

Preventing Pressure Injuries in Senior Care Organizations

Pressure injuries are a serious medical concern and a common risk issue in senior care settings.¹ They are dangerous, painful, and expensive to treat; they also increase the risk for infection and hospitalization, and they can even lead to death.²

Preventing pressure injuries requires an interdisciplinary approach to care and coordination among many people, including the multiple disciplines and teams involved in developing and implementing residents' care plans. Additionally, an organizational culture and operational practices that promote teamwork and communication will facilitate an increased focus on pressure injury prevention and optimize residents' care and safety.

Senior care organizations can use this checklist to assess their processes and pinpoint areas for improving pressure injury prevention and treatment strategies.

	Yes	No
Organizational Risk Assessment		
Does your organization have a comprehensive program for pressure injury prevention and treatment?		
Do all members of the interdisciplinary team receive education and training on:		
The organization's pressure injury program and associated protocols?		
 Evidence-based pressure injury prevention and treatment strategies? 		
The correct use of medical devices and prevention of skin breakdown?		
 How to assess special populations for pressure injuries (e.g., bariatric residents and residents who have darker skin tones)? 		

	Yes	No
Organizational Risk Assessment (continued)		
Does your organization routinely assess the knowledge and behaviors of its staff members?		
Does your organization require staff members to use a structured pressure injury assessment tool to identify residents at risk for pressure injuries?		
Does your organization have an effective toileting schedule in place since incontinence is a major contributor to skin breakdown?		
Does your organization have a plan of care if a resident's pressure injury results from immobility?		
Does your organization have a plan in place to protect residents' skin and minimize friction, shear, and moisture from fixed medical devices?		
Does your organization have providers perform periodic physical, psychological, and psychosocial assessments of residents who have pressure injuries?		
Does your organization use a valid and reliable screening tool to determine which residents are at risk for undernutrition or malnutrition?		
Do your organization's quality assurance, performance improvement, and/or safety committees routinely review and track assessment and treatment data for residents at risk for pressure injuries?		
Pressure Injury Awareness		
Are staff members aware of the common areas on the body where skin breakdown can easily occur, such as the back of the head, back of the shoulders, elbows, sacrum, hips, gluteal folds, perineum, vaginal folds, scrotum, penis, popliteal area, heels, and toes?		
Do staff members know that using medical devices that are designed and applied for diagnostic or therapeutic purposes can cause pressure injuries?		
Are staff members aware of the pressure injury staging system, including the staging illustrations from the National Pressure Injury Advisory Panel?		
Can staff members effectively identify the stages/categories of pressure injuries?		

	Yes	No
Pressure Injury Awareness (continued)		
Are staff members familiar with unstageable pressure injuries and deep tissue pressure injuries?		
Are staff members aware of the role that microclimate, pressure, and shear force play in pressure injuries?		
Are residents educated about pressure injuries and how to prevent them?		
Are residents' families educated about pressure injuries and engaged in risk-reduction interventions?		
Skin Assessment/Resident Care		
Does organizational policy require that all new residents receive a full body evaluation to identify any pressure injuries or skin issues?		
Do staff members reevaluate residents for pressure injuries on a routine basis (e.g., minimally weekly or when a change occurs in a resident's condition)?		
Do staff members routinely monitor residents for changes in activity (ambulation versus sedentary habits) and behaviors (i.e., withdrawn, aggressive, etc.) that may lead to development of pressure injuries?		
Do staff members look for signs and nonverbal cues of pain and discomfort in noncommunicative residents?		
Do staff members monitor the eating habits of residents who have pressure injuries?		
Are undernourished or malnourished residents referred to a registered dietitian or nutritionist?		
Do staff members ensure that residents' skin is cleansed promptly after episodes of incontinence?		
Do staff members use pH-balanced skin cleansers and moisturizers on residents?		
Do staff members check residents' skin each time they provide care?		

	Yes	No
Skin Assessment/Resident Care (continued)		
Do staff members note and report any redness on a resident's skin when it does not disappear or when it's on a new open skin area, especially over a bony area or in relation to a medical device?		
Do designated wound care nurses evaluate reddened areas of concern along with current wounds?		
Positioning and Mobilization		
Do staff members turn or reposition at-risk residents every 2 hours to avoid pressure injuries?		
Is a turn/reposition schedule in place that optimizes independent movement and reduces friction/shear?		
Are weak or immobile residents repositioned in a chair/wheelchair hourly?		
Do staff members ensure that residents' heels are free from their beds?		
Are heel offloading techniques/devices used on residents at high risk for heel pressure injuries?		
Are regular pressure reliefs (i.e., weight shifting, pressure redistribution, and pressure reduction) used as a part of care plans?		
Medical Devices		
Do staff members on each shift assess the skin underneath medical devices on residents?		
Do staff members ensure that:		
Each resident has the proper size and type of device?		
Devices are secure to decrease movement or slippage?		
Skin is padded to reduce friction?		
 The manufacturer's recommendations for use and care of each device are followed? 		

	Yes	No
Medical Devices (continued)		
For residents with medical devices, are their family members educated about the device, what it is, where it is located, why it is there, how it functions, and how long it will stay in place?		
Do staff members place thin foam or breathable dressings under medical devices that residents are wearing?		
Does the organization monitor the incidence and prevalence of medical device- related pressure injuries?		
Are the results used to benchmark with other organizations?		
Are the results shared with staff members?		
Documentation/Communication		
Do staff members document all assessments and care for pressure injuries in residents' health records?		
Do staff members document all education that they provide to residents and their families in relation to pressure injury prevention?		
Are the residents' assessments, interventions, and continuing care needs clearly communicated from one caregiver to another to ensure successful handoffs?		

Resource

To learn more about pressure injury prevention, identification, and treatment strategies, see MedPro's Risk Resources: Pressure Injuries in Older Adults.

Endnotes

This document does not constitute legal or medical advice and should not be construed as rules or establishing a standard of care. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions.

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¹ MedPro Group. (2024). *Senior care: A clinically coded case analysis*. Retrieved from www.medpro.com/documents/10502/5086245/Senior+Care_Claims+Data+Analysis_2024_MedPro+Group.pdf

² Al Aboud, A. M., Manna, B. (2023, April 19 [updated]). Wound pressure injury management. *StatPearls*. Retrieved from www.ncbi.nlm.nih.gov/books/NBK532897/