Prevention is possiblePrevention is powerful

A comprehensive guide to using ALLEVYN^{\$} LIFE Dressings to prevent pressure injuries in the ICU, OR, and ER.

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ALLEVYN^{\$} LIFE Foam Dressings

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Understanding the impact of pressure injuries

2.5 million Americans are affected by pressure injuries each year¹

\$21,784Average cost each pressure injury adds to a hospital stay²

4–6X Greater risk of in-hospital mortality²

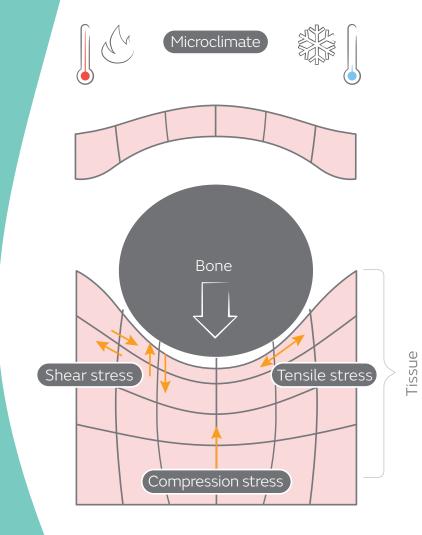
9.5 days Average increase in length of hospital stay²

How pressure injuries develop

Contributors to localized skin injury:³⁻⁵

- 1. Pressure
- 2. Shear
- 3. **Microclimate,** which can exacerbate the effects of pressure, shear and friction, is caused by factors such as:
 - Prolonged humidity and moisture, which can lead to tissue breakdown and tearing
 - Heat, which increases metabolism, while pressure hinders blood flow, preventing tissue from getting oxygen and nutrients
 - Cold, which leads to hypothermia, further reducing circulation and oxygenation

When pressure injuries develop, patients are in pain and may develop infections at the site of injury.⁶



Surface pressure

Choose a dressing designed for prevention

Prophylactic dressings differ in quality. Considerations should include:³

- Ability to manage microclimate
- Ease of application and removal
- Ability to regularly assess the skin
- Location of dressing application
- Correct dressing size and shape
- Ability to redistribute pressure

The National Pressure Injury Advisory Panel recommends the use of foam dressings as part of a comprehensive pressure injury prevention program.³

The ALLEVYN[®] LIFE difference

ALLEVYN LIFE is an all-in-one dressing for wound management and pressure injury prevention⁷

Unique five-layer construction absorbs fluids and redistributes pressure⁷⁻¹⁷

Breathable

Film layer provides a bacterial barrier

Discreet

Strikethrough-masking layer

Hyper-absorbent

Lock-away core helps minimize leakage of fluid

Protective

Hydrocellular foam cushions, absorbs exudate

Gentle and secure

Silicone adhesive wound contact layer can be repositioned¹⁵ and may reduce trauma to the wound during dressing changes

2X longer wear time than other dressings⁺



Up to **5 days wear** on the sacrum | Up to **7 days wear** on other locations*

*Depending on the nature of the wound and exudate level, when used as indicated. †Tested on Mepilex™ Border

Performance under pressure

Compared to standard preventive care alone, ALLEVYN^o LIFE has been shown to:

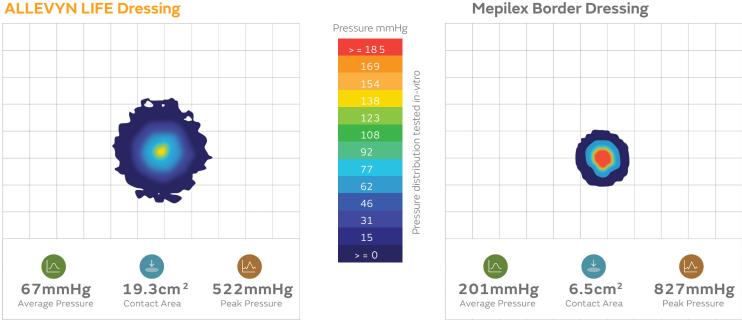
Reduce incidence of sacral pressure injuries by up to **7196**¹⁸

Produce per-patient cost savings up to **69%**

Relieved more pressure than leading competitors.²⁰

The multi-layer foam design helps protect against pressure injuries¹⁸ by redistributing pressure and protecting areas subject to friction and shear.²

Across all applied forces, when tested on both dry and wet dressings, ALLEVYN LIFE Dressings spread the pressure over a greater contact area, resulting in lower average and peak pressures when compared to Mepilex[™] Border and Optifoam[™] Gentle SA *(in vitro*).



Pressure distribution wound contact side

Pressure distribution wound contact side

The results were statistically significant; testing was conducted based on a powered sample size. Pressure mapping is a demonstration measuring only pressure and does not replace the need for clinical evidence of effectiveness.

ALLEVYN^o LIFE works with a variety of medical devices including:



Available in three unique designs and multiple sizes to fit your pressure injury prevention and/or wound management needs.







Common pressure injury risk factors for ICU patients²¹⁻²²

Know these risk factors

- 1. Advanced age
- 2. Length of stay
- 3. Prolonged lack of mobility
- 4. Vasopressor administration infusion
- 5. Cardiovascular disease
- 6. Sedation
- 7. Inability to self-turn or reposition
- 8. Mechanical ventilation
- 9. Incontinence

Follow these guidelines to keep your patients free from pressure injuries:

- Identify at-risk patients^{6,21,24}
 - The Braden Scale (score <18) or other risk-assessment scores
 - Over the age of 70
 - · Diabetes
 - · Surgery lasting longer than four hours
- Inspect skin thoroughly and often¹
- Adhere to your institution's pressure injury prevention guidelines
- Appropriately document your efforts^{1,4}
- Work together to streamline prevention processes²⁵
- Use a soft silicone multi-layered foam dressing to protect the skin of individuals at risk for pressure injuries—continue to implement other preventive measures when using dressings^{3,26}

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Did you know?

incidence of pressure injuries in critical care settings (prevalence may reach 82%)²³

1 in 3

pressure injuries in hospitalized adult patients are related to medical devices²⁹

See how ALLEVYN^{\o} LIFE can work with a variety of medical devices.

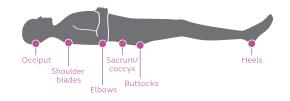
Learn More

Common points of pressure^{4,27}

Most common locations:

- Sacrum
- Back
- ButtocksHeels
- Occiput
- Elbows

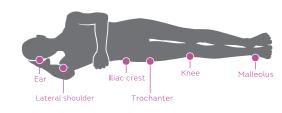
Supine position



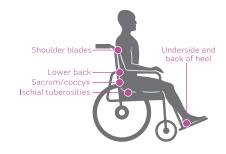
Sitting position



Lateral position



Wheelchair position



Protection against device-related injuries:²⁸

Area at risk
Forehead, nose, cheeks
Nose, cheeks, ears
Hands
Ears
Chin, clavicle

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Common pressure injury risk factors for OR patients³⁰

Know these risk factors

- 1. Time in OR bed or surgery lasting more than 2.5 hours
- 2. Positioning of patient and devices
- 3. Warming devices
- 4. Anesthesia and sedation

- 5. Vasoactive medications
- 6. Instrumentation (e.g., retractors)
- 7. Type of surgery
- Intraoperative hemodynamics such as diastolic pressure
 <60mmHg

Did you know? (

of healthcare-acquired pressure injuries occur in surgical settings³¹



higher risk of pressure injury development for every 30 minutes of surgery beyond four hours³²

See how ALLEVYN^{\o} LIFE can work with a variety of medical devices.

Learn More

Use validated screening tools to identify at-risk patients³³⁻³⁴

Follow these guidelines to keep your patients free from pressure injuries:

 Use Scott Triggers to identify patients at high risk (two or more of the following)

Age greater than 62 years

- 1. Serum albumin < 3.5 g/dL
- 2. ASA Score >3
- Anticipated time in the OR >3 hours (180 minutes)
- Determine risk using the Munro Scale at three time points
 - Pre-operative: 7-14 = moderate risk;
 15 or greater = high risk
 - 2. Intraoperative: 14-24 = moderate risk; 25 or greater = high risk
 - 3. Post-operative: 16-28 = moderate risk; 29 or greater = high risk
- Perform a thorough assessment of skin condition before, during and after surgery^{4,35}
- Adhere to your facility's pressure injury prevention guidelines
- Appropriately document your efforts^{4,35}
- Work together to streamline processes related to prevention³⁶
- Use a soft silicone multi-layered foam dressing to protect the skin of individuals at risk for pressure injuries—continue to implement other preventive measures when using dressings^{3,37}

Common points of pressure^{4,5,38-42}

Pressure injuries can appear within 48 to 72 hours after surgery.



Most common locations of pressure injuries:¹⁷ • Ischium (28%) • Sacrum (17-27%) • Trochanter (12-19%) • Heel (9-18%)

Device	Area at risk
(NIPPV) Non-invasive positive pressure ventilation/BIPAP	Forehead, nose, cheeks
Nasotracheal tubes/nasal cannulas	Nose, cheeks, ears
Wrist brace	Hands
Nasal cannula/oximetry probe	Ears
Cervical collar	Chin, clavicle
Splint	Heels
Straps	Ankles, arms, hips, etc.
Backboard	Occiput, shoulders, back

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Common pressure injury risk factors for ER patients⁴³

Know these risk factors

- 1. Age >70
- 2. Dehydration and poor nutrition
- 3. Moist skin

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- 4. Braden score
- 5. Poor sensory reception
- Comorbid conditions
 (diabetes, pulmonary disease)

- 7. Spinal immobilization and/or cervical collar use
- 8. Poorly padded ER equipment and restrictive positioning
- 9. Prolonged immobilization
- 10. Head-of-bed elevation



of patients in the ER will develop a pressure injury⁴⁵

99.2%

of patients who develop a pressure injury are in the ER for more than two hours⁴⁴

See how ALLEVYN^o LIFE can work with a variety of medical devices.

Learn More

Follow these guidelines to keep your patientsfree from pressure injuries:

- Timeliness is essential pressure injuries can develop in as little as two hours⁴⁴⁻⁴⁵
- Identify patients at high risk using:⁶
 - The Norton Scale (score <14)
 - The Braden Scale (score <18)
 - Other risk-assessment tools
- Inspect skin thoroughly and often¹
- Application of a prophylactic dressing should be initiated as early as possible in the care pathway, *i.e. in the Emergency Room*

- Adhere to your institution's pressure injury prevention guidelines
- Appropriately document your efforts^{1,4}
- Work together to streamline prevention processes²⁶
- Use a soft silicone multi-layered foam
 dressing to protect the skin of individuals
 at risk for pressure injuries—continue to
 implement other preventive measures
 when using dressings^{3,27}

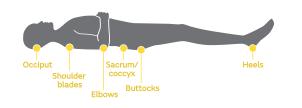
Common points of pressure^{4,5}

Most common locations:^{27,38,41}

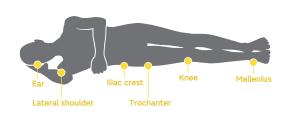
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- Sacrum
- Back
- Buttocks Heels
- Occiput
- Elbows .

Supine position



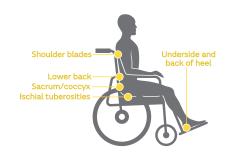
Lateral position



Sitting position



Wheelchair position



Most common risk areas related to medical device injuries:^{24,28}

a at risk
n, clavicles
nds
els
OWS
kles
ciput, shoulders, back

ALLEVYN[◊] LIFE: Helping you get CLOSER TO ZERO™ pressure injuries.

From maintaining a moist wound environment that's conducive to healing,^{8,16} to helping protect against pressure injuries as part of standard prevention protocol,^{19,20} ALLEVYN LIFE Foam Dressings help patients get back to their best life.

ALLEVYN LIFE Product Ordering Codes

Border to border		Dressings
Dorder to porder	Pad size	per box
4in x 4in	2in x 2in	10
5 ¹ /16in x 5 ¹ /16in	3in x 3in	10
6 ¹ /16in x 6 ¹ /16in	4in x 4in	10
8¹/4in x 8¹/4in	6in x 6in	10
Heel 9in x 9¹/ଃin	7 ⁷ /8in x 8in	5
Sacrum 6³/₄in x 6 ⁷ /ଃin	4 ⁷ /8in x 3 ⁵ /16in	10
Sacrum 8½in x 9in	6³/4in x 4¹³/16in	10
	5 ¹ /16in x 5 ¹ /16in 6 ¹ /16in x 6 ¹ /16in 8 ¹ /4in x 8 ¹ /4in Heel 9in x 9 ¹ /8in Sacrum 6 ³ /4in x 6 ⁷ /8in	$5^{1}/_{16}$ in x $5^{1}/_{16}$ in 3 in x 3 in $6^{1}/_{16}$ in x $6^{1}/_{16}$ in 4 in x 4 in $8^{1}/_{4}$ in x $8^{1}/_{4}$ in 6 in x 6 in Heel 9in x $9^{1}/_{8}$ in $7^{7}/_{8}$ in x 8 in Sacrum $6^{3}/_{4}$ in x $6^{7}/_{8}$ in $4^{7}/_{8}$ in x $3^{5}/_{16}$ in

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