**Pressure Ulcer Prevention & Nutritional Considerations**

The [National Pressure Injury Advisory Panel Quick Reference Guide for Pressure Ulcer Prevention](https://static1.squarespace.com/static/6479484083027f25a6246fcb/t/67bd4fbfd6865e7a07acc9e8/1740459974549/QRG-abridged-25Feb2025.pdf) identified that nutrition plays a key role in pressure ulcer prevention along with good practice statements and recommendations for individuals at risk for pressure ulcer development. Once you’ve completed a pressure ulcer risk assessment and the resident is identified as being at risk for development, the care plan must identify interventions that will be implemented in the resident’s ongoing care. Here are some ideas for best practices related to a nutritional aspect of the prevention.

1. Conduct a comprehensive nutrition assessment to screen residents for possible malnutrition and aid in developing a person-centered care plan. A comprehensive nutrition assessment should be conducted routinely regardless of the resident’s risk for pressure ulcer development, but identifying additional needs related to this risk is necessary for these individuals to ensure a multidisciplinary approach.
2. At a minimum, residents at risk of pressure injury should be encouraged to consume a well-balanced diet which includes nutrient-dense foods as well as ensuring adequate hydration. You may consider implementing a hydration program to aid in prevention (along with the numerous other benefits that adequate hydration provides).
3. Residents who are at risk of pressure injury and are also identified as being malnourished should be considered for additional general nutritional and protein supplementation. This may be done in the form of a shake or by requesting vitamin supplementation from the resident’s physician.
4. The Pressure Injury Advisory Panel only recommends carbohydrate-based energy and micronutrient supplementation when there is a known micronutrient deficiency in addition to the interventions identified above.
5. Tube feeding protocols are generally not recommended solely for pressure ulcer prevention methods and should be preceded by a comprehensive multidisciplinary assessment and used in conjunction with other clinical needs.

While it is not required, you may consider implementing a practice that reviews other preventative measures first upon identified risk of pressure injury development (such as repositioning and hydration) and then consider nutrition supplementation when the risk is very high or the resident has a pressure ulcer. Interventions such as additional protein at meals (which could be provided by adding more meat, eggs, or nuts to their diet). Are non-pharmacological methods to supplement nutrition and avoid administering more medication to the resident. Regardless of your practice, ensure that your nurses are well educated on the standards to ensure that when they’ve identified either a risk or actual injury, they are implementing the measures according to your policy.