

Name: \_\_\_\_\_

# Pressure Injury Prevention

## Across

4. Patients are more likely to develop pressure injuries over \_\_\_\_ prominences.

6. \_\_\_\_\_ cream can help protect the skin of incontinent patients.

10. Nutritional status should be maximized through adequate protein and \_\_\_\_\_ intake.

11. Patients in the chair should be repositioned or offloaded every \_\_\_\_\_ hour(s).

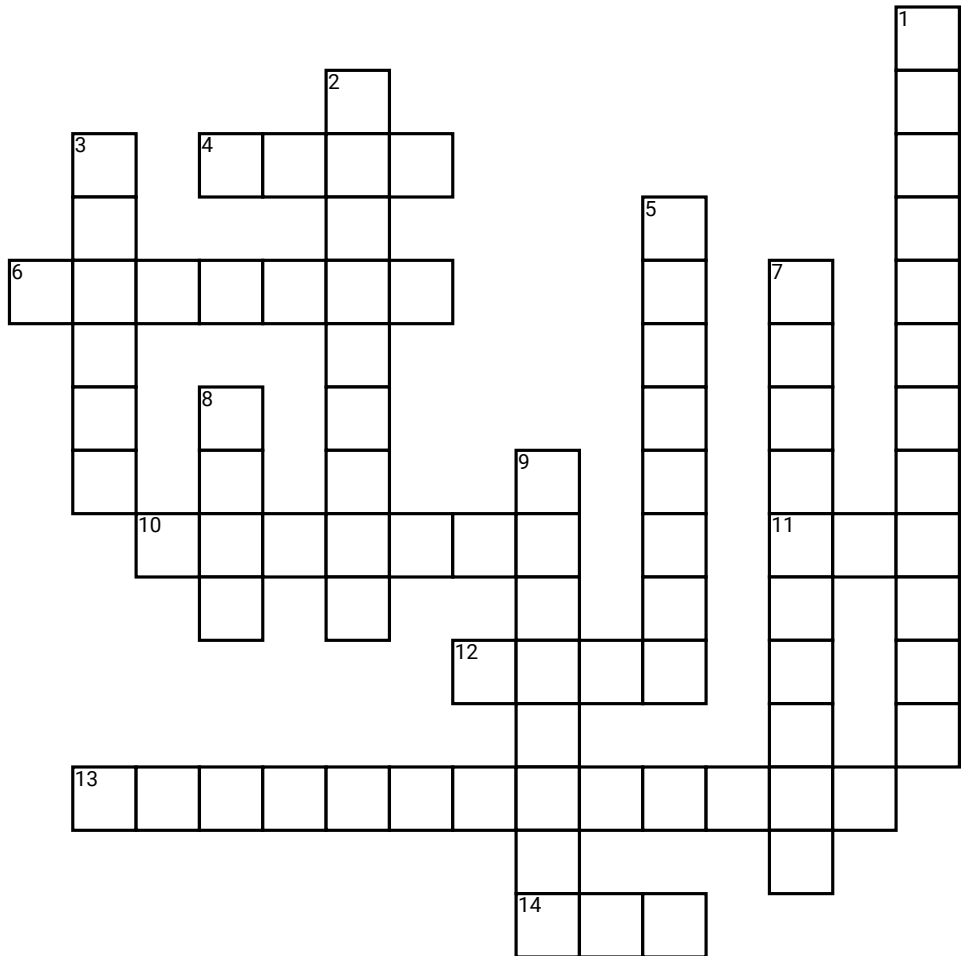
12. The \_\_\_\_\_ clock is a useful way for keeping track of when patients are due for turns.

13. Developing a pressure injury increases the risk of other \_\_\_\_\_.

14. A Braden score is calculated based on assessment of \_\_\_\_ categories.

## Down

1. The inability to control urine or stool (which increases likelihood of skin breakdown)



2. \_\_\_\_\_ is a potential complication of pressure injury.

3. A \_\_\_\_\_ score can help in determining a patient's risk for pressure injury.

5. A Braden score of less than \_\_\_\_\_ is associated with increased risk of pressure injury.

7. \_\_\_\_\_ a patient every 2 hours significantly decreases the risk of pressure injury.

8. Only a fitted sheet, \_\_\_\_\_ sheet, and one disposable pad should be between the patient and the mattress.

9. Turn \_\_\_\_\_ should be documented when they occur.