





Skin and Wound Product Information Sheet

Video		Mepilex Dressings for Pressure Injury Prevention (PIP)		
Classification	Pressure Injury Prevention Dressing			
Key Points	<ul style="list-style-type: none"> Used to enhance, but not replace, routine pressure injury prevention strategies for the prevention of sacral/coccyx and heel pressure injuries. Redistributes shear forces, reduces friction, redistributes pressure and balances microclimate. Soft and conformable waterproof/showerproof foam dressing with silicone adhesive layer for atraumatic dressing removal. 			
Indications	<ul style="list-style-type: none"> For intact skin only: for those patients/ clients/residents at risk for developing a pressure injury related to pressure, friction/shear on the bony prominences e.g., sacral-coccyx or heel, under a medical device. 			
Precautions	<ul style="list-style-type: none"> Does not replace the use of other pressure injury prevention strategies (i.e. pressure risk assessment, regular positioning, appropriate pressure redistribution and pressure offloading). Consult with Physician/NP/Wound Clinician prior to using foam dressings (of any kind) on ischemic lower legs/feet. Sacral and Heel dressings should not be cut. 			
Contraindications	<ul style="list-style-type: none"> Pre-existing pressure injury including Pressure Injury Stage 1, or any other skin injury to the area. Do not use skin barriers /skin sealants or cleansing wipes containing dimethicone/silicone, emollients etc. under the dressing as these reduce the effectiveness of the adhesive properties of the dressing. 			
Formats & Sizes	<p>Sacrum</p> <ul style="list-style-type: none"> 16 x 20cm 22 x 25cm <p>Heel</p> <ul style="list-style-type: none"> 18.5 x 24cm <p>Mepilex Border</p> <ul style="list-style-type: none"> 7.5 x 7.5 cm 10 x 10 cm 10 x 20 cm 12.5 x 12.5 cm 15 x 15 cm 15 x 30 cm 	<p>Mepilex Border Lite</p> <ul style="list-style-type: none"> 4 x 5cm 5 x 12.5cm 7.5 x 7.5cm 10 x 10cm 15 x 15cm <p>Mepilex Lite (no border)</p> <ul style="list-style-type: none"> 6 x 8.5cm 10 x 10 cm 15 x 15 cm 20 x 50 cm 	<p style="font-size: small; margin-top: 5px;">Mepilex Sacrum Mepilex Heel</p> <p style="font-size: small; margin-top: 10px;">Mepilex Lite Mepilex Border Lite Mepilex Border</p>	
Application Directions		Key Points		
To Apply to the Sacral-coccyx Area				
<p>Cleanse the sacral area with pH-balanced skin cleanser or warm water. Gently pat the skin dry. Do not use emollient or dimethicone/silicone ointments/barrier wipes or skin sealants in area where dressing will be applied.</p>		<p>Emollients, dimethicone/silicone (and other skin preparations) can reduce the adhesive properties of the silicone dressing.</p>		
<p>Have a colleague hold the buttocks apart. Remove the dressing's center release film and apply dressing into the gluteal cleft and then sacral area.</p> <p>Remove the right-side release film and gently smooth this side of the dressing into place. Repeat with the left side. Run the side of a hand along the gluteal cleft to secure placement.</p>		<p>It is important that the dressing 'fits' into the upper aspect of the gluteal cleft to ensure that the dressing is properly secured against incontinence episodes. See the video link top left corner of PISheet.</p> <p>Tip: the border of the dressing may be cut to fix around the anus to ensure a good fit into the gluteal cleft. The cut edge of the dressing can be sealed by applying No Sting Skin Prep on dressing's cut edge.</p>		
<div style="display: flex; justify-content: space-around;"> </div>		<p>To communicate with other staff the purpose of the dressing and when it needs to be changed</p>		
<p>On the dressing, print "P" for Preventative dressing and add the date that the dressing was applied.</p>				



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Application Directions	Key Points
To Apply to the Heel Area	
<p>Apply the adherent part of the dressing marked 'A' to the posterior heel/Achilles tendon areas, positioning the narrowest part of the dressing at the base of the heel. Do not stretch.</p> <p>Remove the backing from one of the ankle flaps. Apply and smooth. Repeat with the other side.</p>	
<p>Gently apply the adherent part of the dressing marked 'B' under the plantar surface of the foot. Do not stretch.</p> <p>Remove the backing from one of the flaps with tabs. Apply and smooth the out the border. Repeat with the other side.</p> <p>Press and smooth the dressing to ensure the entire dressing is in contact with the skin.</p>	
<p>On the dressing, print "P" for Preventative dressing and add the date that the dressing was applied.</p>	<p>To communicate with other staff the purpose of the dressing and when it needs to be changed.</p>
To Apply to Other Bony Prominences/Under Medical Devices	
<p>Choose the type of Mepilex dressing that meets the need of the bony prominence to be protected e.g., Mepilex Thin for the face area or under medical device; Mepilex Border for ileal crest area.</p> <p>Choose the <u>largest</u> size that is going to fit the area to ensure good pressure redistribution. When cutting a dressing, e.g., for the face do not cut too small.</p>	
<p>Remove the backing and apply to area. Gently smooth out the dressing and border, if present, to ensure good skin adhesion.</p>	
<p>On the dressing, print "P" for Preventative dressing and add the date that the dressing was applied.</p>	<p>To communicate with other staff the purpose of the dressing and when it needs to be changed.</p>
Daily Care	
<p>As part of the evaluation of client's specific pressure injury prevention strategies, at least once a day, gently peel dressing back and assess the skin. Reapply existing dressing ensuring the border of the dressing is smooth with no wrinkles.</p> <p>If the top of dressing become soiled due to incontinence episode, gently wipe off.</p>	<p>Wrinkles in the dressing are to due to sheer forces being applied to the dressing; if possible, remove these concerns e.g. lower the head of the bed.</p> <p>Dressing is waterproof and will not allow urine or feces to soak into the dressing.</p>
<p>If dressing does not stay intact for longer than 24 hours due to incontinence, discontinue the dressing and use barrier cream or alternative skin management.</p> <p>If a pressure ulcer develops within the area of the dressing, discontinue the prevention/protection dressing and initiate appropriate wound management. Inform OT, PT and/or Wound Clinician that a pressure injury has occurred.</p>	<p>If dressing does not stay in place it is not a cost-effective prevention strategy.</p> <p>Other pressure injury interventions will need to be considered.</p>
To Remove	
<p>Gently lift the border and use one hand to stabilize the skin.</p>	<p>To minimize trauma to skin.</p>
Frequency of Dressing Change	
<p>May be left in place for up to 7 days as long as it does not lose its adherence e.g. edges roll, border does not 'stick', or is badly soiled.</p> <p>Continue with the prevention dressings as long as PIP is needed.</p>	<p>As the patient's level of pressure ulcer risk improves, the dressing may no longer be required.</p>
Expected Outcome	
<p>Pressure injury does not develop.</p>	
<p>For further information, please contact your OT/PT/NSWOC/Wound Clinician.</p>	