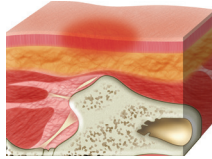


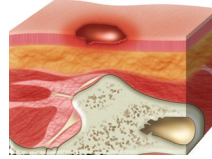


Categorization of pressure ulcers*



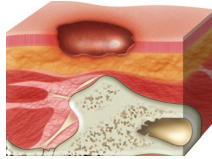
Category 1

Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Other signs of the area such as discoloration, oedema, warmer or cooler as compared to adjacent tissue may also indicate pressure injury. (Category 1 may be difficult to detect in individuals with dark skin tones. May indicate "at risk" persons.)



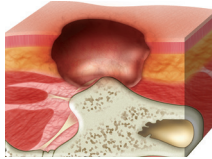
Category 2

Damage to the epidermis and/or dermis. The ulcer is superficial and may be visible as a blister on or an abrasion of the skin.



Category 3

Involves damage to the full thickness of the skin and includes injury to, or necrosis of, the subcutaneous tissue layer, and may extend down to but not through the underlying fascia.



Category 4

Deep tissue damage, necrosis or damage to the muscle, bone or connective tissue with wound cavitations.

* National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Quick Reference Guide. Emily Haesler (Ed.). Cambridge Media: Osborne Park, Western Australia; 2014.

We are Care of Sweden. Since 1992, we help healthcare to better take care of people who require physical supports, for example to prevent pressure ulcers in rehabilitation or long term care. You'll find us on care units in all parts of the world.

The products range spans from advanced air mattress systems to seat cushions for wheelchairs. We manufacture ourselves at our facility in Sweden, where everything is done according to high quality standards and with minimal environmental impact. But most importantly is our commitment and our desire to be always available.

Our customers see us as part of the care team, where we are working side by side, for no one ever should have to suffer from pressure ulcers. Together, we can reduce unnecessary suffering and save financial resources to healthcare. We call our mission **Supporting Life**.



 care of sweden

Pressure Ulcer risk assessment card



Risk assessment pressure ulcers

Modified Norton scale & Braden scale

Mattress selector

Guidelines when choosing a product

Risk assessment according to the Modified Norton scale

A. Mental Condition

| | | | |
|------------------|-------------------------|----------------------------|--------------|
| 4 Fully oriented | 3 Occasionally confused | 2 Cannot answer adequately | 1 No contact |
|------------------|-------------------------|----------------------------|--------------|

B. Physical activity

| | | | |
|------------|-------------------|---------------|-------------|
| 4 Ambulant | 3 Walks with help | 2 Chair bound | 1 Bedridden |
|------------|-------------------|---------------|-------------|

C. Mobility

| | | | |
|--------|--------------------|----------------|------------|
| 4 Full | 3 Slightly limited | 2 Very limited | 1 Immobile |
|--------|--------------------|----------------|------------|

D. Food intake

| | | | |
|-------------------------------|-------------------------------|-------------------------------|-----------------|
| 4 1 portion and/or equivalent | 3 ¾ portion and/or equivalent | 2 ½ portion and/or equivalent | 1 < ½ a portion |
|-------------------------------|-------------------------------|-------------------------------|-----------------|

E. Fluid intake

| | | | |
|---------------------|--------------------------|-------------------------|---------------------|
| 4 >1000 ml/24 hours | 3 700 – 1000 ml/24 hours | 2 500 – 700 ml/24 hours | 1 < 500 ml/24 hours |
|---------------------|--------------------------|-------------------------|---------------------|

F. Incontinence

| | | | |
|--------|--------------|----------------------------|-------------------|
| 4 None | 3 Occasional | 2 Usually urine (catheter) | 1 Urine and feces |
|--------|--------------|----------------------------|-------------------|

G. Physical condition

| | | | |
|--------|--------|--------|-------------|
| 4 Good | 3 Fair | 2 Poor | 1 Very poor |
|--------|--------|--------|-------------|

Count up **the score**.

20 points or lower = increased risk of pressure damage.
Very active decubitus prophylaxis/tighter overall care!

Ek AC. Unosson M, Bjurulf P. The Modified Norton Scale and the nutritional intake, (1989) Scand J Caring Sci 3:4;183-187.

This modified Norton scale is translated by Anna-Christina Ek, Professor Em, Hälsouniversitetet, Linköping.

Risk assessment according to the Braden scale

A. Sensory perception

| | | | |
|----------------------|----------------|--------------------|-----------------|
| 1 Completely Limited | 2 Very Limited | 3 Slightly Limited | 4 No Impairment |
|----------------------|----------------|--------------------|-----------------|

B. Moisture

| | | | |
|--------------------|--------------|----------------------|----------------|
| 1 Constantly Moist | 2 Very Moist | 3 Occasionally Moist | 4 Rarely Moist |
|--------------------|--------------|----------------------|----------------|

C. Activity

| | | | |
|-----------|-------------|----------------------|--------------------|
| 1 Bedfast | 2 Chairfast | 3 Walks Occasionally | 4 Walks Frequently |
|-----------|-------------|----------------------|--------------------|

D. Mobility

| | | | |
|-----------------------|----------------|-------------------|-----------------|
| 1 Completely immobile | 2 Very Limited | 3 Lightly Limited | 4 No Limitation |
|-----------------------|----------------|-------------------|-----------------|

E. Nutrition

| | | | |
|-------------|-----------------------|------------|-------------|
| 1 Very poor | 2 Probably Inadequate | 3 Adequate | 4 Excellent |
|-------------|-----------------------|------------|-------------|

F. Friction & shear

| | | | |
|-----------|---------------------|-----------------------|--|
| 1 Problem | 2 Potential Problem | 3 No Apparent Problem | |
|-----------|---------------------|-----------------------|--|

Count up **the score**.

9 points = Very high risk for pressure ulcer development
10-12 points = High risk for pressure ulcer development
13-14 points = Medium risk for pressure ulcer development
15-18 points = Low risk for pressure ulcer development

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Mattress selector

Guidelines when choosing a product

The mattress guide is an aid for those who use our products to choose the right mattress. Whether you need a comfortable standard mattress or a more advanced mattress, this guide is a valuable aid in choosing the right mattress.

We recommend that you supplement the clinical assessment with a risk assessment tool for example Modified Norton scale, Braden or similar product.

Contact us for more information:

+46 (0)771 106600, info@careofsweden.se or visit www.careofsweden.com.



- Mod. Norton > 20 points.
- Braden scale > 15 points.
- Can move with or without aid.
- Can change position, no pressure ulcer.

Products:
PRIMA BM
PRIMA 12
Optimal M3
Optimal Maxx



- Mod. Norton < 20 points.
- Braden scale 13-14 points.
- Can move with or without aid.
- Impaired ability to move due to pain.
- Malnourished (**).

Products:
Optimal Care (Cat. 1)*
Optimal Cool (Cat. 1)
Optimal Cura (Cat. 1)
Optimal Mono (Cat. 1)
Optimal Solett (Cat. 1)
Optimal Szon® (Cat. 2)
Optimal Szon® Plus (Cat. 2)
CuroCell S.A.M.* (Cat. 2)
CuroCell® AREA Zone (Cat. 3)



- Mod. Norton < 20 points.
- Braden scale ≤ 12 points.
- Needs help to change position.
- Bed-ridden, wheelchair-bound.
- Needs help with everything or can only help a little.
- Trouble with pain.
- Impaired general state.
- Malnourished (**).
- Healed sore or risk of recurring sore (risk of relapse).

Products:
CuroCell® Nova (Cat. 2)*
CuroCell® 3 (Cat. 3)
CuroCell® 4 (Cat. 4)
CuroCell Cirrus® (Cat. 4)
CuroCell® Neo (Cat. 4)
CuroCell UNO® (Cat. 4)

(* National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Quick Reference Guide. Emily Haesler (Ed.). Cambridge Media: Osborne Park, Western Australia; 2014.)

(** Improper supply of nutrients; over/underweight)

Note! This guide must only be used as an aid. Do not base your decision on which mattress to use solely on this information.

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