

This quarter's focus is:

Acute Skin Failure

The Unavoidable Pressure Injury during COVID-19 Pandemic

A Review from the National Pressure Injury Advisory Panel (NPIAP)ⁱ

Acute skin failure is defined as an event in which the skin and underlying tissue die due to hemodynamic instability. Skin hypo-perfusion occurs concurrently with severe organ dysfunction or organ failure. This can occur during an acute illness, chronic illness or during end-of-life. Acute skin failure commonly occurs over bony prominences and therefore appears to be pressure related.

CMS defines a “hospital acquired” pressure injury as an injury not present on arrival to the hospital or not documented within the first 24 hours after hospital arrival.ⁱⁱ The tissue injury is further defined into stages and are considered avoidable. Historically, front line caregivers often took the blame for the development of such “hospital acquired” skin issues because arguably, if staff had implemented a pressure injury prevention planⁱⁱⁱ, the tissue injury would have been “avoidable.” However in 2020, the COVID-19 crisis has alerted healthcare providers to a few skin manifestations that occur when someone is diagnosed with COVID-19. One of the skin manifestations is a tissue injury that mimics a deep tissue pressure injury (DTI) or hospital acquired pressure injury. This skin manifestation is actually the result of acute skin failure.

The emergence of research to support unavoidable pressure injuries continues to grow. In 2010, the National Pressure Injury Advisory Panel (NPIAP) found that there are times in critical care settings that pressure ulcer prevention measures were too unsafe clinically or that patients had the right to refuse to be turned/repositioned, and hence, pressure injuries occurred.

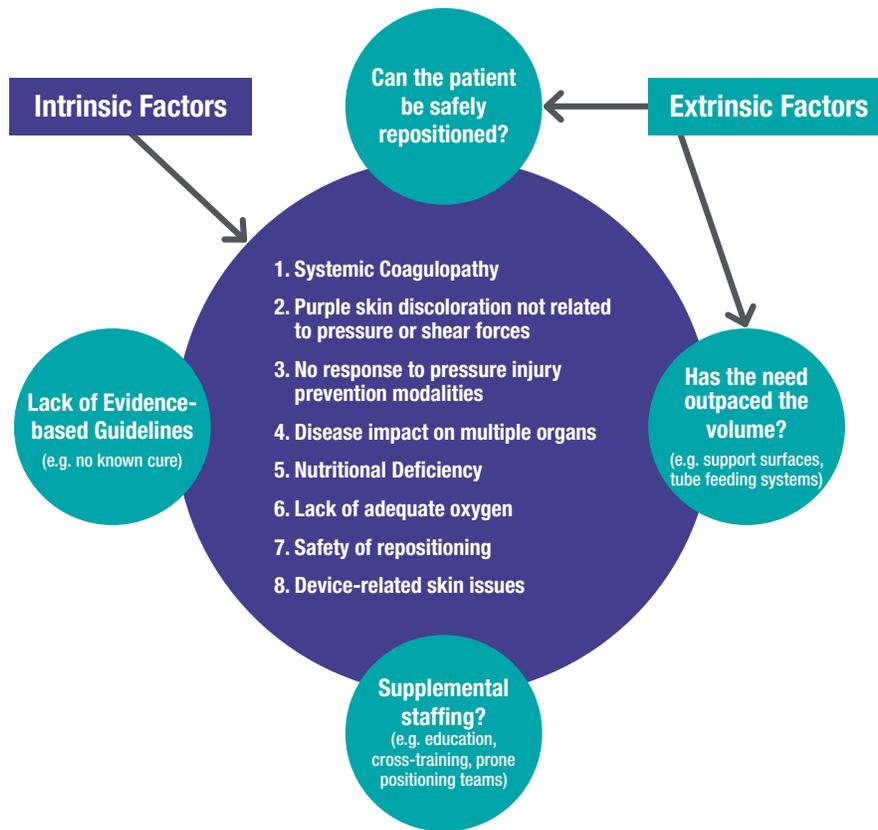
In 2014, the NPIAP addressed how multiple significant co-morbidities (organ failure of one or more systems) coupled with specific medications (vasopressors) put patients at increased risk for skin failure.



Ex: Skin Failure mimicking Deep Tissue Pressure Injury^{iv}

The National Pressure Injury Advisory Panel provides guidance on how to assess whether a tissue injury is related to COVID-19 (unavoidable) or a result of pressure that may or may not have been avoidable. The panel urges to evaluate each incidence on a case by case basis by looking at intrinsic and extrinsic factors impacting patient care.





LOSS PREVENTION/PATIENT SAFETY

1. Document implementation of pressure injury prevention modalities to include skin assessments, position changes or reasons they don't occur (e.g. patient too critical, unable to safely reposition, patient refusal).
2. Consider each pressure injury on a case by case basis looking at intrinsic and extrinsic factors.
3. When noting areas of discoloration or tissue injury on non-loaded anatomic locations (no history of pressure and/or shear stress, no use of medical device) clearly document in the medical record the time when the injury first appeared.
4. Work closely with the hospital Wound Care Team to implement recommendations.

REFERENCES

- i. NPIAP – A position Paper – Unavoidable Pressure Injury during COVID-19 Pandemic, <https://tinyurl.com/3swh7hce>
- ii. Hospital-Acquired Pressure Injury, <https://tinyurl.com/axnz4wyr>
- iii. National Pressure Injury Advisory Panel (2020) Pressure Injury Prevention Points, <https://tinyurl.com/8xb7pv9m>.
- iv. NPIAP – Skin Manifestations with COVID-19 – photo from Beaumont Health, Royal Oak, MI as published in: <https://tinyurl.com/3mkv3kbz>.
- v. NPIAP – Unavoidable Pressure Injury during COVID-19 Pandemic, <https://tinyurl.com/345dj6r5>

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