Nurses under pressure: do risk assessment tools help prevent pressure ulcers?

Citation: Evidently Cochrane

Author(s): Chapman, S

Tools to help assess a patient’s risk of developing a pressure ulcer have been in use for half a century, but do they actually result in fewer pressure ulcers, or do they take up nurses’ time which could be better spent with the patient? An updated Cochrane review gives us the current state of the evidence.

Decrease in non-invasive mask-related pressure ulcers after equipment standardization in a PICU

Citation: Critical Care Medicine, December 2015, vol./is. 43/12 SUPPL. 1(199-200), 0090-3493 (December 2015)


Language: English

Abstract: Learning Objectives: Noninvasive ventilation (NIV) is a critical resource for patients in respiratory distress. In our PICU, NIV masks were the most frequent cause of pressure ulcers (PU). Identified risk factors for PUs in this population included limited selection of masks, length of time on NIV, and variable pressure applied to the face dependent upon ventilator type. Dual and single limb circuit ventilators were both available for NIV in the PICU. Dual limb circuit ventilators were primarily utilized for NIV due to convenience. These ventilators had limited leak compensation resulting in discontinuation of positive pressure delivery when a leak developed around the mask. Single limb circuit ventilators had improved leak compensation resulting in decreased pressure necessary on the face for adequate positive pressure delivery. The aim of this quality improvement (QI) project was to decrease the incidence of PUs related to NIV masks by converting to single limb circuit NIV. Methods: The setting was a single center tertiary care PICU. Pre-Intervention data were collected from January 1, 2014- June 30, 2014 and post-intervention data from July 1, 2014-June 30, 2015. The PU prevention bundle was unchanged throughout the data collection period. Primary outcome measure followed was incidence of PUs > stage II related to NIV per hundred NIV days. The primary process measure was implementation of single limb circuit ventilator usage in patients requiring NIV. Results: The pre-intervention PU rate was 2.1. Post-intervention aggregate rate was 0.35. After a three month run in period, 100% of eligible patients were on single limb circuit ventilators for NIV. PU rate fell to zero when compliance with the intervention increased to 100%. Also, NIV days continued to increase throughout the project period. Conclusions: Implementation of single limb circuit ventilator usage in patients requiring NIV in the PICU resulted in a significant decrease of NIV related PUs despite increased usage of NIV.

Publication Type: Journal: Conference Abstract

Source: EMBASE

Full Text: Available from Ovid in Critical Care Medicine

Impact of implementing a critical care specific pressure ulcer prevention bundle: A pilot study

Citation: Critical Care Medicine, December 2015, vol./is. 43/12 SUPPL. 1(215-216), 0090-3493 (December 2015)

Author(s): Britt C., Arwood L., Wilkinson L., Penoyer D., Sole M.

Language: English

Abstract: Learning Objectives: Critically ill patients are at risk to develop hospital-acquired pressure ulcers (HAPUs) and prevention is challenging. HAPU costs can exceed $43,000 and are not reimbursable. Bundles of care have improved outcomes in other conditions, yet no standardized critical care bundles exist for HAPU prevention. Hypothesis: A critical care specific Pressure Ulcer Prevention (PUP) Bundle will reduce HAPUs. Methods: We used a retrospective, pre-post, non-equivalent control group design to study the impact of the PUP Bundle on HAPUs in the ICU. We compared HAPU data from 2014 (control) with data from April-June 2015 (intervention). The control group received our hospital HAPU prevention protocol. The intervention group received the PUP Bundle consisting of 5 evidence-based actions: turning, reduced bedding layers, heel boots, chlorhexidine bathing, and barrier cream/soft silicone border sacral dressing. We collected data related to demographics, comorbidities, and treatments, and analyzed data with Fisher’s Exact test and logistic regression. Results: Data were available for 737 patients. Mean age was 60.5 yr; length of stay (LOS) 3.9 days; and Braden score 16.2. No statistical differences were found in patient characteristics between control (n=664) and intervention (n=133) groups. The control group had 14 (2.3%) HAPUs compared to none in the
Use of a topical haemoglobin spray for oxygenating pressure ulcers: healing outcomes

Citation: British journal of community nursing, Dec 2015, vol. 20 Suppl 12, p. S14., 1462-4753 (December 2015)

Author(s): Tickle, Joy, Bateman, Sharon Dawn

Abstract: A published evaluation (Tickle, 2015) of the use of a topical haemoglobin spray plus standard care in 18 patients with pressure ulcers showed that, following 4 weeks of treatment, the wound size reduced in 17 wounds and there was a progression toward healing in all 18. All but one of the wounds were over 2 months in duration at baseline. This article reports the results of the healing rates at 3 months of the 11 patients who continued to be treated with the haemoglobin spray. Nine of the 11 wounds healed, and 2 reduced in size by week 12 (i.e. 1 wound reduced from 30 cm(2) at baseline to 7 cm(2), while the other reduced from 6 cm(2) to 4 cm(2)). Of the 10 patients who were experiencing wound pain at baseline, 9 were pain free by week 8. Rapid elimination of slough was observed in all patients. The 82% healing rate achieved at 3 months and the fact that most patients continued to receive the same standard care as they had in the 4 weeks before recruitment into the evaluation increases the likelihood that the clinical outcomes observed here can be attributed to the haemoglobin spray. Topical haemoglobin shows promise in terms of its ability to accelerate healing in chronic pressure ulcers.

Source: Medline

Full Text: Available from EBSCOhost in British Journal of Community Nursing