

PRESSURE INJURY PREVENTION

Skin IQ®

Advanced microclimate management

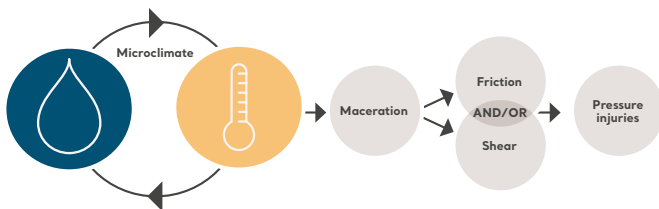
“Controlling microclimate is an important and often overlooked area of pressure ulcer prevention”

Dr. Joyce Black, former president,
National Pressure Ulcer Advisory Panel



Microclimate Management the critical link to skin integrity

- Microclimate refers to the conditions of moisture and temperature at the point(s) of skin/surface interface¹
- Microclimate is a key factor for patients at risk of maceration and skin breakdown
- Excess variation in moisture and/or temperature increases skin sensitivity to the damaging effects of pressure, shear, and friction²



Skin IQ Microclimate Manager

An effective and intuitive solution for the prevention and management of pressure injuries.

- A waterproof, vapour-permeable top layer that offers a bacterial and viral barrier³
- Negative Airflow Technology (NAT) continually draws excess moisture away from the skin / mattress interface. Bench studies show that Skin IQ MCM removes 3.8 times more moisture at the skin/mattress interface than the same mattress without Skin IQ MCM⁴
- Bench studies show that Skin IQ MCM reduces staphylococcus aureus growth by 3.1 logs over a 24 hour period. A percentage reduction of greater than 99.9%.^{5*}
- Bench studies show that Skin IQ MCM significantly reduces odour at the skin/mattress interface when compared to the same surface without airflow⁶
- Designed for compatibility with pressure redistribution mattresses on the market today (eg, AtmosAir™ 9000 Mattress Replacement System)

*The level of treatment stated indicates theoretical levels only.

Simple features, sophisticated performance

Effective for your patients

- The Skin IQ MCM provides a moisture vapour transfer rate (MVTR) of 130g/m²/hr⁴
- The Skin IQ 365 reusable MCM provides an MVTR of 171g/m²/hr⁷
- The Skin IQ 1000 bariatric version provides an MVTR of 165g/m²/hr⁸
- Top layer material helps reduce shear and friction⁹
- Quick, intuitive setup and maintenance
- Low profile design

The microclimate patient

Skin IQ Microclimate Manager delivers microclimate therapy for the prevention and management of pressure injuries. Patients with suspected or confirmed microclimate management requirements may benefit from the use of Skin IQ as part of a pressure injury prevention and management solution. A full holistic assessment of the patient should be considered before implementing microclimate control measures to ensure product functionality is matched with individual therapy goals.

SKIN IQ MICROCLIMATE MANAGER ORDERING INFORMATION

Order Number	Description
SIQCPST04US	Mattress Cover Complete Kit, 4-pack
SIQCOST04UN	Mattress Cover Complete Kit, 4-pack
SIQPSST04UC	Mattress Cover Power Supply, 4-pack

BRADEN SCALE¹⁰

SENSORY PERCEPTION ability to respond meaningfully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation. OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 2 of body.	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned. OR has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort.
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift.	3. Occasionally Moist: Skin is occasionally moist, requiring an extra linen change approximately once a day.	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals.
ACTIVITY degree of physical activity	1. Bedfast Confined to bed.	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slightly Limited Makes frequent though slight changes in body or extremity position independently.	4. No Limitation Makes major and frequent changes in position without assistance.
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than a of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and/or maintained on clear liquids or IV=s for more than 5 days.	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day Occasionally will take a dietary supplement. OR receives less than optimum amount of liquid diet or tube feeding	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.
FRICION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down.	3. No Apparent Problem Moves in bed and in chair dependently and has sufficient muscle strength to lift up completely during move Maintains good position in bed or chair.	

References:

1. National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. Emily Haesler (Ed). Cambridge Media: Perth, Australia; 2014.
2. International Review. Pressure Ulcer Prevention: Pressure, Shear, Friction and Microclimate in Context. A Consensus Document. London: Wounds International, 2010.
3. Arjo Data on File, Test Report Viral Barrier Property of Top Sheet of Skin IQ Coverlet - Test Report 100018376 pg. 3 & Test Report 100019009 pg. 1-7.
4. Arjo Data on File, Study SIQ2010-57. Test Report - Skin IQ Microclimate Manager/Low Air Loss (LAL) Coverlet Functional (Post-Stress) Testing - Test Report 100018343 pg. 6, 12.
5. Arjo Data on File. Test Report - 100077042.
6. Arjo Data on File, Assessment of Skin IQ Microclimate Manager Capability to Mitigate odour - Test Report 100018484.
7. Arjo Data on File, Skin IQ Reusable System Functional Test - Test Report 100014338 pg. 6.
8. Arjo Data on File, Skin IQ Microclimate Manager 60 Day MVTR - Test Report 100016748 pg. 3.
9. Arjo Data on File, Skin IQ Coefficient of Friction - Test Report 100018362 pg. 1.
10. Bergstrom N, Braden BJ, Laguzza A, Holman V. (1987). The Braden Scale for Predicting Pressure Sore Risk. Nurs Res. 36(4):205-210. Barbara Braden and Nancy Bergstrom. Copyright, 1988.

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At Arjo, we are committed to improving the everyday lives of people affected by reduced mobility and age-related health challenges. With products and solutions that ensure ergonomic patient handling, personal hygiene, disinfection, diagnostics, and the effective prevention of pressure injury and venous thromboembolism, we help professionals across care environments to continually raise the standard of safe and dignified care. Everything we do, we do with people in mind.

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