

Critical Burn Patient Skin Breakdown Prevention Protocol

Kara Kohler BSN, RN
Lehigh Valley Health Network, Kara_D.Kohler@lvhn.org

Kara Perini BSN, RN
Lehigh Valley Health Network, Kara_L.Perini@lvhn.org

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Critical Burn Patient Skin Breakdown Prevention Protocol

Kara Kohler RN, BSN
Kara Perini RN, BSN

A PASSION FOR BETTER MEDICINE.™



Purpose

- To develop a protocol that will aid in decreasing skin breakdown in >20% burn patients

PICO QUESTION

P: Critical Burn Patients (> 20% burn)

I: Skin breakdown prevention

C: No protocol

O: 90% compliance with designed protocol to decrease skin breakdown.

EVIDENCE

- Incorporation of body wash and skin protectant brought about a decrease in skin breakdown from 68-40; statistically significant decrease in stage I and II pressure ulcer incidence; nurses evaluated interventions as effective 98% of the time.
- Effectiveness of topical skin interventions was variable and dependent on the skin condition being treated. More research needed
- Multiple-barrier product inhibited the passage of the dye into the skin significantly better than the other 2 products.
- Third spacing causes edema in burn patients. Fluid resuscitation increases edema.
- Regularly assess your patients' risk for pressure ulcer development.

EVIDENCE

- There is currently no clear evidence of a benefit associated with nutritional interventions for either the prevention or treatment of pressure ulcers. Further trials of high methodological quality are necessary.
- Some risk factors for pressure ulcer development are: pressure, infection, edema, and inflammation.
- Repositioning is an integral component of pressure ulcer prevention and treatment; it has a sound theoretical rationale, and is widely recommended and used in practice. However the degree of the turn and the frequency need more research to determine the most effective approach.
- People at high risk of developing pressure ulcers should use higher-specification foam mattresses rather than standard hospital foam mattresses. The relative merits of higher-specification constant low-pressure and alternating-pressure support surfaces for preventing pressure ulcers are unclear, but alternating-pressure mattresses may be more cost effective than alternating-pressure overlays.

BARRIERS & STRATEGIES

- Barriers:
 - Census
 - Compliance with the protocol
 - Lack of equipment (wedges)
 - Moist dressings

BARRIERS & STRATEGIES

- Strategies to overcome:
 - Education for compliance
 - Checklist for compliance
 - Obtaining the necessary equipment (wedges)

Expected Outcomes

- >90% compliance with protocol
- Decreased pressure ulcers

PROJECT PLANS

- Admission pictures taken of high risk areas
 - Back of head
 - Sacrum
 - Heels
- Specialty bed order placed within 24 hrs
- Nutrition consult within 24hrs
- Full skin assessment and documentation every shift
- Braden (<18 is high risk!)
- Egg crate foam under patient's head
- Heel precautions in place
- Sling in place
- PA/MD made aware
- Dressing orders placed

PROJECT PLANS

- Disposable pads (extrasorbs) only!
- Turn/reposition patient every 2 hrs (document!)
 - Sling - to reduce friction/shearing
 - Wedge pillow
- Z-Guard application to high risk areas
 - Wash between applications with mild soap and water
- Pressure ulcer present?
 - Document only a description and do not stage until seen by ET
 - ET consult placed for staging

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