
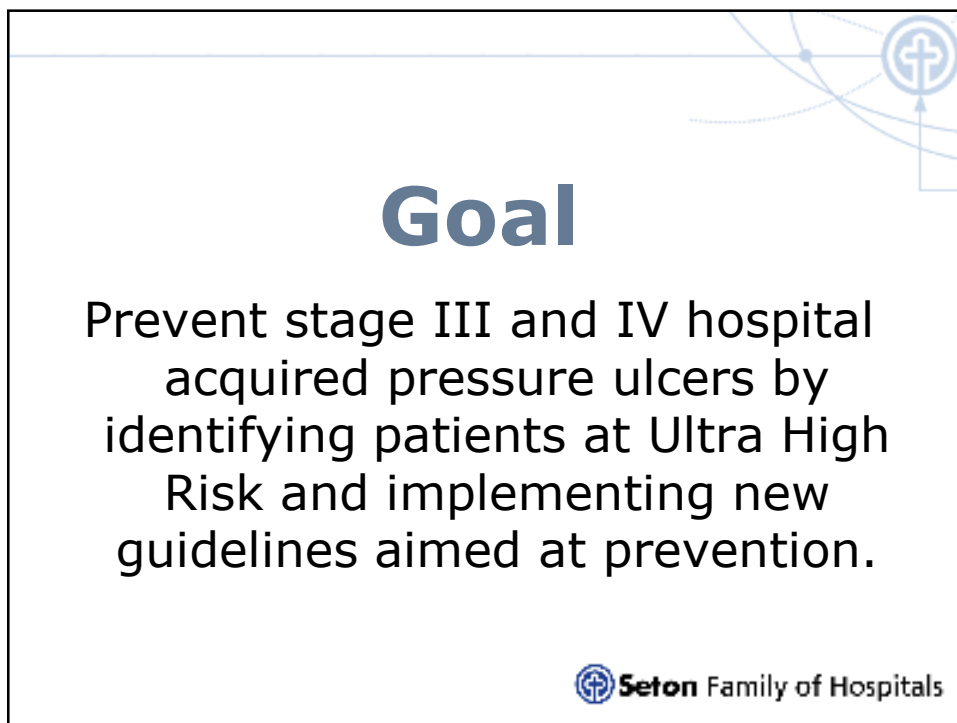


Identifying the Patient at Ultra High Risk for Pressure Ulcers


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Goal

Prevent stage III and IV hospital acquired pressure ulcers by identifying patients at Ultra High Risk and implementing new guidelines aimed at prevention.

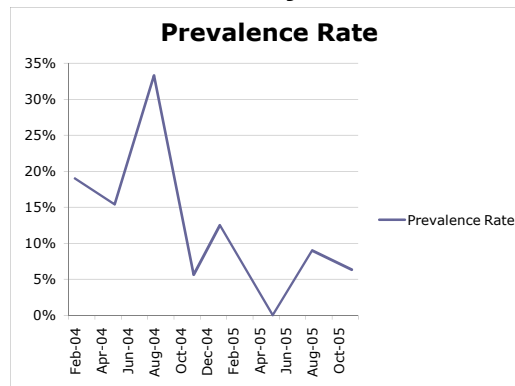
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SKIN Bundle & ICU PU Prevalence

SKIN Bundle

- **S** – appropriate Surface
- **K** – Keep patient turning
- **I** – Incontinence care
- **N** – address Nutrition

Quarterly Prevalence Study Rate



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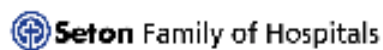
Background

- Two "Never-Events" occurred
- Root Cause Analysis Team (RCAT) Convened
- Literature search
- Clinical aspects of patients that were not captured by Braden but increased risk of breakdown

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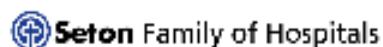
RCAT Team

- Critical Care Director
- IMC Nurse Manager
- ICU Staff Educator
- Hospitalist
- WOCN
- Physical Therapist
- Physical Therapy Manager
- ICU Dietician



Criteria identified

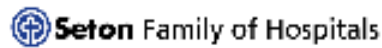
- ON ADMISSION- Long out of hospital transport time (greater than 2 hours) and / or long ED time(debilitated and in ED greater than 4 hours)
- Surgery for longer than 3 hours
- Morbid obesity (BMI greater than 40)
- Sedated (sedation score of 3 or greater) / paralyzed (Chemical or functional)
- Age greater than 65
- Existence of pressure ulcers on admission
- High muscle tone (contractures, spasticity)
- Vasopressor infusions: two or more
- Braden less than or equal to 9



Interventions

Implemented as part of the Plan of Care

- WOCN referral regardless of skin integrity
- 'Wedges' for positioning every 2 hours at a minimum
- Ultrasorb® pads in place of chux
- Re-consultation to WOCN for any alteration in skin integrity



Implementation

- Screening criteria added to Flowsheet

Patient Name		Date		MR #	
BRADEN SCALE FOR PREDICTING PRESSURE SORE RISK <i>Complete on ADMIT and DAILY</i>					
Sensory Limits	1-Completely	2-Very	3-Slightly	4-None	Score
Moisture	1-Constantly	2-Very	3-Occas.	4-Rarely	
Activity	1-Bedfast	2-Chaired	3-Walks Occas.	4-Walks Reg.	
Mobility	1-Incapable	2-Very Limited	3-Limited	4-None	
Nutrition	1-Very Poor	2-Poor	3-Adequate	4-Excellent	
Friction & Shear	1-Problem	2-Fair	3-No Apparent Problem		
Total Score					

Ultra High Risk Criteria - Two or more of the following	
<input type="checkbox"/> (ADMIT/ON ONLY) Transport time (> 2 hrs) / ER Time (> 4 hrs)	<input type="checkbox"/> Pressure Ulcer on Admit
<input type="checkbox"/> OR > 3 hrs	<input type="checkbox"/> Muscle tone (eg contracture)
<input type="checkbox"/> BMI > 40 (wt (lbs) / ht" (in) x 703)	<input type="checkbox"/> Two or more vasoepressors
<input type="checkbox"/> Sedated (Score >3) / Paralyzed	<input type="checkbox"/> Braden < 9
<input type="checkbox"/> Age > 65	<input type="checkbox"/> Braden < 9

- POC Problem Sticker created

Ultra High Risk for Pressure Ulcer Outcome: Prevention of pressure ulcer ID'd by: _____	H		1. Send WOCN referral 2. Use Ultrasorb pads in place of regular Chux Pads 3. Use turning wedges for repositioning no less than q 2 hours 4. Re-consult WOCN for any skin alteration(s) or changes noted. 5. Reposition chair-bound patients no less than q 20 minutes
	M		
	L		
		Resolved: _____	

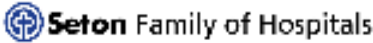
- 'Wedges' ordered for every room
- 'Ultrasorb®' pads on PAR
- Education campaign (E-mail, flyers, rounding, use of SKIN Champions)
- Chart audits



Evaluation

- Process issue around meeting criteria one day and not meeting it the next day
 - Once identified as Ultra High Risk remain as such for at least five days
- Issue around communicating between shifts and with Hand-Off
 - Identified date placed on Kardex

WOUND CARE:	<input type="checkbox"/> Pressure Ulcer Ultra High Risk
	DATE: _____
<input type="checkbox"/> WOCN Referral Re:	Tracking #
<input type="checkbox"/> WOCN Referral Re:	Tracking #



Evaluation Continued

- Education reinforcement
 - Involvement of support staff
 - One-on-one reinforcement with staff
 - Addressing confusion on inclusion criteria, and purpose of interventions
- Operational follow up
 - Maintaining availability of 'Wedges'
 - Enough 'Ultrasorb®' pads on PAR

