

Kia ora (hello) from NZ!

I am a Registered Nurse and one of our wards wound care champions on our busy orthopaedic surgical ward. Our ward is one of the largest wards in Tauranga Hospital, here in NZ.

In New Zealand we call pressure ulcers, pressure injuries. For our global Stop Pressure Injury day we turned it into a whole weeks event and aimed to extend into other areas for prevention.

First, we helped our friendly ward skeleton called 'Stan' with an educational display on our ward, for our patients, visitors, and staff with a message about getting dressed and up out of bed, to minimise PI/PU's.

Next, we ran a week of rolling in-services over morning tea and during our afternoon am to pm handover, on our ward. This was an open invite to not only nursing staff but our junior doctors and included: Nutritional needs for better wound management (dietitian), improving mobility pre and post op (physiotherapist), use of NPWT and advanced products for stage 4+ PI/PU (Smith & Nephew Rep), staging of PI/PU and how to manage stage 1-3 better (Mölnlycke Rep) and Communication/documentation - how to do better and more accurately to inform better incident reports and real world evidence in the future (Hospital Nurse Educator).

On the ward, we wore Stop PI badges and issued Stop PI pamphlets out to patients at risk.

We also hosted a HUGE display at the main entrance of our hospital for the week, to educate everyone walking in what PI/PUs are, how to prevent and manage and who to talk to for further guidance. This was received by every staff member and visitor to the hospital.

It took a lot of work and organising but was received well by everyone and created a lot of interdisciplinary discussion! I aimed to get house officers (NZ Junior Doctors) to attend the staging and management in-service, which most did. We also aimed to increase preventative initiatives among our nursing team, which we did. And of equal importance, we aimed to educate the public and our patients on the importance of moving and checking skin.

Please find some photos attached, I meant to get more of our team but we were so lost in the excitement that we forgot!

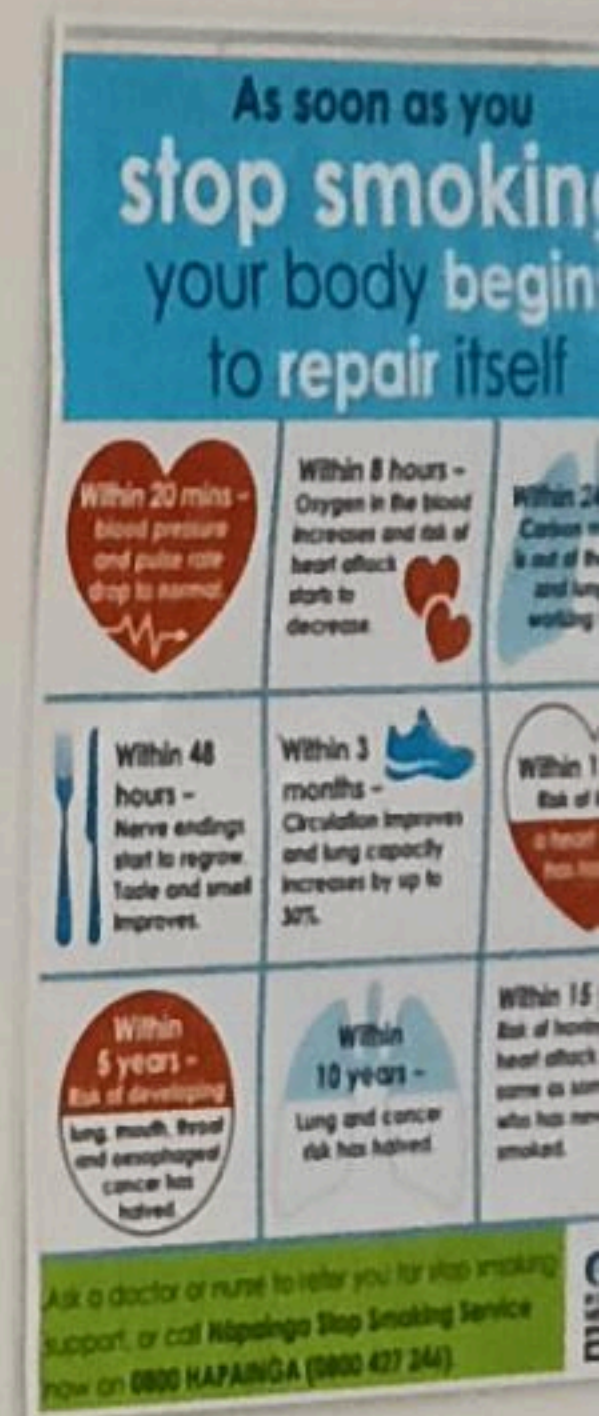
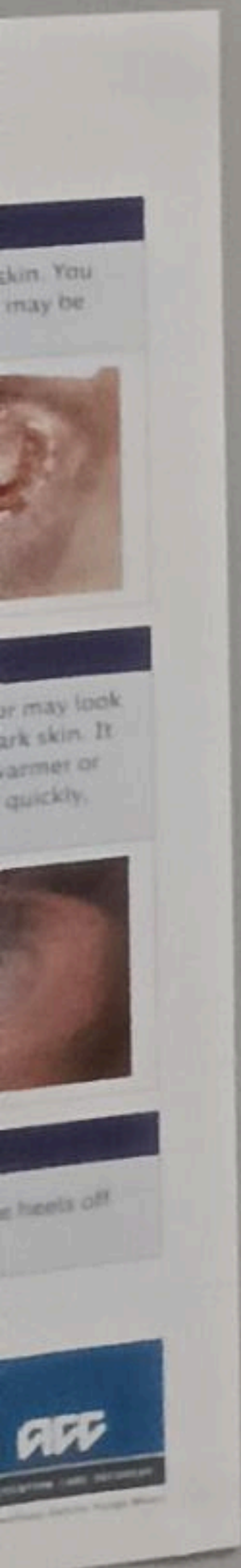
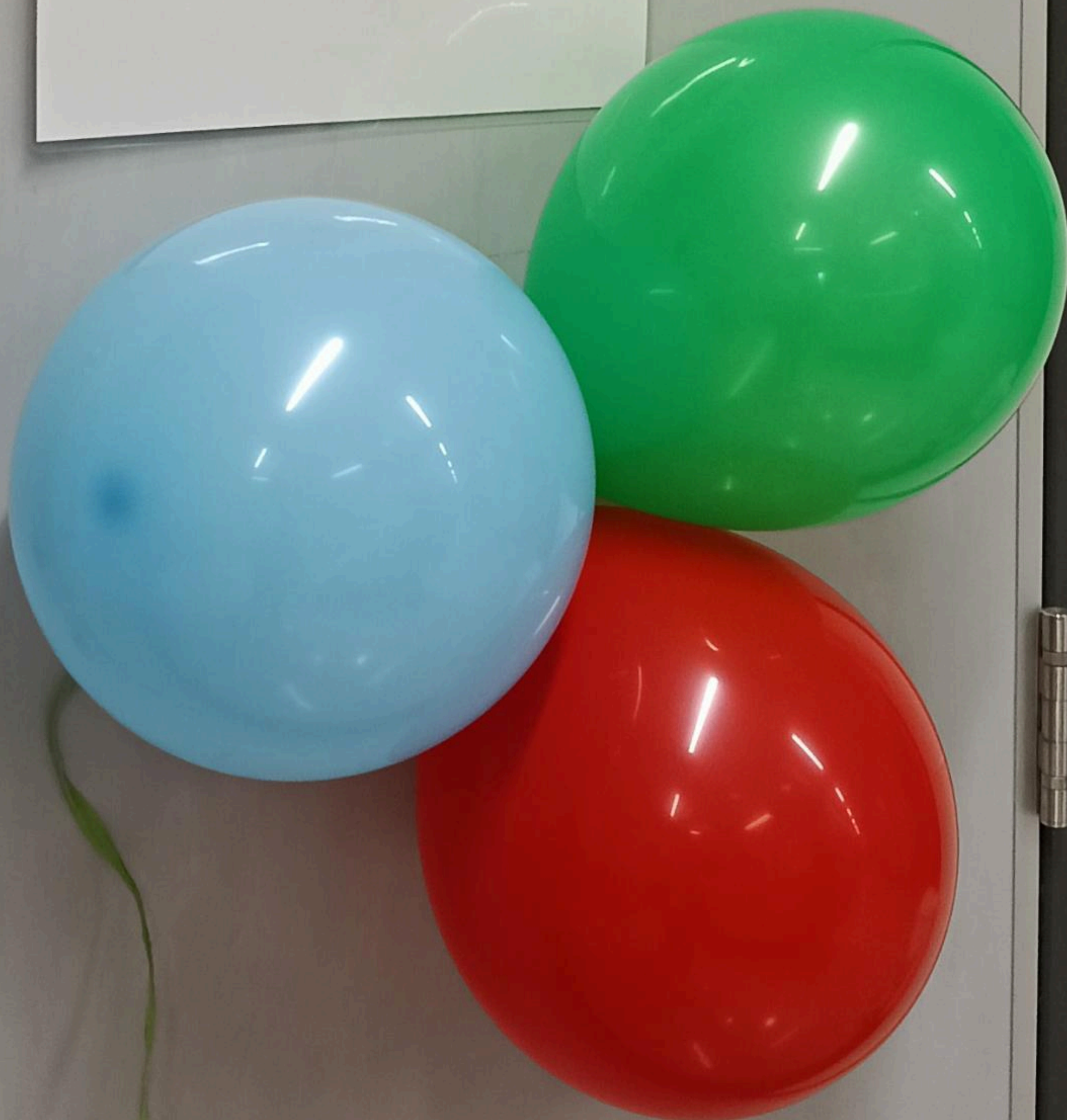
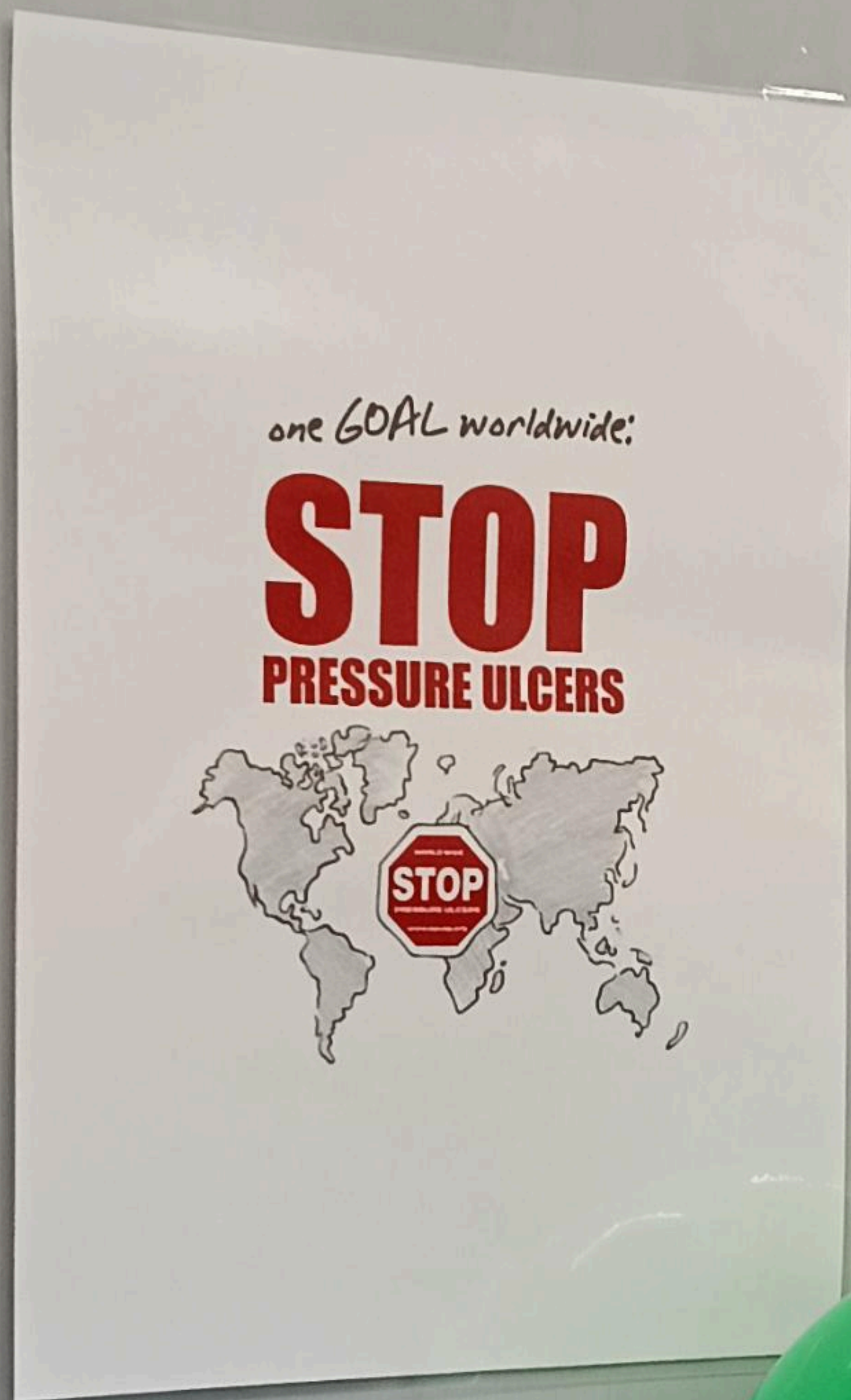
Ngā mihi nui (kindest regards)

Sonia Anderson

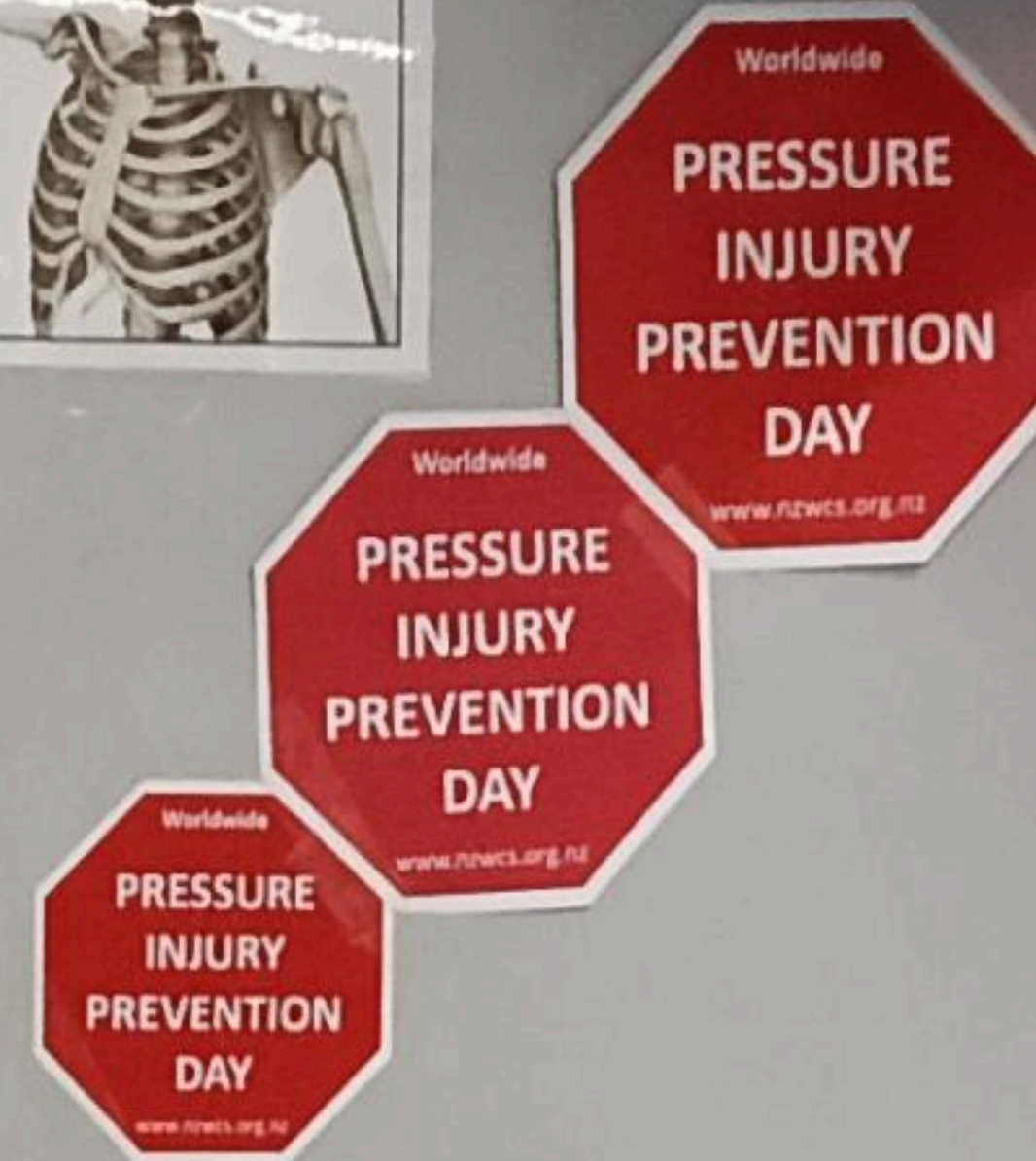
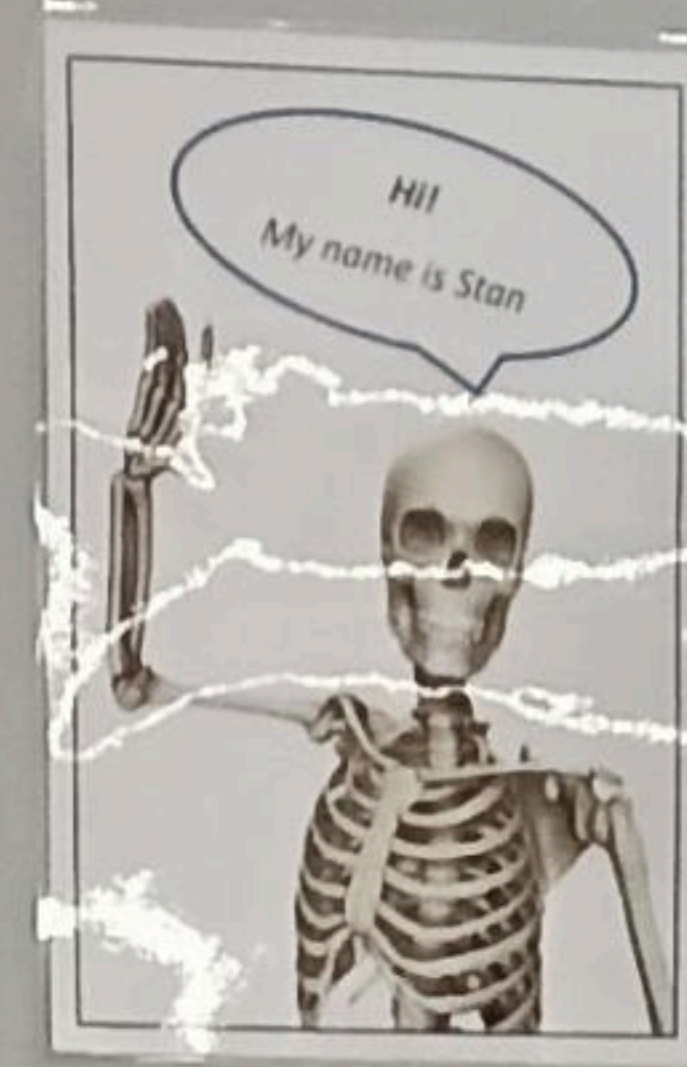
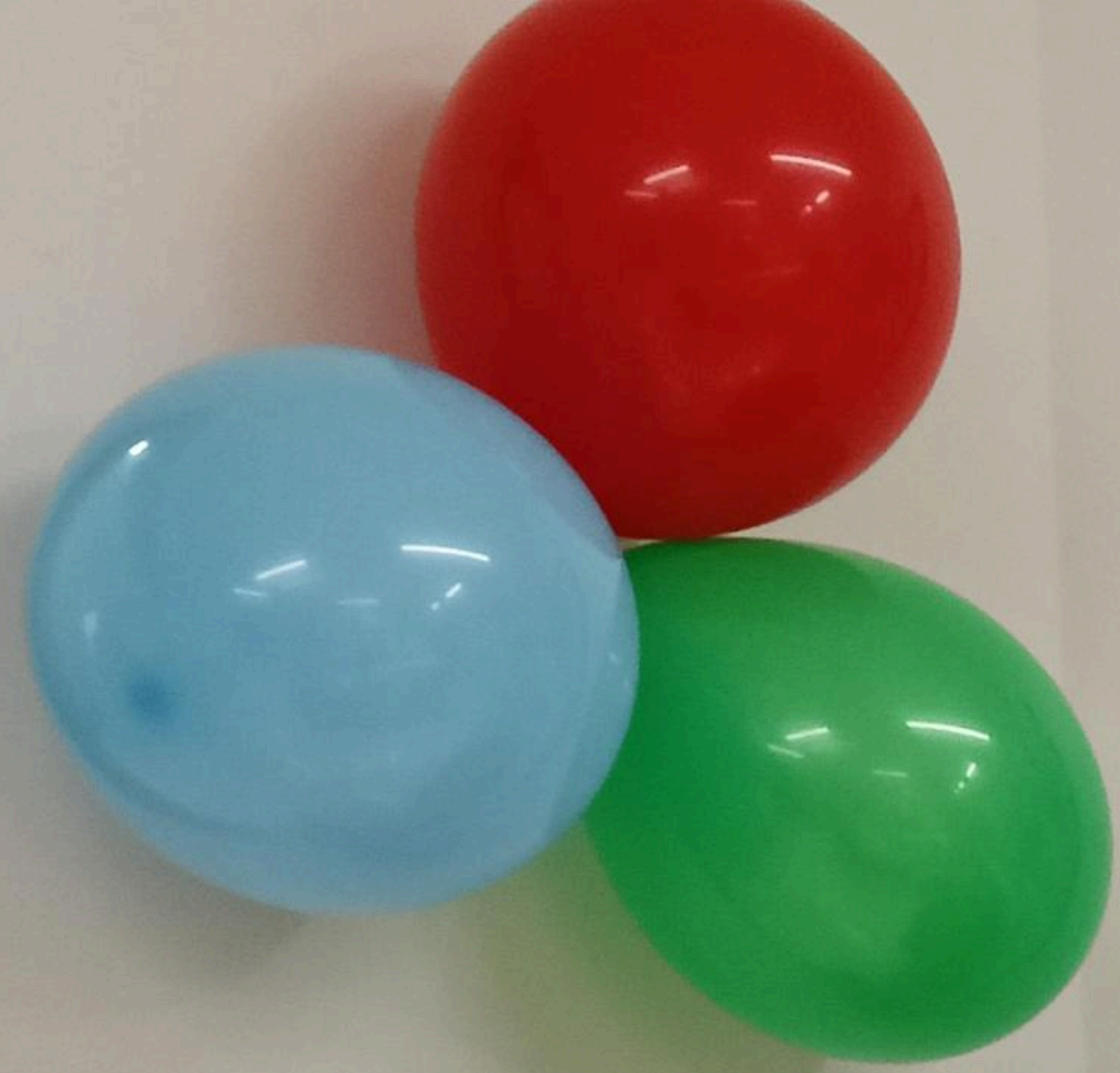




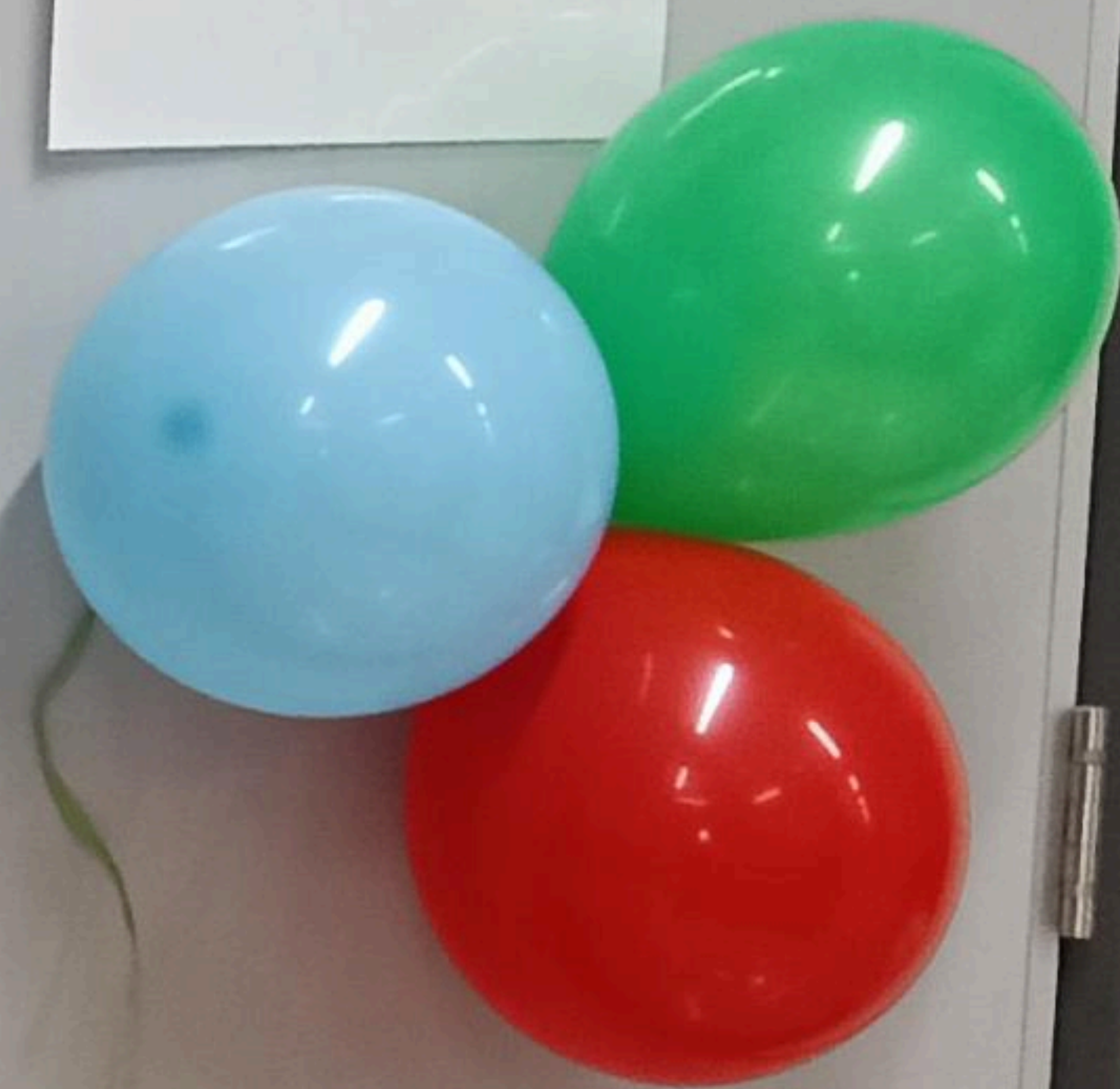
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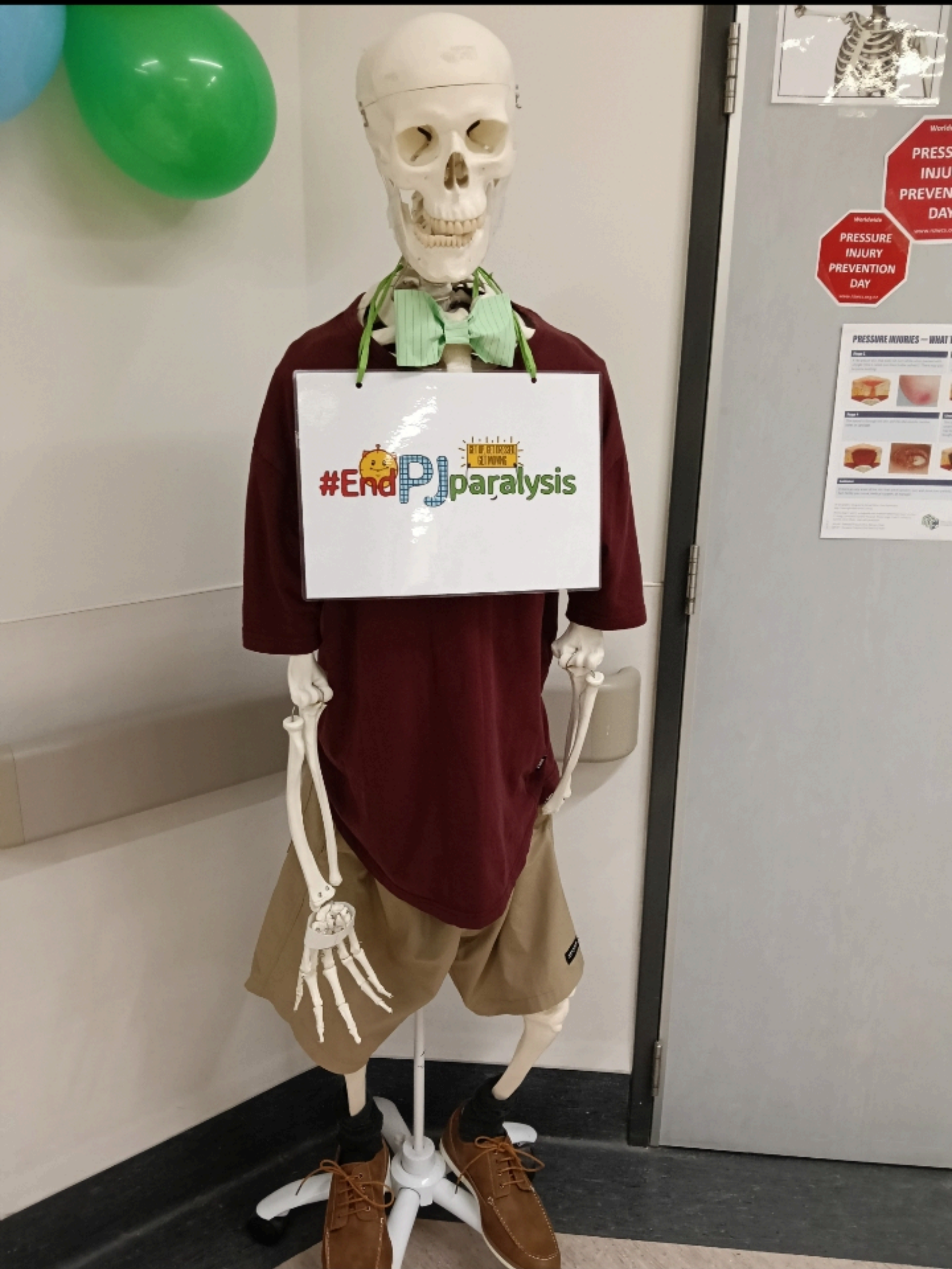




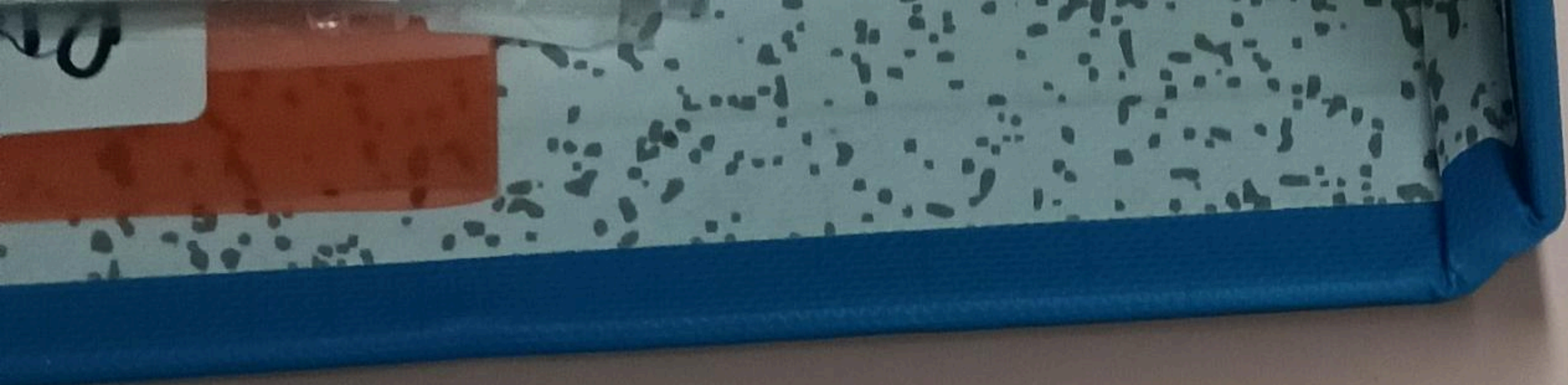
Switchboard













# SKIN MATTERS



## **S**URFACE

Make sure your patients are on supportive surfaces

## **S**KIN INSPECTION

Ask your patient about tenderness and check for discolouration, including under or around medical devices

## **K**EEP MOVING

Support your patient to move, turn, and reposition regularly

## **I**NCONTINENCE

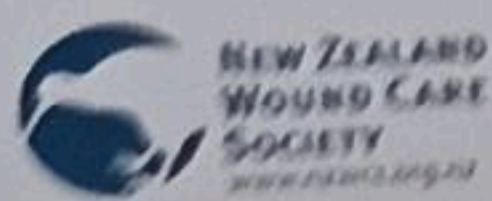
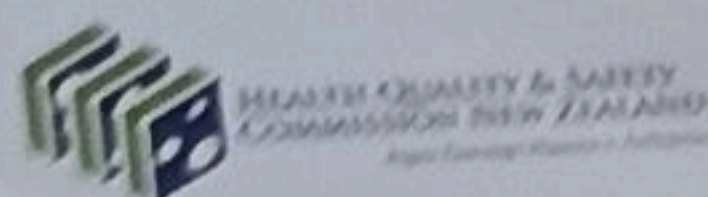
Look after your patient's skin, keep them clean and dry

## **N**UTRITION

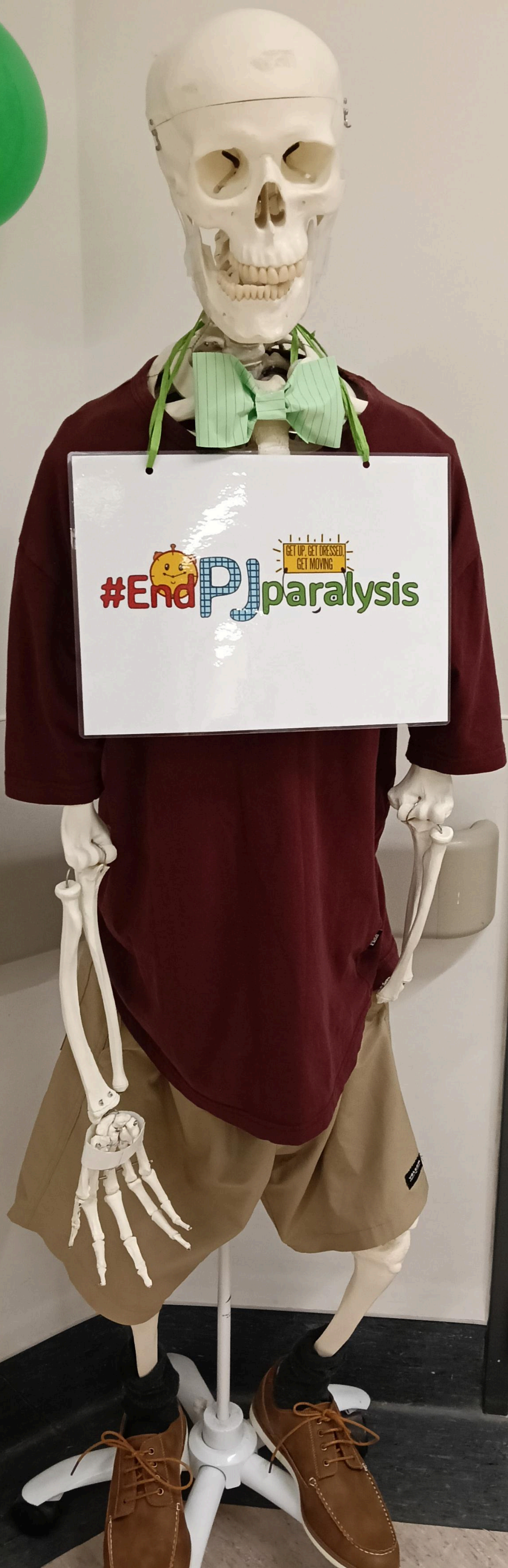
Encourage patients to stay nourished and hydrated

**Let's work together to prevent pressure injuries**

[nzwcs.org.nz/pressureinjuries](http://nzwcs.org.nz/pressureinjuries)







#EndPJparalysis

GET UP, GET DRESSED,  
GET MOVING



Worldwide  
**PRESSURE INJURY PREVENTION DAY**  
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**PRESSURE INJURIES — WHAT THEY ARE**

**Stage 1**  
A red area of skin that does not turn white when pressed with a finger (this is called non-blanchable redness). There may also be some swelling.

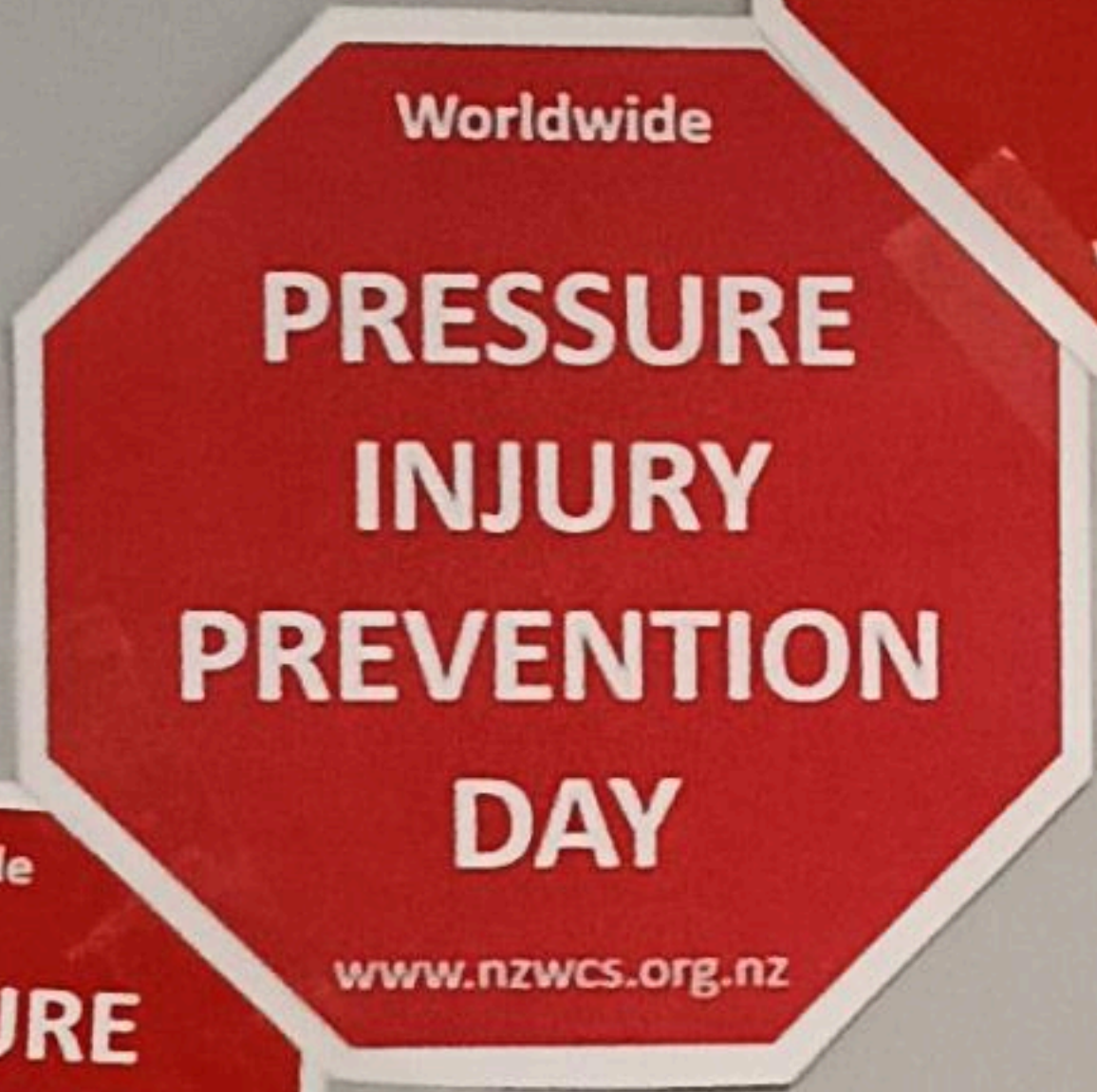
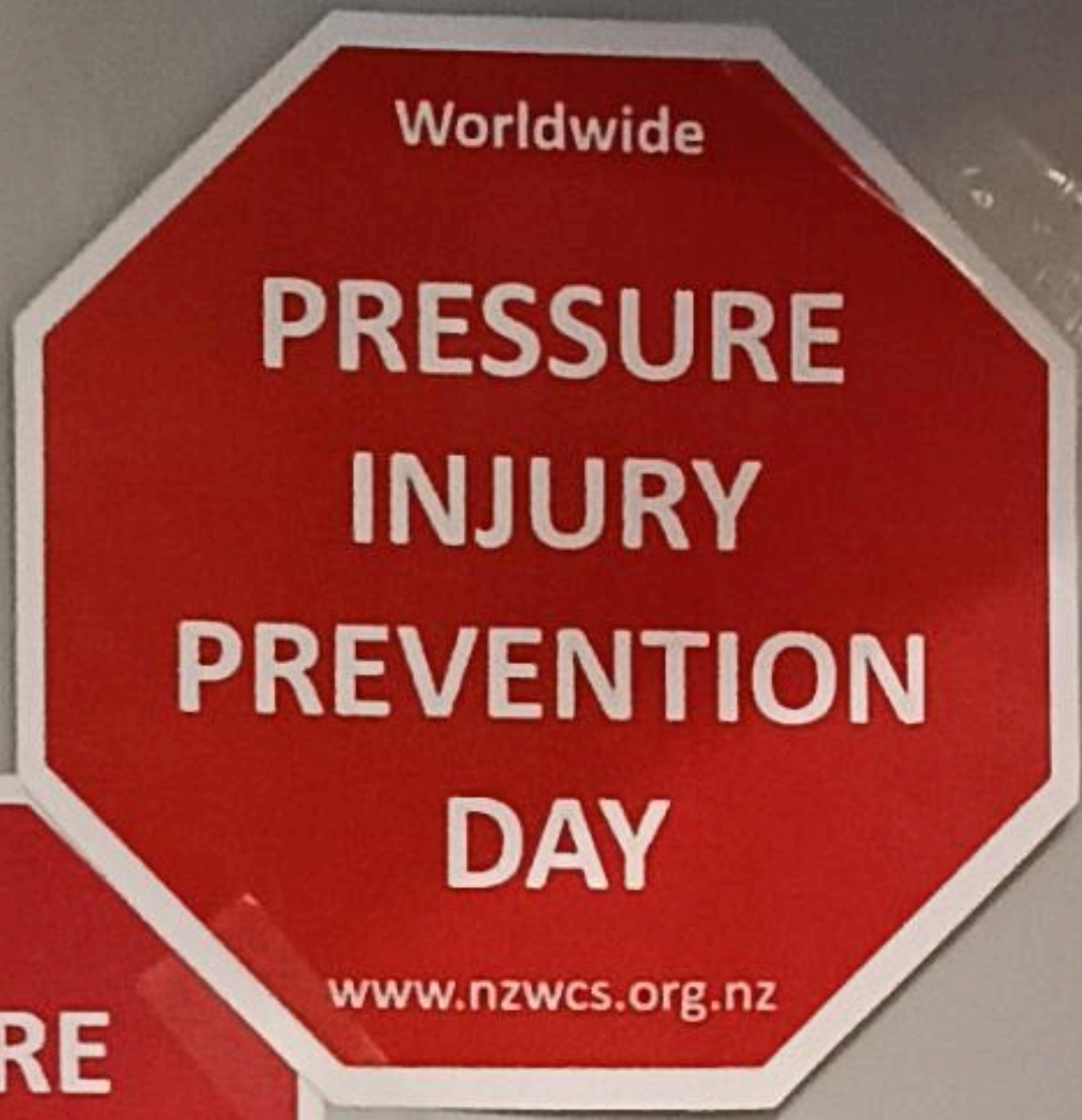
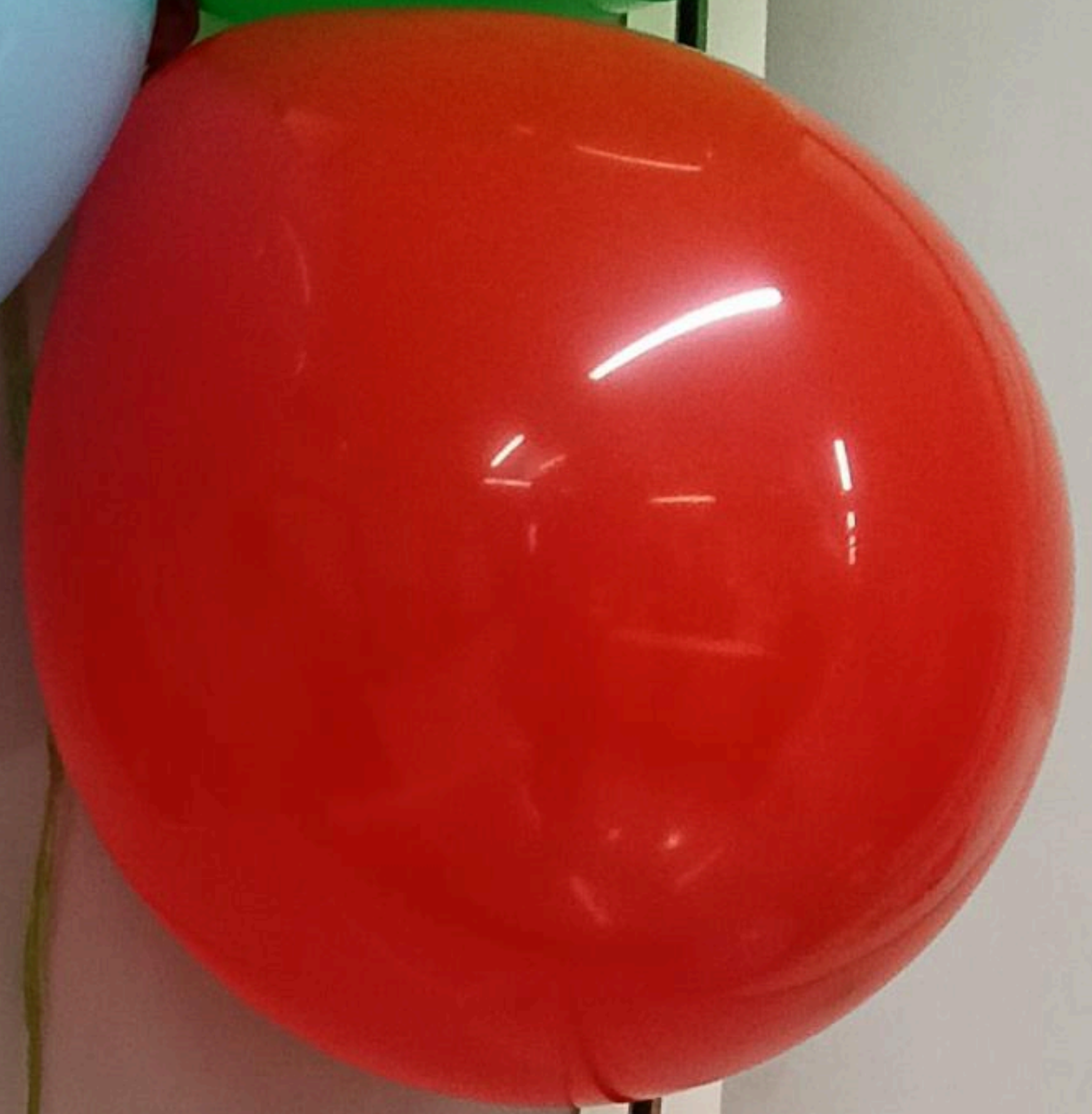
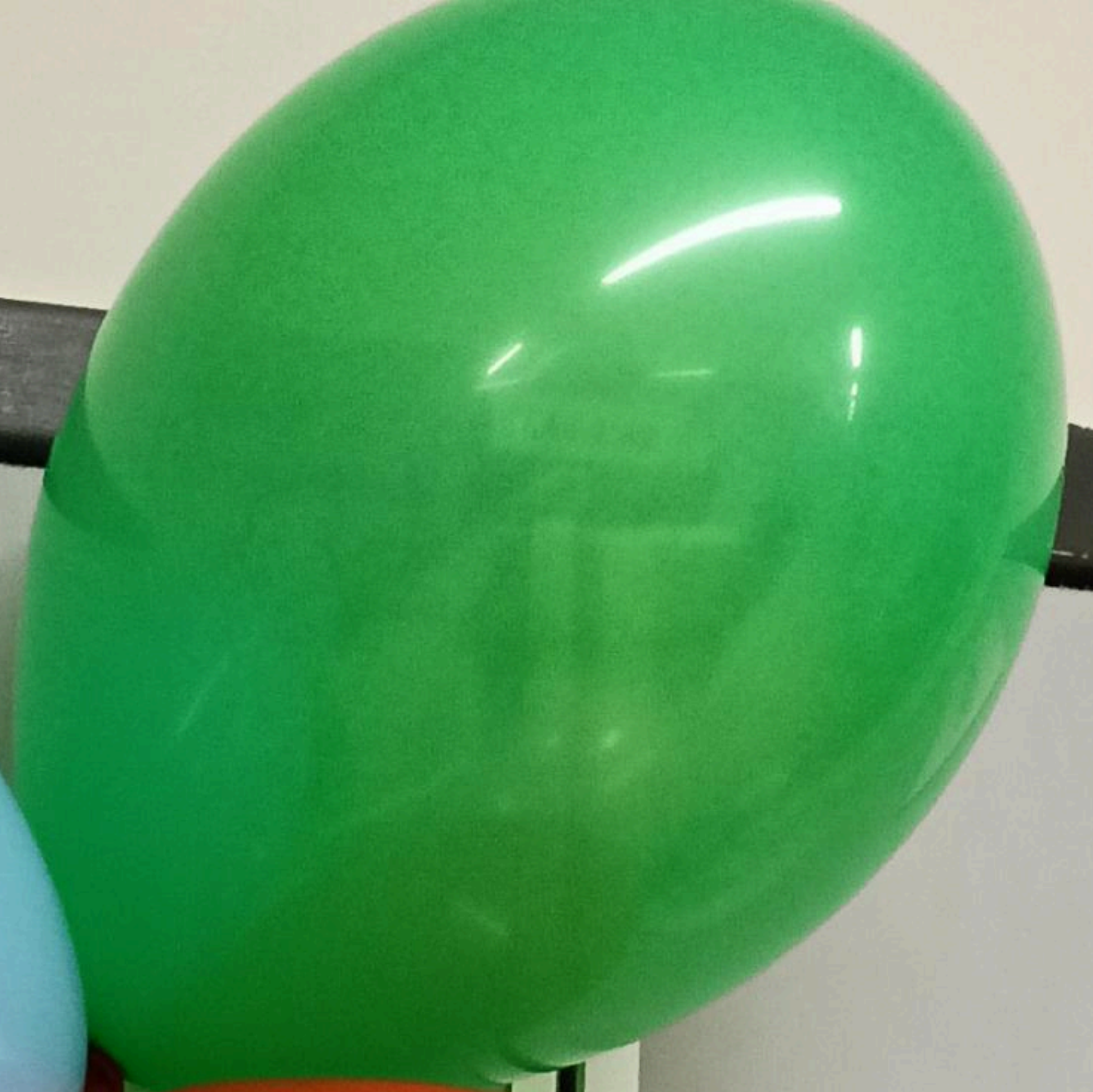
**Stage 2**  
A red area of skin that does not turn white when pressed with a finger (this is called non-blanchable redness). There may also be some swelling.

**Stage 3**  
A deep area of skin that does not turn white when pressed with a finger (this is called non-blanchable redness). There may also be some swelling.

**Stage 4**  
A deep area of skin that does not turn white when pressed with a finger (this is called non-blanchable redness). There may also be some swelling.

**Guidance**  
If there are any areas of the skin that are red, swollen, or painful, seek medical advice.





### PRESSURE INJURIES — WHAT TO LOOK FOR

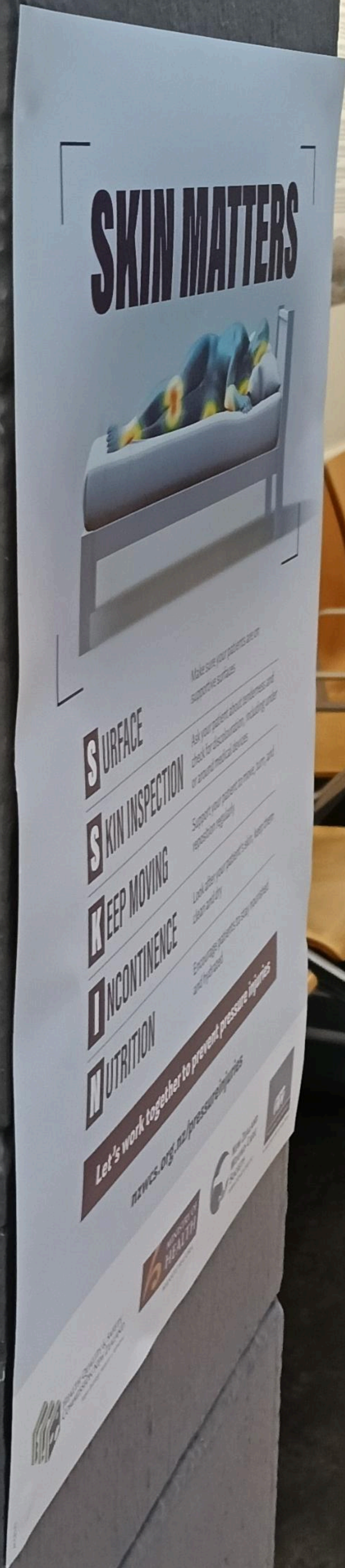
Stage 1	Stage 2	Stage 3
A red area of skin that does not turn white when pressed with a finger (this is called non-blanchable redness). There may also be some swelling.	The top layer of skin is broken and the bottom of the wound looks red, or pink, or sometimes there is a blister that may weep clear fluid.	The wound is deeper, down to the bottom layers of skin. You may see fat, but not muscle, tendon, or bone. There may be gaps (loss of tissue) under the edges of the skin.
 	 	 
Stage 4	Unstageable	Suspected deep tissue injury
The wound is through the skin and into the muscle, tendon, bone, or cartilage.	This is a deep wound where there is a layer of dead tissue covering the bottom. This is called slough or eschar which may be yellow, tan, grey, green, brown or black. Until enough slough/eschar is removed, the stage cannot be determined.	The skin on top may look purple, maroon, or navy, or may look like a blood filled blister. It can be hard to see on dark skin. It may have felt painful, hard, mushy, or boggy, and warmer or cooler than the adjacent tissue. It may break down quickly, when pressure is off the area.
 	 	 
<b>Guidance</b> If there are any areas of the skin that are of concern, turn and move your patient, client, or family member off this area. Check their skin on the pressure points they are now lying on. Elevate heels off bed. Notify your nurse, medical support, or manager.		

AD 3D graphics designed by Jemal Gattou, Gear Interactive, <http://www.gearinteractive.com.au>  
Photos: stage 1 and 4: iStockphoto and suspected deep tissue injury courtesy of Hong Lam, University General Hospital. Photos stage 2 and 3 courtesy of Cavell, Silver Chain. Used with permission.  
NPUAP - National Pressure Ulcer Advisory Panel  
EPUAP - European Pressure Ulcer Advisory Panel











one GOAL worldwide  
**STOP**  
PRESSURE INJURY  
20<sup>th</sup> November 2025

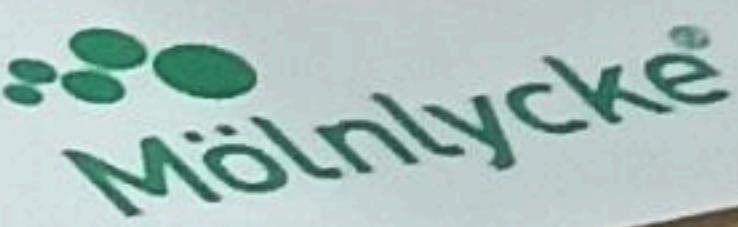


One goal worldwide: Stop Pressure Injuries  
20<sup>th</sup> November 2025

How's your pressure injury prevention (PIP) knowledge?  
Scan the QR code to take part in our PIP quiz and test your knowledge. The quiz will take approximately 5 minutes to complete.



For queries and suggestions, contact your Mölnlycke representative:  
Elle Rice 027 2605040  
eleanor.rice@molnlycke.com



Find out more at [www.molnlycke.com.au](http://www.molnlycke.com.au) | [www.molnlycke.co.nz](http://www.molnlycke.co.nz)  
You will be required to input the following code 1P4WV or your AHPRA registration number to access our websites.  
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**ASK**  
 Have you checked your skin lately?  
 Have you checked your skin lately?  
 Have you checked your skin lately?

**ASSESS**  
 Check for redness, swelling, pain, or blisters.  
 Check for redness, swelling, pain, or blisters.  
 Check for redness, swelling, pain, or blisters.

**ACT**  
 Talk to your doctor about the best way to prevent pressure injuries.  
 Talk to your doctor about the best way to prevent pressure injuries.  
 Talk to your doctor about the best way to prevent pressure injuries.

1. Check your skin for redness, swelling, pain, or blisters.
2. Check for redness, swelling, pain, or blisters.
3. Check for redness, swelling, pain, or blisters.

Let's work together to prevent pressure injuries.

[nzcwcs.org.nz/pressureinjuries](http://nzcwcs.org.nz/pressureinjuries)

## SKIN MATTERS

**SURFACE** Make sure your patient is on a supportive surface.

**SKIN INSPECTION** Ask your patient about tenderness and check for redness, swelling, pain, or blisters.

**KEEP MOVING** Support your patient to move, turn, and reposition regularly.

**INCONTINENCE** Look after your patient's skin, keep them clean and dry.

**NUTRITION** Encourage patients to take nourished and hydrated.

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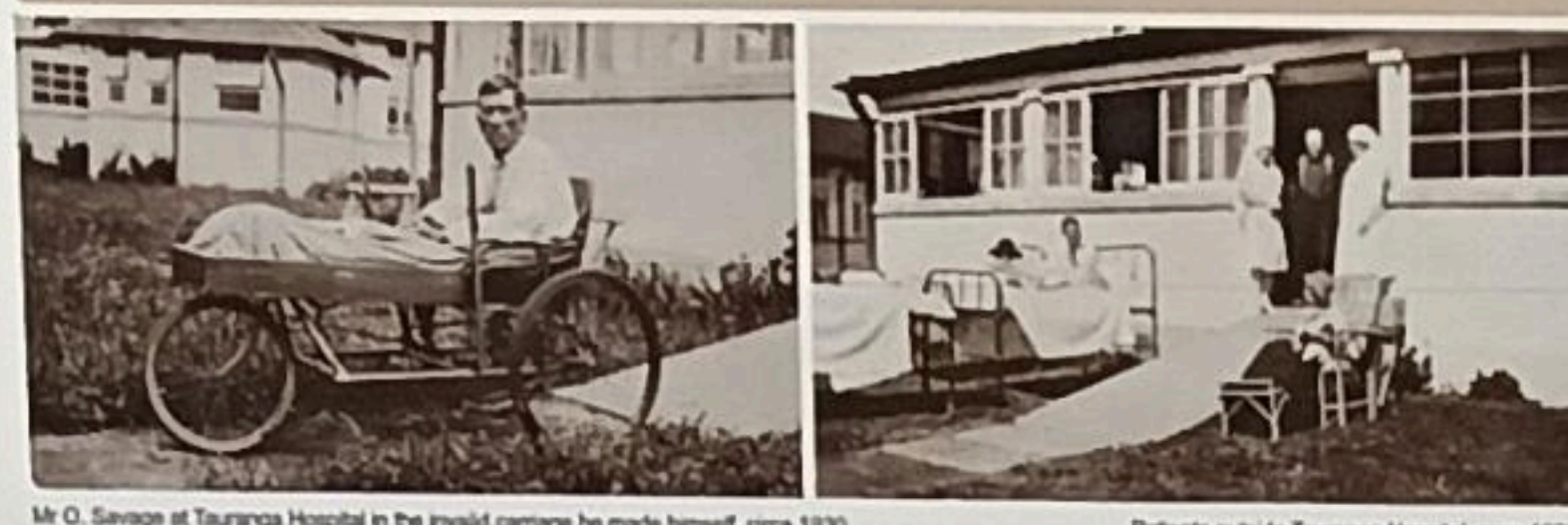
### Live stronger for longer

Strenuous strength and balance class near you and keep living the life you want.

**APP**

## Orthopaedics

In 1914 if you broke your shin bone you'd be in hospital for at least six weeks, in plaster for three months and require at least six months off work. Today, the average time off work is six to twelve weeks.



Mr O. Savage at Tauranga Hospital in the invalid carriage he made himself, circa 1930.

Patients outside Tauranga Hospital, circa 1930.

**Recollection of Role Kingan (Ball), Registered Nurse, Trained 1954**

Dr Coates-Milson was there at the beginning of knee replacement surgery. He was also there for other big advancements in orthopaedics. He was a pioneer of orthopaedic surgery in New Zealand.

### Did You Know?

In the 1970's and early 1980's, when a patient came into hospital to have a torn cartilage (meniscus) taken out of their knee, at surgery the knee was opened up, the cartilage removed, and the patient spent 3-4 days in hospital. Today, the same operation is done through an arthroscope (a telescope showing the inside of the knee) and the patient can go home within a few hours.

Also in the 1970's, when a patient had surgery for Carpal Tunnel Syndrome (tingling in the hand caused by pressure on a nerve in the wrist) they had general anaesthetic for the surgery and they spent 2-3 days in hospital. Today it is done under local anaesthetic and they spend 1-2 hours in hospital.

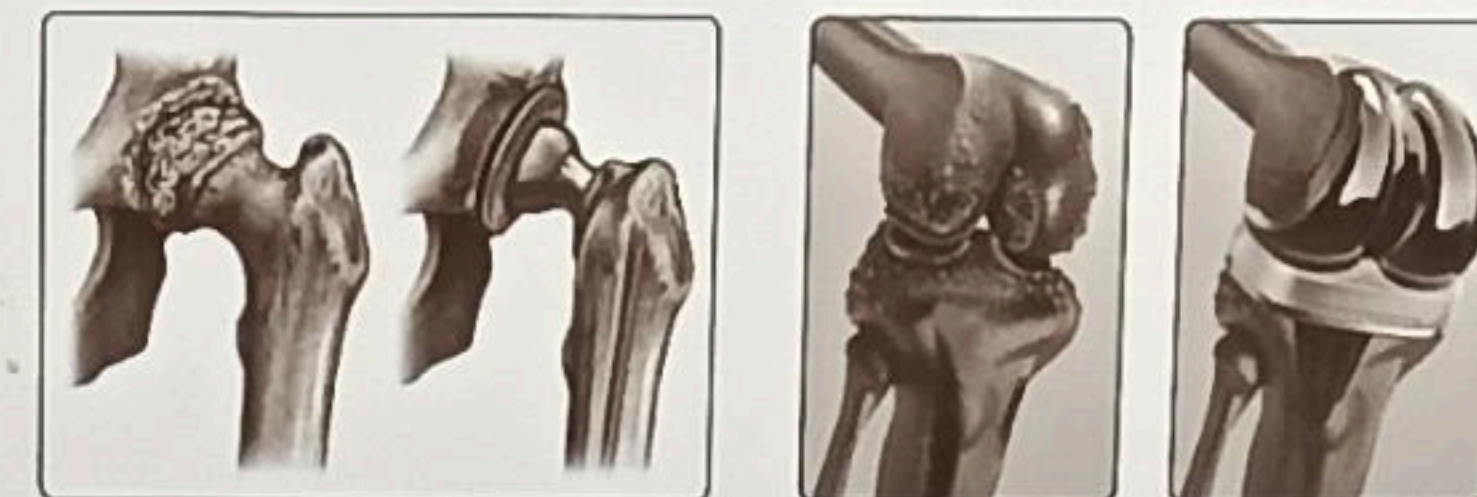
**Senior Sergeant Deirdre Lack, Triathlete and Car Crash Victim**

Deirdre Lack suffered 17 different bone breaks and received 36 units of blood during the surgeries that followed her near fatal car crash outside Te Puke in December 2012.

"They told my mum that I had three breaks in my left ankle which they would set and operate on later, two breaks in my right femur, so they were going to put a rod in that, three breaks to the pelvis, which they were going to leave as bed rest would heal those, two breaks to the right forearm, two breaks to the upper left arm and breaks to a couple of ribs and fingers. I also had lacerations to the spleen and liver. The surgeons spoke to mum and dad and said, 'We don't know if she'll survive the surgery, she's got quite a few breaks, some significant, and a lot of blood loss from internal bleeding from the larger bones', says Deirdre.

Eleven weeks after the accident the surgeon told the triathlete she could go home. Five months later Deirdre went back to work on light duties. She returned to full duties after passing the police physical test.

## Total Knee and Hip Joint Replacement



Hip joint before and after replacement.

Knee joint before and after replacement.

### Did You Know?

In the year 2000, the Bay of Plenty District Health Board did 155 hip replacements and 110 knee replacements. In 2013, these numbers increased to 391 hips and 333 knees. This reflects a worldwide increase in the number of joint replacements done especially increasing numbers of knee replacements.

**Excerpt Seven Decades of Hospital Care by Rex Wright-St Clair**

A specialist orthopaedic service was instituted at Tauranga Hospital in June 1953 with the part time appointment of Henry Britton Coates-Milson from 1 October 1953. Dr Coates-Milson spent the rest of his life in Tauranga and was a brilliant orthopaedic surgeon, unconventional and inventive.

"That's when you've got to jump and put yourself up onto and over a big six foot wall."

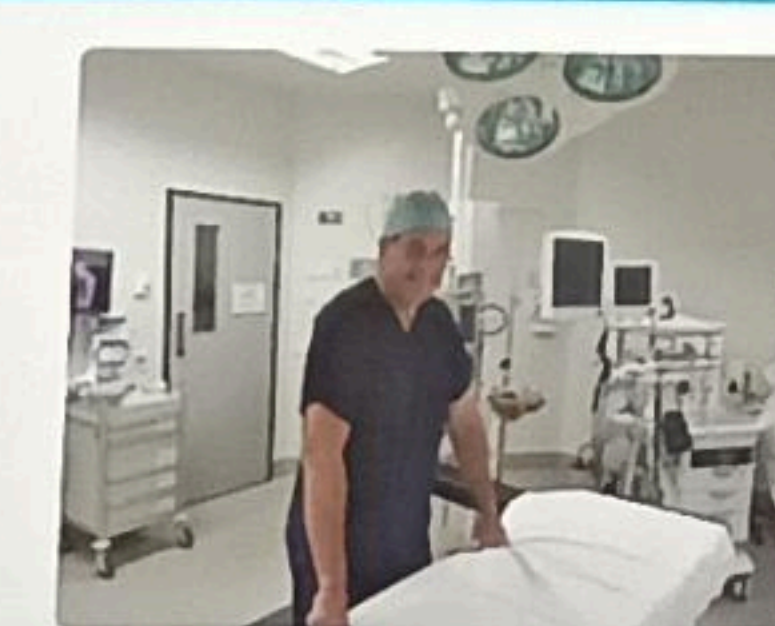
Within a year of the crash Deirdre won a Swim swim at Lake Karapiro and then a year and three days after the crash, she completed a triathlon at Mount Maunganui.

"Just do it, that's what I thought. It was painful, but I got through it. I had so much support from Tauranga Triathlon and police and the whole community of Te Puke, it was amazing. I even had criminals send me cards, which was great.

"I won a National Title at the beginning of this year for the Half Iron Man. That's a big race and last year I did it and got third in my age group for New Zealand. Just recently I went to the Kinloch Sprint Champs and won silver.

"The surgeons, in particular Dawson Mur, were amazing to get me back to what I am today. I've still got a bit of work to do in the running department, but I'm cycling faster than I've ever cycled. I just have to keep working on it and swimming - that's always been my strength anyway."

"About three weeks after the crash I was told it would be unlikely I'd ever run again. I remember each taking me, and I just thought 'screw it' but I can swim and bike. I never crossed my mind that I'd never run again. I don't think in, I don't listen to my mother anymore."



"It is very rare that anyone is lying around in traction in the hospital anymore."

**Mr Richard Keddell, Orthopaedic Department Clinical Director**

"As late as the early 1980's anyone who broke their leg would be in hospital in traction for six to eight weeks; with some in hospital for three months. Today we put a steel rod in the leg and the patient goes home within a few days - that's a dramatic change," says Richard.

Richard says putting rods in to support broken thigh bones in particular, has been around since WW2 but the way it's done has dramatically changed.

"In the early 1980's, we could put a rod in, but it was only in the mid 1980's that we had x-ray machines that changed how we do the operation. To fix a broken hip in an elderly person, we would make an incision, put a wire in across the break, take an x-ray and wait for the radiographer to develop the film. We'd look at the x-ray and say, 'no that's not quite the right position.' Then we'd put the wire in again and take another film and repeat the process until it was right," he says.

"In about 1985 we got an Image Intensifier which allowed us to see what we were doing on a tv screen in the operating theatre. Technology has just got better and better. The equipment we use such as x-rayography and radiology services, has allowed us to do a lot more. The knowledge just expands," says Richard.



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## NO PRESSURE YOUR SKIN MATTERS

A SMALL SHIFT CAN PREVENT PRESSURE INJURIES

IN BED SHIFT EVERY 2 HOURS  
WHEN SEATED, SHIFT EVERY 30 MINUTES

Talk to your health professional to find out more

[nzcwcs.org.nz/pressureinjuries](http://nzcwcs.org.nz/pressureinjuries)

### Stay strong and steady with every step

Download the free Nymbi app

With just 10 minutes a day you can stay active and improve your balance.

**APP** **Nymbi**

### PRESSURE INJURIES - WHAT TO LOOK FOR

#EndPIparalysis

### Worldwide PRESSURE INJURY PREVENTION DAY

[www.piwc.org.nz](http://www.piwc.org.nz)

### Stay steady and chase every adventure

Download the free Nymbi app

With just 10 minutes a day you can stay active and improve your balance.

**APP** **Nymbi**

### Worldwide PRESSURE INJURY PREVENTION DAY

[www.nzcwcs.org.nz](http://www.nzcwcs.org.nz)

### are GOAL worldwide. STOP PRESSURE ULCERS

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**NUTRITION** Encourage patients to take nourished and hydrated.

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### NO PRESSURE YOUR SKIN MATTERS

HOW TO PREVENT PRESSURE INJURIES AT HOME

**APP**

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