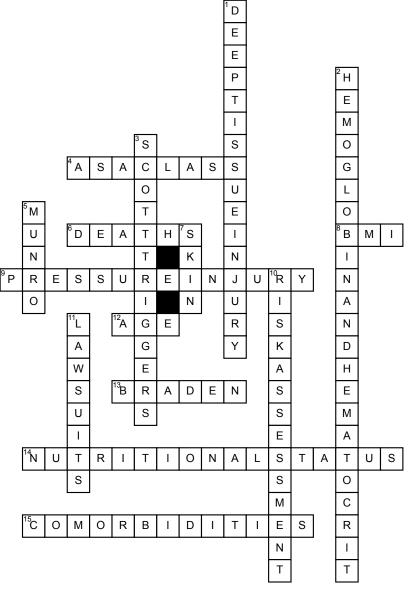
## Pressure Injury Prevention



## 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