

MICU Pressure Ulcers: The Hidden Factors?

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Background

Stage three or higher Pressure Ulcers are unacceptable by the Joint Commission. Pressure ulcers result in detrimental outcomes such as decreased quality of life, increased pain and discomfort, greater infection risk, and increased hospital length of stay and costs. Tools are used on intensive care patients to determine their risk for pressure ulcer development. This helps to guide care to prevent pressure ulcers and aid in applying healing interventions.

Objectives/Methodology

Nurses reviewed key pressure ulcer development factors over a 15-month retrospective study in a medical intensive care unit. Descriptive statistics and correlations were then performed on pressure ulcer stages, age, gender, weight, Braden scores, hemodynamic support, albumin level, oxygen requirement, comorbidities, primary diagnosis, discharged status and length of stay.

Statement of the Problem

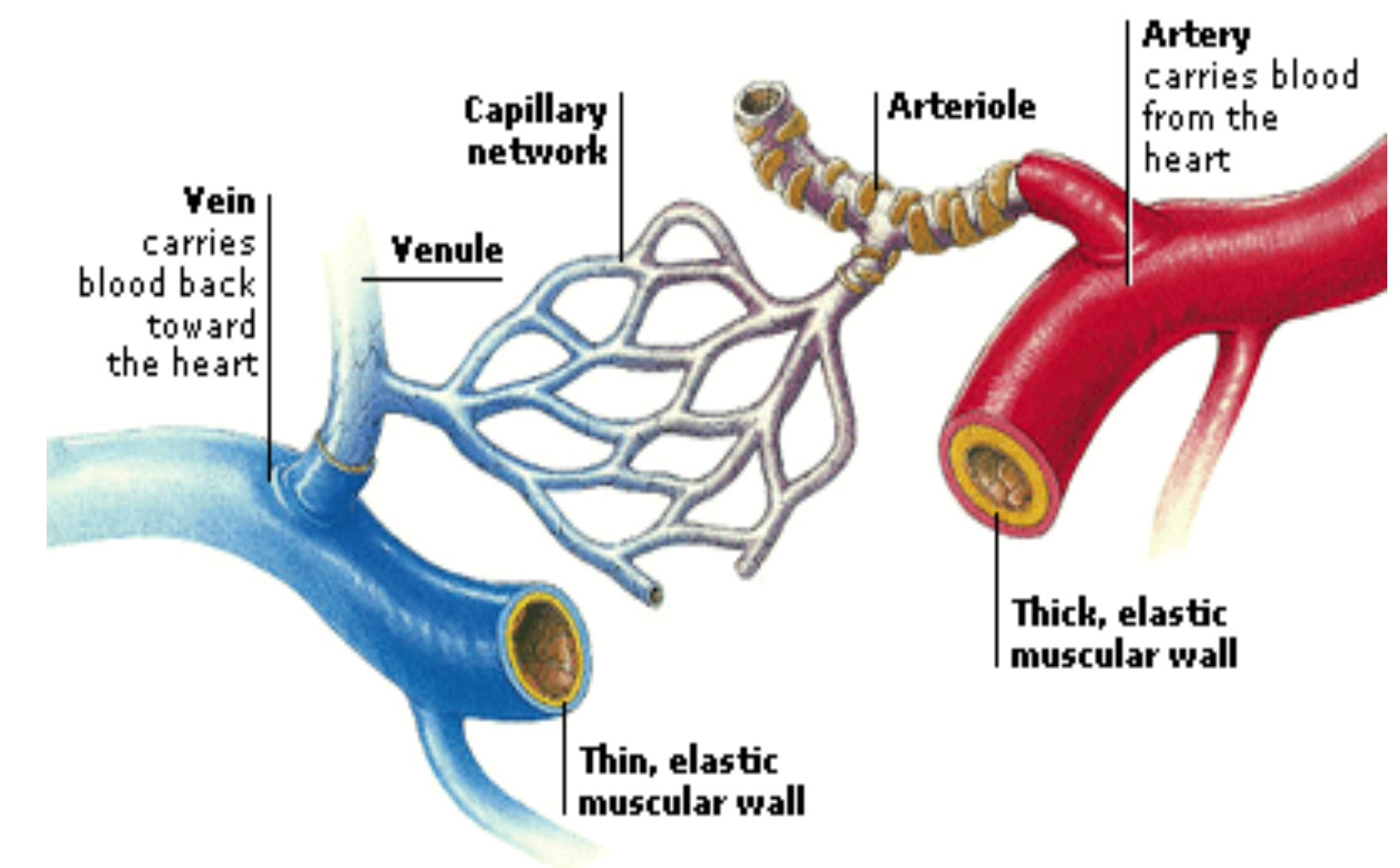
Certain scales are utilized in the adult population for gauging risk level of pressure ulcer development. These tools do not distinguish between intensive and acute care patient populations.

Results

76 patients who developed pressure ulcers were studied for common pressure ulcer development factors. The majority (48.6%) suffered a stage II pressure ulcer. The most significant factor was found to be the use of hemodynamic support through vasopressor use ($p=0.006$).

Conclusions

Current risk assessment tools do not include hemodynamic support. Having instruments that include all key factors will aid clinicians in better identifying patient risk factors so preventative interventions can be implemented sooner.



Top Pressure Ulcer Contributors Across All Stages

Factor	P value
Vasopressor	0.006
Primary Diagnosis	0.023
Albumin	0.05
Braden at Time of Identification	0.052
Weight	0.085