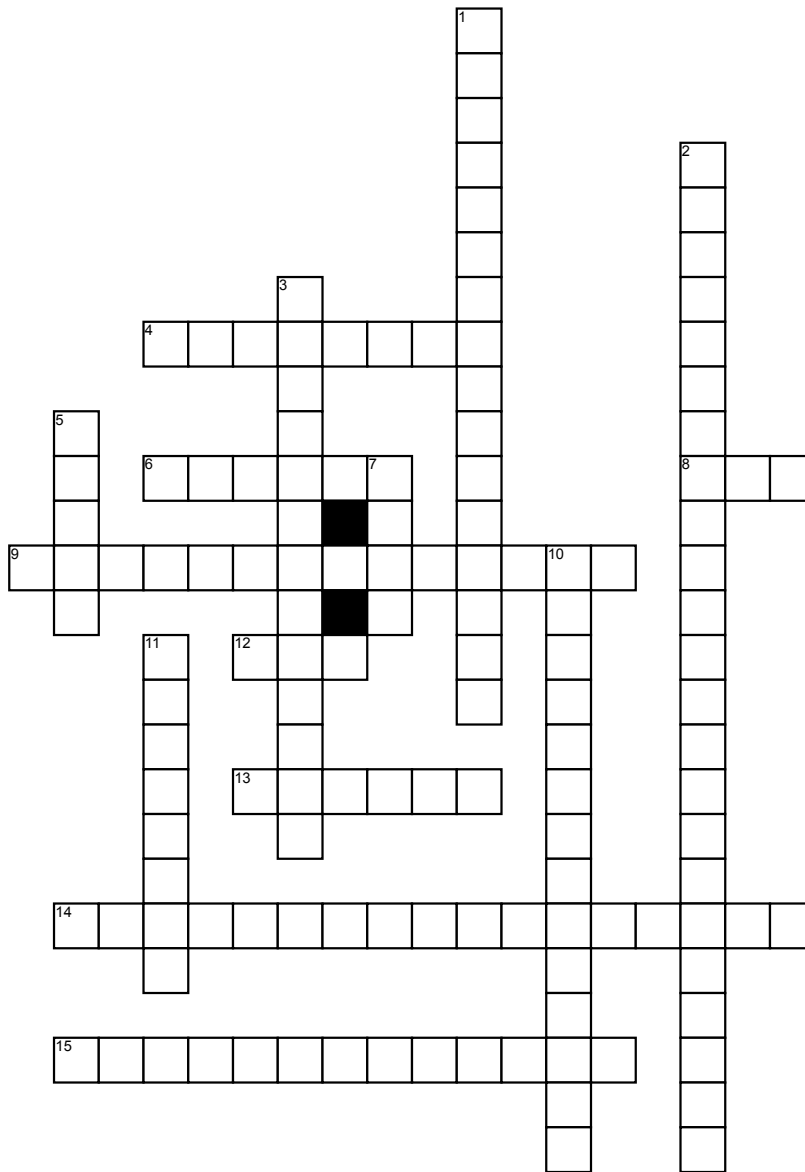


# Pressure Injury Prevention



## Across

- 4.** Patients with higher scores are at increased risk for pressure injury
- 6.** 60000 as a result of pressure injuries each year
- 8.** Patients with both high and low scores are at risk for pressure injury
- 9.** Occurs as a result of intense and/or prolonged pressure
- 12.** Element of preoperative risk assessment reflected in both young and old patients
- 13.** Scale widely used for pressure injury risk assessment that does not address preoperative-specific factors

**14.** When inadequate, the risk for tissue damage, delayed wound healing, sepsis, and wound infection is increased

**15.** When present, the risk for pressure injury is increased due to reduced tissue perfusion and oxygenation

## Down

**1.** Intact or non-intact skin with localized area of persistent, non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister

**2.** Patients with low levels are at risk for pressure injury

**3.** Tool developed to help preoperative RNs identify surgical patients at risk for pressure injury

**5.** Scale developed to help preoperative RNs identify surgical patients at risk for pressure injury

**7.** Alterations in color, moisture, texture, mobility, and turgor may lead to the development of a pressure injury

**10.** Methods for identifying individuals who are susceptible to pressure injuries

**11.** 17000 related to pressure injuries each year