



أمانة للرعاية الصحية
Amana Healthcare
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Medical Devices

Safe application guide to prevent Medical Device Related Pressure Injury



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Definition of a Medical Device

An article, instrument, apparatus, or machine that is used in the prevention, diagnosis or treatment of illness or disease, or for detecting, measuring, restoring, correcting, or modifying the structure or function of the body for some health purpose.' – WHO 2012

A medical device related pressure injury therefore is an injury to the patient's skin that is caused from the direct contact of the device. The resultant pressure injury usually mirrors the shape or pattern of the device that has been used. (Pittman and Gillespie, 2020).

Determine all devices and the potential sources of pressure injuries.

Ensure the correct size and fitting of all devices used.

Verify that devices, tubing, or objects are not placed under your patient.

Inspect the skin under and around the device every 2 hours.

Cushion and protect the skin with prophylactic dressings/pads/gauze.

Eliminate any excessive pressure by positioning and moving regularly.

Secure all cables and tubing properly when in use for your patient.

Nasal Cannula

A nasal cannula when in use should have the identified high-risk areas protected: behind the ears, neck, cheeks, chin, around and the nares and inside the nasal vestibule using a non-adhesive foam or duoderm to protect the skin.



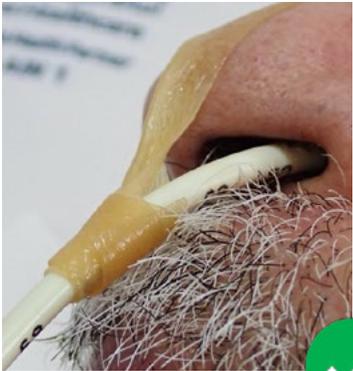
Face Mask

Face masks with the elastic strap must have the following identified high-risk areas protected: bridge of the nose, cheeks, chin and behind the ears. Non-adhesive foam is a good option to offload these areas.



Nasal Gastric Tube

Nasal Gastric Tubes (NGT) should be secured properly when in use. The use of the correct NGT holder must be used as pictured. Duoderm may be used as an alternative however, emphasis on the 'floating' of the NGT away from the sides of the nares to prevent MDRPI is essential.



Tracheostomy Ties

Tracheostomy ties must be 2 finger widths from the neck. They should be kept clean and dry. If the patient has a short neck, sweaty or previous scarring they would require a prophylactic non-adhesive foam as per protocol, with non-adhesive foam cut in a thick long collar shape under the whole length of the tracheostomy ties, inspecting the skin every 2 hours and replacing when soiled.



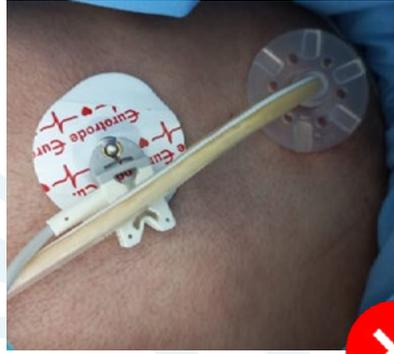
Tracheostomy

The tracheostomy itself must always have a trachee dressing under the flange aspect of the device. Adding trachee dressings for leaks is not recommended practice and just one trachee dressing must be used, unless clinically indicated.



Gastrostomy Tube

PEG/PEJ type gastrostomy tubes must not be under the patient. The external crossbar must be fitted accordingly and not cutting in to the peristomal skin. The use of a trache dressing to protect the skin may be used particularly with plastic ridge type crossbar devices or those with moderate to large exudate.



SpO2 Probe

The pulse oximeter or SpO2 probe ideally should be checked and switched locations regularly to prevent MDRPI. The cord should not be under the patient's skin and should be offloaded using gauze/washcloth.



Condom Catheter

Do not use adhesive tape to secure the condom catheter onto the penis, it should be fitted and measured correctly. Barrier spray can be applied on to the skin prior to the application of device to protect the skin.



Indwelling Catheter

Indwelling catheters should have a leg strap unless contraindicated to secure the device and prevent MDRPI. The strap must be used correctly and the use of a simple washcloth can help to pad out rigid tubing. Ensure the leg is switched sides and skin checked underneath regularly.



Compression Garment

Compression garments are used to prevent DVT and massage the lower extremities. They must be fitted correctly, and skin inspection performed regularly to assess skin integrity. The use of a simple washcloth can help offload.



Stockings

Compression stockings when in use must be removed every 2 hours and should not be used if contraindicated, such as weak or absent pedal pulses as it can cause further injury. Care must be taken to ensure the top of the stocking doesn't roll and cause pressure to the top part of the leg, remove creases on the stocking and ensure they are the correct size for your patient as per the manufacturer guidelines.



Hand Splints

Must be used as per therapy guidelines, with care taken to offload the splints as needed or not to be used if contraindicated. A simple washcloth can help protect the skin.



Lower Leg Splints

Must be used as per therapy guidelines, with care taken to offload the splints as needed or not to be used if contraindicated. A simple washcloth can help protect the skin.



Offloading Boots

The boots are to be used to offload the heels and must always be removed at regular intervals to inspect the skin. Care must be taken when applying straps and a washcloth can assist with preventing skin damage occurring. In addition, ensure no other devices are under the leg such as spo2 probes.



Gel Pillow

Although not a medical device as such, the gel pillow is a common item used to assist with the offloading of parts of the head and the ears. The pillow must be used correctly by moulding the shape out of the pillow to assist with the offloading in a 'concave' way as pictured to give the desired effect.

