

Proactive Pressure Injury Prevention in HBOT

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Background & Problem

- HBOT patients immobile for extended periods
- High pressure risk to heels, sacrum, periwound tissue
- No standardized offloading before chamber entry
- Question: Can proactive offloading reduce pressure injury risk?

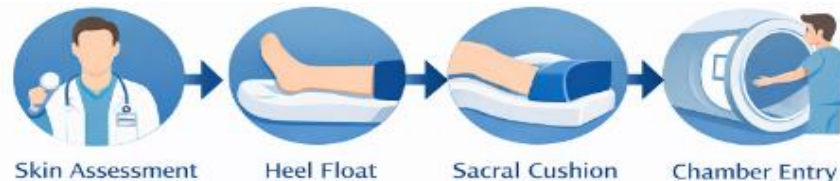
- HBOT patients experience unavoidable immobility during treatment
 - Pressure prevention must occur **before chamber entry**
- Simple offloading protocols improve comfort and protect vulnerable tissue

Implementation

- 9 HBOT facilities | March–December 2025
- 7,326 treatment encounters
- Pre-treatment skin assessment
- Heel floating and sacral offloading
- Staff education and compliance audits

Clinical Outcomes

- Fewer heel deep tissue injuries observed
- Reduced reports of shortened treatments due to pain
- Improved patient comfort during treatments
- Increased staff awareness of prevention practices
- Simple, scalable prevention workflow across HBOT programs



Clinical Implications: Low-cost, easily replicable workflow that improves patient comfort and aligns with national pressure injury prevention guidance.

Reference: NPIAP, EPUAP, & PPPIA (2019). Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline.