



pusensor

PU sensor, better assessment of risk to reduce incidents of pressure ulcers

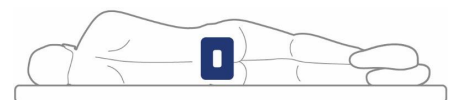
The PU sensor instrument assesses blood flow to the skin, comparing affected skin to unaffected skin. This instrument assesses the way in which blood flow is affected by the body's pressure on the skin. The PU sensor is an objective method based on PPG (photoplethysmogram), which evaluates the patient's individual physiological processes, thereby assessing the risk of pressure ulcers. Preventive measures can then be initiated for those who need them.

Objective method of risk assessment

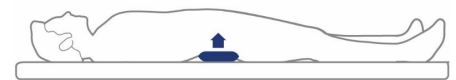
Pressure ulcers occur when there is limited blood flow to the skin due to local pressure [1,2]. The prevalence of pressure ulcers is measured each year. In 2019, point prevalence measurements indicated that 12.3% of patients in Swedish hospitals had developed pressure ulcers [9]. PIV (pressure induced vasodilation) is one of the body's response mechanisms, aimed at preventing tissue hypoxia. Local, non-harmful pressure, such as daily sitting or lying down, releases nerve fibres in the skin that affect the endothelium of the vessel walls. The vessels widen and blood flow increases [3,4,5,6,7,8]. Some people are missing this function and PU Sensor can identify these individuals.

One of the methods for observing the circulation of blood in the skin is PPG [10,11,12], where low intensity light is shone into the skin to register reflected light.

Methods that are currently used, such as the remodified Norton scale, the RAPS scale and the Braden scale, do not assess PIV. These are subjective assessments of the patient's risk of developing pressure ulcers, with low precision [13]. SBU has evaluated the Norton instrument for risk assessment [14]. A combination of the assessment scale and PU sensor increases precision.



1. Inflatable pillow with a sensor place is placed under the patient's lower back.



2. The patient rolls over on his/her back, the pillow is inflated and we measure on unaffected skin.



3. The pillow is deflated and the pressure on the sensor increases and we measure on affected skin.

Referenser 1. Vivek D. Sree, Manuel K. Rausch, Adriaan B. Tepole 2019 Linking microvascular collapse to Tissue Hypoxia in a Multiscale model of pressure Ulcer Initiation Biomechanics and Modeling in Mechanobiology Dec;18(6):1947-1964. doi: 10.1007/s10237-019-01187-5. 2. Fuyuan Liao, Stephanie Burns, Yih-Kuen Jan Skin blood flow dynamics and its role in pressure ulcers Journal of Tissue Viability 2013. 22:25-36 3. Andersson, Agneta. 2019 Mätning av trycksår i slutenvård. SKL. <https://skl.se/halsasjukvard/patientsakerhet/matningavskadorivarden/matningtrycksar.2125.html> (Hämtad 2019-11-04). 4. Bergstrand, S., Källman, U., Ek, A-C., Lindberg, L-G., Engström, M., Sjöberg, F., Lindgren, M. Sweden 2014 Pressure-induced Vasodilation and Reactive Hyperemia at Different Depths in Sacral Tissue Under Clinically Relevant Conditions Microcirculation Nov;21(8):761-771. doi: 10.1111/micc.12160. 5. Källman, U., Bergstrand, S., Ek, AC., Engström, M., Lindgren, M. 2016 Blood flow responses over sacrum in nursing home residents during one hour bed rest. Microcirculation 23: 530-539 6. Sanada, H., Nagakawa, T., Yamamoto, M., Higashidani, K., Tsuru, H., Sugama, J 1997 The Role of Skin Blood Flow in Pressure Ulcer Development During Surgery Advances in Wound Care vol 10. 7. Fromy B, Abraham P, Saumet JL. 1998 Non nociceptive capsaicin-sensitive nerve terminal stimulation allows for an original vasodilatory reflex in the human skin. Brain Res 811:166-168. 8. Matthieu Roustit, Jean-Luc Cracowski. Assessment of endothelial and neurovascular function in human skin microcirculation: Trends in Pharmacological sciences. July 2013 vol. 34, no.7 9. Pieter R. Zwanenburg, B.Sc. Sophia F. M. Backer, B.Sc. Miryam C. Obdeijn, M.D., Oren Lapid, M.D., Sarah L. Gans, D., Marja A. Boermeester, M.Sc., M.D., 2019 A Systematic Review and Meta-Analysis of the Pressure-Induced Vasodilation Phenomenon and Its Role in the Pathophysiology of Ulcers. Plastic & Reconstructive Surgery vol 144, no 4 10. Nina Sviridova, Kenshi Sakai. Human Photoplethysmogram: new insight into chaotic characteristics. 2015 Chaos, Solitons & Fractals vol 77 pp 53-63. 11. Allen J. Photoplethysmography and its application in clinical physiological measurement. 2007 Physiological Measurements 28 R1-R39 12. Akbari H, Younessi Heravi M. A. Designing and Constructing Blood Flow Monitoring System to Predict Pressure Ulcers on Heel. 2014 J Biomed Phys Eng, 4 61-68 13. Garcia-Fernandez FP, Pancorbo-Hidalgo PL, Agreda JJ. Predictive capacity of risk assessment scales and clinical judgment for pressure ulcer: a meta-analysis. WOCN 2014; 41:24-34. 14. SBU, Statens Beredning för medicinsk och social Utvärdering. 2019 Bedömning av risk för trycksår med riskbedömningsinstrumentet Norton. SBU.