tissue deformation, minimising the effects of pressure, friction and shear.<sup>13</sup>





### Managing moisture to support skin microclimate

Warm, moist skin is more vulnerable to the damaging effects of pressure and shear, which are recognised risk factors for pressure injury formation.<sup>10</sup> Tegaderm Silicone Foam Dressings are designed to reduce the amount of moisture trapped at the skin's surface, helping support the ideal microclimate to help reduce the potential for skin maceration.<sup>16</sup>



Patient side



**Back side** 

### **Positioned for prevention**

Tegaderm Silicone Foam Dressings provide significant wear time<sup>13</sup> and their design keeps the dressing where it's needed to help keep the skin protected.

## The complex connection between PI and IAD

In addition to the factors mentioned previously, research suggests that incontinence-associated dermatitis (IAD) is a risk factor for developing pressure injuries in the sacral area.<sup>12</sup>

Given this connection between IAD and PIs, interventions for prevention and management should be integrated and complementary.



**Pressure injury** 





Incontinence-associated dermatitis

### The role of moisture



Exposure to wetness decreases skin strength, compromises barrier function, and makes skin more susceptible to damage from friction. Diarrhea can expose the skin to caustic irritants that can rapidly damage skin.<sup>8</sup>

Moisture

#### The impact and prevalence of IAD





IAD increases the likelihood of developing a full-thickness sacral PI by

**2.65X**°

• **3X** increased risk for sacral PI

Patients with IAD are at an increased risk of superficial sacral pressure injuries with an odds ratio of 2.99<sup>12</sup>



Patients with IAD are 4X more likely to experience a facility-acquired sacral PI than patients without IAD<sup>10</sup>



## Help prevent IAD with 3M<sup>™</sup> Cavilon<sup>™</sup> Advanced Skin Protectant

To aid in moisture management, the NPUAP recommends using a high-quality skin protectant.<sup>15</sup> The revolutionary technology in 3M's Cavilon Advanced Skin Protectant helps skin by:

- Protecting against stool, urine and other bodily fluids
- 2 Forming a protective barrier, which helps manage friction and shear

### **Reducing friction**

Use of traditional moisture barriers such as ointments and pastes, are common practice to prevent and treat IAD. But recent research suggests that these products may actually increase friction.<sup>9</sup>

Cavilon Advanced Skin Protectant's unique formula creates a highly durable, ultra-thin, transparent, breathable and flexible barrier that protects skin from caustic, corrosive bodily fluids. Unlike traditional moisture barrier pastes and ointments, Cavilon Advanced Skin Protectant does not increase friction and can help reduce risks that contribute to pressure injuries.<sup>9</sup>



#### Impact on friction: A comparison of moisture barriers

Note: Data was generated in a laboratory setting using a slide sled apparatus.

#### **Patient photos using Cavilon Advanced Skin Protectant**



Patient with skin damage on Day 2



Patient with improvement noted on Day 4

## Changing the standard of care

Addressing complex, challenging conditions such as PI and IAD require advanced solutions and innovative technologies. 3M's industry-leading expertise in foam dressings, adhesives, and polymer-based skin protectants is changing the standard of care – empowering clinicians to care for patient skin like never before.

When choosing an approach to help reduce the risk of PI and IAD, there are several ideal properties to consider as part of your overall PI prevention program, including protection against pressure, friction, shear and moisture. See how Tegaderm Silicone Foam Dressings and Cavilon Advanced Skin Protectant stand up against these challenges.



† Refers to 90641 and 90646.

‡ Cavilon Advanced Skin Protectant is not an analgesic.

Product		Size	Units/Box	Boxes/Case
3M <sup>™</sup> Tegaderm <sup>™</sup> Silicone Foam Dressings				
Non-Bordered Dressing	90631	10 cm x 10.8 cm	10	4
Non-Bordered Dressing	90632	15 cm x 15 cm	10	4
Bordered Dressing	90643	5 cm x 5 cm	10	6
Bordered Dressing	90640	7.5 cm x 7.5 cm	10	6
Bordered Dressing	90641	10 cm x 10 cm	10	6
Bordered Dressing	90642	15 cm x 15 cm	10	4
Heel & Contour	90646	16.5 cm x 16.5 cm	5	4
Small Sacral	90647	15 cm x 17 cm	10	4
Large Sacral	90648	18.5 cm x 22 cm	5	4
3M <sup>™</sup> Cavilon <sup>™</sup> Advanced Skin Protectant	5050G	2.7 mL / applicator	20	1
3M <sup>™</sup> Cavilon <sup>™</sup> Advanced Skin Protectant	5051G	0.7 mL / applicator	20	1

#### Contact your 3M representative to discover why 3M<sup>™</sup> Tegaderm<sup>™</sup> Silicone Foam Dressings are an excellent choice for your wound management and pressure injury prevention programs.

- Declines in Hospital-Acquired Conditions. Content last reviewed May 2019. Agency for Healthcare Research and Quality, Rockville, MD. 1. https://www.ahrq.gov/ data/infographics/hac-rates\_2019.html.
- 2. Zaratkiewicz, S., Whitney, J.D., Lowe, J.R., Taylor, S., O'Donnell, F., & Minton-Foltz, P. (2010). Development and Implementation of a Hospital-Acquired Pressure Ulcer Incidence Tracking System and Algorithm. Journal for Healthcare Quality, 32(6), 44-51.
- Health Research & Educational Trust (2016, January). Hospital Acquired Pressure Ulcers (HAPU) Change Package: 2016 Update. Chicago, IL: Health Research З.
- & Educational Trust. Accessed at www.hret-hen.org.
  4. Nguyen, K.H., Chaboyer, W., & Whitty, J.A. (2015). Pressure injury in Australian public hospitals: a cost-of-illness study. Australian health review : a publication of the Australian Hospital Association, 39(3), 329–336. https://doi.org/10.1071/AH14088.
- 5. European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel, and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline, The International Guideline. Emily Haesler (Ed.). EPUAP/NPIAP/PPPIA: 2019. Gould, L.J., Bohn, G., Bryant, R., Paine, T., Couch, K., Cowan, L., ... & Simman, R. (2019). Pressure Ulcer Summit 2018: An Interdisciplinary Approach to Improve
- 6. Our Understanding of the Risk of Pressure-Induced Tissue Damage. Wound Repair and Regeneration, DOI: 10.1111/wrr.12730.
- Cox J, Roche, S & Murphy V. (2018). Pressure Injury Risk Factors in Critical Care Patients: A Descriptive Analysis. Adv Skin & Wound Care. 31(7): 328-334. 8. Coyer, F., Gardner, A., & Doubrovsky, A. (2017). An interventional skin care protocol (InSPiRE) to reduce incontinence-associated dermatitis in critically ill
- patients in the intensive care unit: A before and after study. Intensive and Critical Care Nursing, 40, 1-10. Asmus, R., Bodkhe, R., Ekholm, B., Thayer, D., and Bradley, J. The Effect of a High Endurance Polymeric Skin Protectant on Friction and Shear Stress. Poster 9. presentation at the 2018 Symposium on Advanced Wound Care Las Vegas NV and 2019 National Pressure Ulcer Advisory Panel Annual Conference St Louis MO.
- 10. Gray, M., Giuliano, K.K. (2018). Incontinence-associated dermatitis, characteristics and relationship to pressure injury: a multisite epidemiologic analysis. Journal of Wound Ostomy & Continence Nursing, 45(1):63-67.
- 11. Park, K.H. (2014). The effect of a silicone border foam dressing for prevention of pressure ulcers and incontinence-associated dermatitis in intensive care unit patients. Journal of Wound Ostomy & Continence Nursing, 41(5), 424-429.
- Demarce L. et al. (2015). Factors predicting the development of pressure ulcers in an at-risk population who receive standardized preventive care: secondary analyses of a multicentre randomised controlled trial. J Adv Nurs., 71(2):391-403.
- 13. Sieracki, J., Wilkes, R., Bennett E, R., et al. (September 24, 2020) Finite Element Analysis Modeling of a Novel Silicone Dressing. Cureus 12(9):e10629. DOI 10.7759/cureus.10629
- 14. National Pressure Injury Advisory Panel. 2014 Guidelines. Prevention and Treatment of Pressure Ulcers: A Clinical Guide. Accessed at
- http://www.internationalguideline.com/static/pdfs/NPUAP-EPUAP-PPPIA-CPG-2017.pdf. 15. 4×4 and 6×6 dressings, based on In vivo studies. EM-13977 and EM-13978. 3M data on file.
- 16. 3M data on file. EM-05-291517.
- 17. 3M data on file. EM-05-01 3924.
- 18. 3M data on file. EM-05-310553.
- 19. Brennan, Mary R.; Milne, Catherine T.; Agrell-Kann, Marie; Ekholm, Bruce P. (2017). Clinical Evaluation of a Skin Protectant for the Management of Incontinence Associated Dermatitis: An Open-Label, Nonrandomized, Prospective Study. J of Wound, Ostomy & Continence Nursing. 44(2):172-180.



#### **Medical Solutions Division**

**3M Australia Pty Limited** ABN 90 000 100 096 Building A, 1 Rivett Road North Ryde NSW 2113 Phone: 1300 363 878 www.3M.com.au/medical

**3M New Zealand Limited** 94 Apollo Drive, Rosedale Auckland 0632 Phone: 0800 80 81 82 www.3M.co.nz/medical

© 3M 2021. All rights reserved. 3M and Tegaderm are marks and/or registered marks of 3M. AV011483979