

manager or the dietitian for evaluation and treatment.

6. **Lab Values:** Albumin will be obtained for stage 3 and above pressure ulcers when found. Normal range is 3.8-5.2 (according to sch lab). abnormals will be reported to the physician. Repeat albumin's shall be done at the physician's discretion.
7. **Vitamin and mineral supplement:** All stage 2-3-4 pressure ulcers will receive the following supplemental vitamins to promote healing of pressure ulcers, unless contraindicated by physician orders.
 - A. **Vitamin C 500mg daily**
 - B. **Zinc 50 mg daily**

These shall be administered throughout the healing process and for a period of 30 days after the pressure ulcers are healed.

PROTOCOL FOR TREATMENT

INCONTINENCE AND OR PRESSURE

1. Notify physician of initiation of protocol.
2. Cleanse area with normal saline or sterile water.
3. If using polymen the area will not be cleansed between applications with sterile water or normal saline (according to manufacturer instructions.)
It will be changed every 5-7 days or prn, or as ordered by the physician. Except on diabetics and then it will be changed daily. It will be checked every shift.
4. If no improvement in 14 days it will be reported to the Physician for any new orders.

SKIN TEARS:

1. Notify physician of initiation of protocol.
2. Cleanse area with normal saline or sterile water.
3. Apply steri strips if needed.
4. TAO and TELFA or bandaid may be used at nurse/ physician discretion.

IF ESCHAR OR DRAINAGE ARE PRESENT:

1. Follow steps 1 and 2 above.
2. Follow orders as prescribed by the physician.

BLISTER:

1. Approximate edges if blister is broken.

PRESSURE ULCER STAGING:

STAGE 1: A persistent area of skin redness (without a break in the skin) that is nonblanching. Redness can be expected to be present for one half to three fourths as long as the pressure applied that has occluded blood flow to the area. For example: if a resident is lying on his right side for 30 minutes and turned back, redness may be noticed over his right hip bone. Redness in that area can be expected to remain for up to 20 minutes. If the area remains red longer than 1/2 hour it is probably necessary to monitor the area and measure weekly until the redness is gone.

STAGE 2: A partial thickness loss of skin layers either dermis or epidermin that presents clinically as an abrasion, blister, or shallow crater.

STAGE 3: A full thickness of skin is lost, exposing subcutaneous tissue, presents as a deep crater with or without undermining adjacent tissue.

STAGE 4: A full thickness of skin and subcutaneous tissue is lost, exposing muscle and or bone.

STAGE 5: Area is covered with eschar tissue and is not observable without debridement of the wound.

PRESSURE ULCER REPORTING: