

# Pressure Ulcers and Nutrition

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# Pressure Ulcers and Nutrition

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## BACKGROUND/PURPOSE

It was identified during monthly unit skin rounds that patients with documented nutritional risk for pressure ulcer development did not consistently have nutrition services consulted. The patients were considered at nutritional risk for pressure ulcer development if the nutrition subscore of the Braden scale was rated as “probably inadequate” or “very poor” for three consecutive Braden scale scores.

- Project Purpose: To decrease the nutrition-related risk of pressure ulcers by early identification of patients with nutritional deficits and consulting nutrition services.

## PICO QUESTION

In adult medical-surgical patients with three consecutive scores of “probably inadequate” or “very poor” in the nutrition subscore of the Braden Scale, does increasing RN awareness increase the number of nutrition consults for patients having nutrition-related risk for pressure ulcer development.

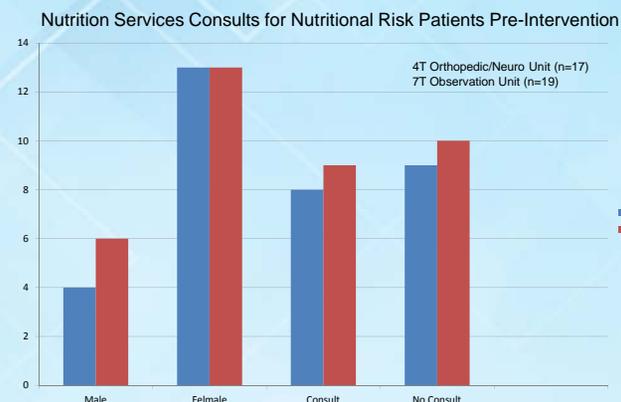
## EVIDENCE

- Nutrition helps prevent skin breakdown (Langer, G., et al., 2014).
- Early identification is key (Ohura, T., et al., 2011).
- Overall positive effect of nutritional intervention in the treatment of pressure ulcers (Siang Choo, T., et al., 2013).

## METHODS

- The nutrition subscore of the Braden scale was used to determine nutritional risk for pressure ulcer development
- Patient inclusion criteria were those with three consecutive nutrition subscores of “probably inadequate” (score =2) or “very poor” (score =1)
- Retrospective chart reviews were completed on the project units (4T & 7T) to determine pre-intervention state (see below)
- Nurses were educated regarding nutrition and pressure ulcer prevention via powerpoint and small group presentations by Nurse Residents
- Reminders to consult nutrition services were posted on computers on the project units
- Retrospective chart reviews to be completed to evaluate effect of RN education/reminders

## RESULTS



## OUTCOMES

- Pre-intervention chart reviews found a 47% compliance on both project units with nutrition services consults for patients meeting the project criteria for nutritional risk.
- Time and limitations in the number of patients meeting the inclusion criteria during the post-intervention data collection period did not yield sufficient information to determine effect of RN education/reminders in increasing the number of nutrition services consults.

## CONCLUSIONS

- More time and data is required to have sufficient evidence to change current practice
- While nutrition is important in pressure ulcer prevention, other interventions should also be utilized
- Consulting nutrition as soon as a deficit is identified is imperative in pressure ulcer prevention

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