PALLIATIVE CARE NURSES AUSTRALIA
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Pressure Injuries in Acute Palliative Patients:

Understanding Characteristics and Risk Factors to Strengthen Nursing Practice

Ms Saroeun Ven[a,b], Associate Professor Adam Burston[a,b], Dr Michael Steele[a,b], Dr Josephine Lovegrove[b,d], Dr Sandra J Miles[a,b], Ms Susan Prince[c]

a. School of Nursing, Midwifery & Paramedicine, Faculty of Health Sciences, Australian Catholic University, Banyo QLD Australia
b. Nursing Research and Practice Development Centre, The Prince Charles Hospital, Chermside QLD Australia
c. Palliative Care Unit, The Prince Charles Hospital, Chermside QLD Australia
d. National Health and Medical Research Council Centre of Research Excellence in Wiser Wound Care, Menzies Health Institute Queensland; d School of Nursing, Midwifery and Social Work, The University of Queensland and UQ Centre for Clinical Research, Royal Brisbane & Women's Hospital, Herston QLD Australia

"You matter because you are you, and you matter to the last moment of your life. We will do all we can not only to help you die peacefully, but also to live until you die."

— Dame Cicely Saunders

Background

Clinical Context

Pressure injury prevention is a cornerstone of nursing care in acute palliative settings, where patients experience complex symptoms and significant functional decline.

Research Gap

Hospital-acquired pressure injuries (HAPIs) in acute-phase palliative care are under-researched, limiting the development of evidence-based prevention strategies.

Nursing Imperative

Without evidence specific to this population, nurses lack the tools to integrate targeted, dignity-preserving pressure injury preventions.

Study Aim

To describe the incidence, risk factors, risk level, and characteristics of hospital-acquired pressure injuries (HAPIs) in adult acute-phase palliative care inpatients in a hospital setting between 2019 and 2022.

01

Incidence

02

Risk Factors

03

HAPI Characteristics

04

Predictive Factors

Methods

Study Design

Design: Secondary analysis of HAPI data

Setting: Palliative Care Unit, Queensland, Australia

Period: 2019–2022

Sources: Four hospital databases + patient records

Population: All adult acute-phase palliative inpatients: Stable, Unstable, and Deteriorating phases

Analysis: Patient comparison (HAPI vs no HAPI) + regression to identify significant predictors

Outcome Measures

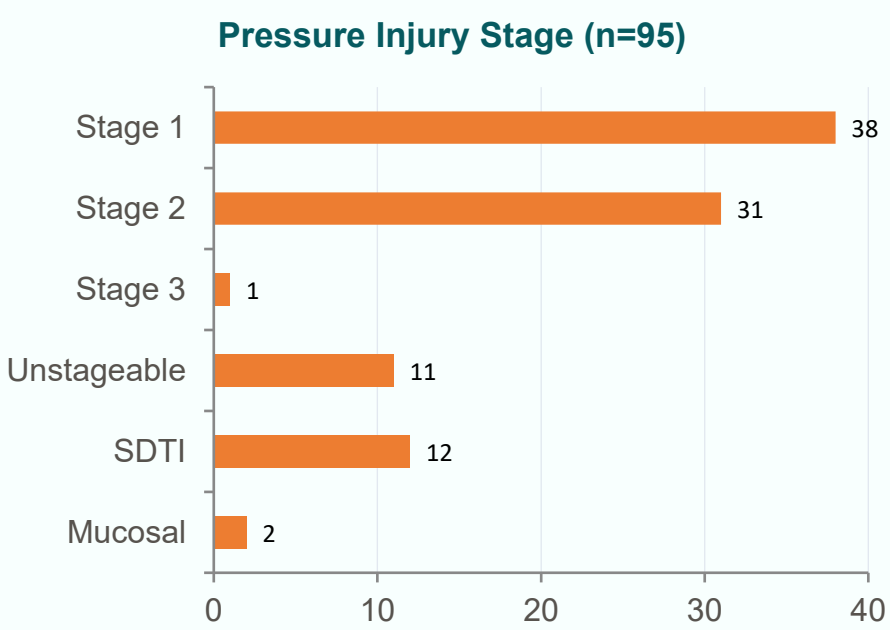
Waterlow	**Pressure Injury Risk Level** *Risk level at admission*
PSS	**Problem Severity Score** *Symptom severity on admission*
SAS	**Symptom Assessment Scale** *Ongoing symptom burden*
RUG-ADL	**Resource Utilisation Group – ADL** *Functional dependence*
AKPS	**Australia-modified Karnofsky** *Performance status*

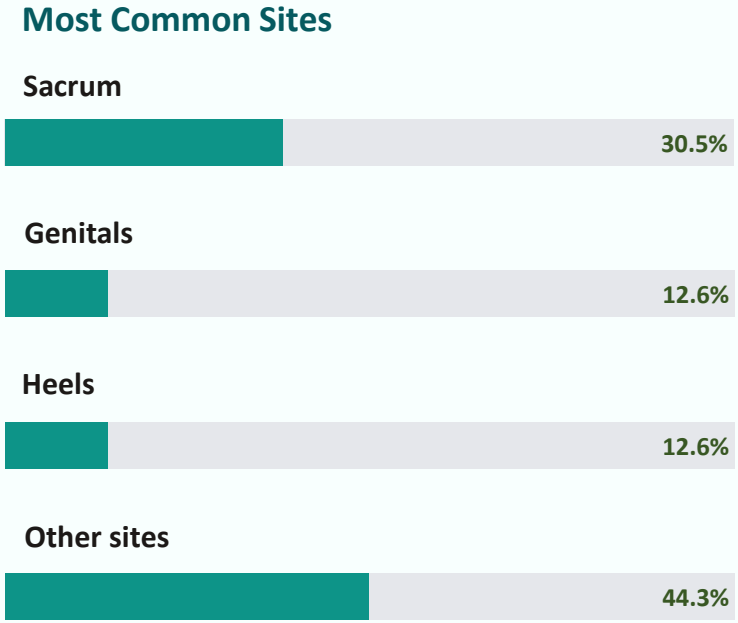
Results: Incidence & Patient Profile

3.9%	Male	85%	51%	Risk
HAPI Incidence	**Predominant gender**	**Deteriorating Phase**	**Very High Risk**	**HAPI vs No-HAPI**
78 patients developed 95 HAPIs	*Mean age 74 years*	*Most HAPIs in this palliative phase*	*Waterlow Score pressure injury risk category*	*Higher symptom severity & functional dependence*

Patients with HAPI had significantly higher symptom severity and functional dependence scores compared to those without HAPI ($p < 0.001$)

Results: Pressure Injury Characteristics

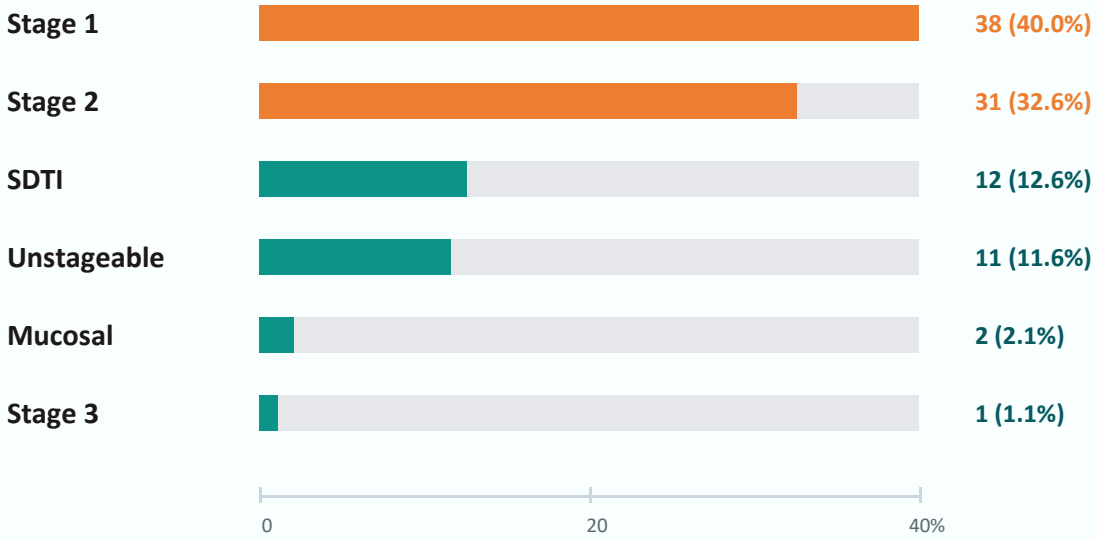




Device-related injuries *n*=16 (16.8%)
75% Urinary catheter and 25% nasal prongs. 81.3% were inserted in the Palliative Care Unit

Results: Pressure Injury Severity

Pressure Injury Stage Distribution (n=95)



72.6%

Stage 1 or Stage 2

Early-stage injuries predominated.

Earlier detection and routine skin assessment remain central to prevention-focused nursing care.

Key finding: Stage 1 and Stage 2 accounted for 72.6% of pressure injuries
Early-stage injuries predominated, reinforcing routine skin assessment and earlier intervention.

Results: Risk Factors & Predictors

Deteriorating palliative phase

85% of all HAPIs occurred in this group

Very high Waterlow Score

Over half (51%) of HAPI patients classified very high risk

High PSS on admission

Strongest independent predictor on regression analysis

Greater symptom severity (SAS)

Significantly higher scores versus non-HAPI patients

High functional dependence (RUG-ADL)

Significantly elevated in HAPI patients ($p<0.001$)

Demographic profile

Predominantly male, mean age 74 years

Key Finding:
Each one-point increase in PSS was associated with a 17% increase in the odds of developing a hospital-acquired pressure injury (OR 1.17, 95% CI 1.05–1.31, $p = 0.004$)

Discussion & Conclusion

HAPI incidence was modest (3.9%), yet injuries occurred across all acute palliative phases — including stable and unstable patients — not only those who were deteriorating.

Findings underscore the pivotal role of nurses in integrating symptom management with proactive, routine pressure injury prevention across all palliative phases.

Embedding palliative-specific risk tools — PSS, RUG-ADL, and AKPS — alongside Waterlow into routine nursing assessments can strengthen bedside care.

Targeted prevention strategies that combine symptom management with skin care can enhance comfort and preserve dignity for patients at end of life.

Implications for Nursing Practice

01

Use Palliative-Specific Assessment Tools

Incorporate PSS, RUG-ADL, and AKPS alongside pressure injury risk assessment at admission and throughout the care episode — not just for deteriorating patients.

02

Prioritise the Deteriorating Phase

Patients classified as deteriorating require enhanced pressure injury surveillance and proactive preventive interventions given their disproportionate HAPI burden.

03

Connect Symptom Burden to Skin Risk

High PSS on admission signals elevated HAPI risk. Symptom management and pressure area care must be co-delivered as integrated nursing responsibilities.

04

Deliver Dignity-Centred Prevention

All prevention strategies — repositioning, wound care, patient communication — must honour comfort and dignity as central goals in acute palliative care.

Thank You

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Contact: Saroeun Ven
saroeun.ven@health.qld.gov.au

Incidence and Characteristics of Hospital-Acquired Pressure Injuries in Acute Palliative Care Patients: A Four-Year Analysis

Saroeun Ven[1,2] | Michael Steele[1,2] | Adam Burston[1,2] | Paul Fulbrook[1,2] | Josephine Lovegrove[3,4,5] | Sandra Miles[1,2] | Susan Prince[6]