

Pressure Ulcer Prevention

**JCMC Prevention According to:
Institute for Healthcare Improvement
(IHI) Gap Analysis
Recommendations**

Objective: to understand the 6 areas below and the influence on patient outcomes. These areas are from IHI recommendations. JCMC follows these recommendations

1. Conduct a pressure ulcer admission assessment
2. Reassess risk for all patients daily
3. Inspect skin daily
4. Manage moisture on skin
5. Minimize pressure
6. Optimize nutrition and hydration

1. Conduct a pressure ulcer admission assessment

IHI:

- Perform an admission risk assessment on every patient
- Include reliable, detailed skin assessment

JCMC

- Risk assessment is done on the Braden Scale
- Skin assessment is done on the Database/flow-sheet forms to identify where skin breakdowns or imperfections are noted

1. Conduct a pressure ulcer admission assessment

JCMC nurses actions to complete for influencing proper Outcomes

- **Braden Scale:** 6 categories broken down into 3 response areas:
 - **For a Score of 1 or 2 in these areas intervention would be:**
 - **Nutrition:**
 - consider pre-albumin & results to dietician
 - consider swallowing evaluation referral
 - **Moisture & Friction/Shear :**
 - consider barrier cream with each change (when needed remove barrier with mineral oil)
 - Utilize draw sheet; caution when transferring & repositioning
 - **Activity & Mobility & Sensory:**
 - consider physical therapy and/or occupational therapy referral
 - Increased turning schedule needs to be communicated to staff involved
- **Admission database & daily flow sheet** Patients forms to identify where skin breakdowns or imperfections are noted:
 - **Measure on**
 - 1- Admission; notify physician
 - 2-3 Discharge/Transfer;
 - 4- Every Thursday: notify physician appropriately
 - 5- Dressing changes: document changes & notify physician appropriately

2- Reassess risk for all patients daily

IHI

- Use a standardized tool to assess risk for patients, at all level of care
- Use visual clues to identify patients at risk, such as stickers on charts, logos on door and on the chart, etc.
- Standardize interventions for all at-risk patients.

JCMC

- Braden Scale q shift
- Lamented signage goes over the head of the bed for patients who are at risk with a score of 18 or lower
- Standard time line for turning and hourly rounding for changing

3- Inspect skin daily

IHI

- Standardize documentation tools to ensure details of assessment are documented consistently
- Develop a process for daily skin assessment, and allow staff to develop a standard time of day to assess and document skin assessment
- Ensure that all staff consistent with skin inspection and documentation standards

JCMC

- Flow sheet & 5 areas to measure ulcers
- Each shift at the beginning
- Flow sheet & Hand Off sheets & White Boards

4- Manage moisture on skin

IHI

- Develop a process (such as hourly rounding) for ensuring that a patients are clean and dry
- Standardize skin care products, utilizing products that wick away or block moisture
- Use tools to ensure that appropriate supplies and products are at the bedside of at-risk patients (e.g. a skin care kit that includes change pads, skin care products, etc.)

JCMC

- Hourly rounding (effectively) to keep patients dry
- Convatec products 1-2-3-
- Convatec products 1-2-3-

5- Optimize nutrition and hydration

IHI

- Develop a reliable process to consult the dietician when nutritional elements contribute to risk
- Ensure fluids balance by providing fluids and supplement as appropriate

JCMC

- Admission Data form referral process & any date during admission can be referred when Braden Scale in the Nutritional category is 1 or 2 or a score of 18 or less
- Intake monitoring per shift communicating between (nurses & PCT) & (shift to shift) & (unit to unit) & (facility to facility) as well as weight loss: by amount & intervention needed

6- Minimize Pressure

IHI

- Ensure a reliable process for redistributing pressure (e.g. use a turn clock as a reminder to staff, implement turn rounds, etc.)
- Triage use of pressure redistributing beds and mattresses

JCMC

- Air Mattress; air boots & repositioning q 2 hours and identify patient with lamed sign to enhance the turning time line
- Flow chart Protocol for when to apply higher level of air mattress



Support Surface Flow Sheet Guidelines



Prevention

Intact Skin or Braden Score 19 to 23 (Mobility; Activity & Sensory are all 3 or 4)

Able to turn independently

Assess each shift for changes & adjust plan for negative findings

Skin & Wound

Intact Skin or Braden Score 15 to 18 (Mobility; Activity & Sensory are all 2's)

Able to turn independently

1. Sofcare static air overlay (up to 650 lbs)
2. Sofcare sit cushion

Limited Mobility

1. Sofcare static air overlay w/ frequently document turning
2. Consider SW Pulsate™ or SW Alternate™ for LOS of 3 days or more
3. Consider SW Rotate™ or Big Turn™ (Bariatric)

Multiple Stage II; III; IV & Unstageable Braden 0-14, Mobility & Activity & Sensory w/ values of 1 in all areas.

Able to turn independently

SW Pulsate™ or SW Alternate™ or Mighty Air™ (Bariatric)

Limited Mobility

1. Sofcare static air overlay w/ frequently document turning
2. Consider SW Pulsate or Alternate for LOS of 3 days or more
3. Consider SW Rotate™ or Big Turn™ (Bariatric)

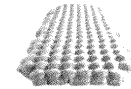
Braden Score Indicators continue:

Nutrition: 1 or 2 consider pre-albumin & results to dietician

Moisture: 1 or 2 consider barrier cream with each change & frequent changes (remove barrier cream with mineral oil when indicated)

Friction & Shear: 1 or 2 consider lift sheets & barrier cream with each change & frequent changes (remove barrier cream with mineral oil when indicated)

Featured Products



Sof Care®
Static Air Overlay



SW Pulsate™
Pulsation Therapy



SW Rotate™
Rotational Therapy



SW Alternate™
Alternation Therapy



Big Turn™
Bariatric Rotational Therapy



Mighty Air™
Bariatric Alternation Therapy

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Striving for this Outcome

- *No hospital acquired pressure ulcers or skin breakdowns*
- **Satisfied patient's and family's & Staff**