

# PRESSURE ULCER/INJURY RECURRENCE

## CLINICIAN QUICK GUIDE FOR PRESSURE ULCER MANAGEMENT



### Clinician quick guide for pressure ulcer management in people with spinal cord injury

Page 1 of 4

#### Why it matters

This quick guide supports multidisciplinary assessment and management of pressure ulcers for people with spinal cord injury (SCI).

Pressure ulcer risk	Tools / Resources
<input type="checkbox"/> Pressure ulcer risk assessment completed	Attend a validated assessment tool
<input type="checkbox"/> Level of risk identified	
<b>Areas to review</b>	
<input type="checkbox"/> Screening for persistent Autonomic Dysreflexia (AD)	
<input type="checkbox"/> AD identified and treated	
<input type="checkbox"/> Screening for sepsis	Sepsis pathway relevant to your service
<input type="checkbox"/> Sepsis identified and treated	
<input type="checkbox"/> Screening for severe malnutrition	Consider a validated malnutrition assessment
<input type="checkbox"/> Referral to dietitian for comprehensive nutritional assessment and follow up	Date of referral?
<input type="checkbox"/> Relevant investigations completed	
<input type="checkbox"/> Referral to spinal cord Injury service	Date?
<input type="checkbox"/> Head to toe skin inspection	
<input type="checkbox"/> Screening for multiple pressure ulcers	
<input type="checkbox"/> Assessment of each wound completed	Photo of the wound(s)?

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<input type="checkbox"/> Screening for wound infection / osteomyelitis ruled out	
<b>Assessment of the wound</b>	
<input type="checkbox"/> Comprehensive wound assessment completed	NPUAP/EPUAP
<input type="checkbox"/> Cause and contributing factors identified	
<input type="checkbox"/> Plan for regular monitoring in place	
<input type="checkbox"/> Consider; size, characteristics of wound, odour, pain, exudate colour and amount and photograph documented	
<b>Medical, nutrition, mechanical and psychosocial factors</b>	
<input type="checkbox"/> SCI-specific medical conditions assessed	<ul style="list-style-type: none"> <li>• Level and extent of SCI</li> <li>• Previous pressure ulcers / wounds</li> <li>• Age</li> <li>• Autonomic dysreflexia</li> <li>• Bladder and bowel dysfunction</li> <li>• Cognitive impairment</li> <li>• Pain</li> <li>• Nutrition</li> <li>• Respiratory</li> <li>• Complications</li> <li>• Spasticity and contracture</li> <li>• Smoking/alcohol/drugs</li> </ul>
<input type="checkbox"/> Nutritional screen and assessment completed	Date? Review date?
<input type="checkbox"/> Mechanical factors (pressure/friction/shear) evaluated	As above

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<input type="checkbox"/> Psychological screening for depression/substance use	Using what tool?
<input type="checkbox"/> Psychosocial screening (social support, finances, etc.)	
<input type="checkbox"/> Self-management support and level determined	How?
<b>Management strategies</b>	
<input type="checkbox"/> Wound cleansing and dressing selected based on assessment	
<input type="checkbox"/> Nutritional needs optimised	
<input type="checkbox"/> Pressure offloading strategy in place	Support surfaces reviewed / ensure fit for purpose
<input type="checkbox"/> Psychosocial barriers addressed	
<b>Referral pathways</b>	
<input type="checkbox"/> Referrals to local specialist/wound consultant if available	Date? And referred to who specifically?
<input type="checkbox"/> Referral to SCI-specific services	Date?

**Disclaimer:** This Quick Guide is intended to provide general guidance to support clinical decision-making in the management of pressure ulcers for individuals with spinal cord injury (SCI). It does not replace the need for clinical judgement, individualised care planning, or consultation with relevant specialists. Clinicians should ensure all care aligns with local policies, service requirements, and professional standards, and should refer to current clinical guidelines and legislative requirements applicable in their country and jurisdiction.

### Articles for further reading

- Clarke F, Jackson J, Scott M, Carlson M, Atkins M, Uhles-Tanaka D, Rubayi S. Data-based models of how pressure ulcers develop in daily – living contexts of adults with spinal cord injury. Archives of Physical Medicine and Rehabilitation. 2006;87(11):1516-1525, 87, 1516-1525.

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Page 4 of 4

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- Gefen A, Brienza DM, Cuddigan J, Haesler E, Kottner J. Our contemporary understanding of the aetiology of pressure ulcers/pressure injuries. *Int Wound J*. 2022 Mar;19(3):692-704. doi: 10.1111/iwj.13667
- Halvorsen A. Living with spinal cord injury [Doctoral thesis]: Norwegian University of Science and Technology; 2022), p. 19.
- Houghton PE, Campbell KE, CPG Panel. Canadian Best Practice Guidelines for the Prevention and Management of Pressure Ulcers in People with Spinal Cord Injury: A resource handbook for clinicians [Internet]. 2013 [cited 2025 Oct 1]. Available from: <https://www.woundscanada.ca/docman/public/health-care-professional/bpr-workshop/92-sci-gdlns-1209/file>
- Jackson J, Carlson M, Rubayi S, Scott MD, Atkins MS, Blanche EI, Saunders-Newton C, Mielke S, Wolfe MK, Clark FA. Qualitative study of principles pertaining to lifestyle and pressure ulcer risk in adults with spinal cord injury. *Disabil Rehabil*. 2010;32(7):567-78. doi:10.3109/09638280903183829
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- National Pressure Ulcer Advisory Panel EPUAP and PPIIA. Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. EPUAP/NPIAP/PPIIA. 2019.
- World Health Organization. EH90 pressure ulceration [Internet]. Geneva: WHO; 2024 [cited 2025 Sep 16]. Available from: <https://icd.who.int/browse/2024-01/mms/en#455330172>