

Implementing a Skin Assessment Tool in the Operating Room.

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Implementing a Skin Assessment Tool in the Operating Room

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- Upward trend in patient safety reports regarding post-operative skin complications (AORN, 2016).
- Inconsistent pre-operative skin assessment and documentation among OR nurses at LVH.
- Patient acuity at Cedar Crest OR inclusive of co-morbidities which contribute to post-operative skin complications

This research project was initiated to help increase compliance and awareness among the nurses in the Lehigh Valley Health Network Operating Room with pre-operative skin assessment, documentation of that assessment and the identification of patients that have a higher risk of developing skin complications occur during surgery. Further research can then be expanded to identify if knowledge of risk factors lead to interventions which mitigate the development of intraoperative skin injury.

Current Research shows:

- There is a direct relationship between risk factors and the

- The Scott Triggers Tool has proven to decrease the incidence of hospital-acquired pressure ulcers in one study from 3.37% to 0.89% in one year (Scott, 2016).
- A pre-operative risk and skin assessment allows the Operating Room team to plan interventions to prevent pressure ulcers (Munro, 2010).

PICO QUESTION

In the intra-operative population, does the utilization of a skin assessment tool increase the Registered Nurse's practice of performing a pre-operative skin assessment?

. Nurses in the Operating Room at Cedar Crest were asked on a 5 point Likert scale how well they would rate their pre-operative skin assessment and documentation, (1 being unaware of patient skin conditions , 5 being very aware of their patients skin conditions)

- The Scott Triggers tool was distributed to each nurse for each surgery. The nurses were asked to fill out the tool prior to each surgery and instructed to return it. After a two-week period the nurses were asked if they had utilized the Scott Triggers tool in the past two weeks. If the nurse did utilize the tool, they were asked to rate their pre-operative skin assessment and documentation using the 5 point Likert scale.



Review patient record and complete data in left column. Place a check in the right column if the answer is YES. If two or more YES answers are present, this may indicate an increase risk of perioperative pressure ulcers. Use Perioperative Pressure Injury Prevention Plan (PIPP) of care.

SCOTT TRIGGERS*	Does it meet these qualifications?	If YES, please check here.
Age_____	Age 62 or Older	
Serum Albumin _____ g/L or BMI	Albumin level <3.5 g/L or BMI <19 or >40	
ASA score (circle) 1 2 3 4 5	ASA score 3 or greater	
Estimated surgery time in hours/minutes_____	Surgery time over 3 hours or 180 minutes**	

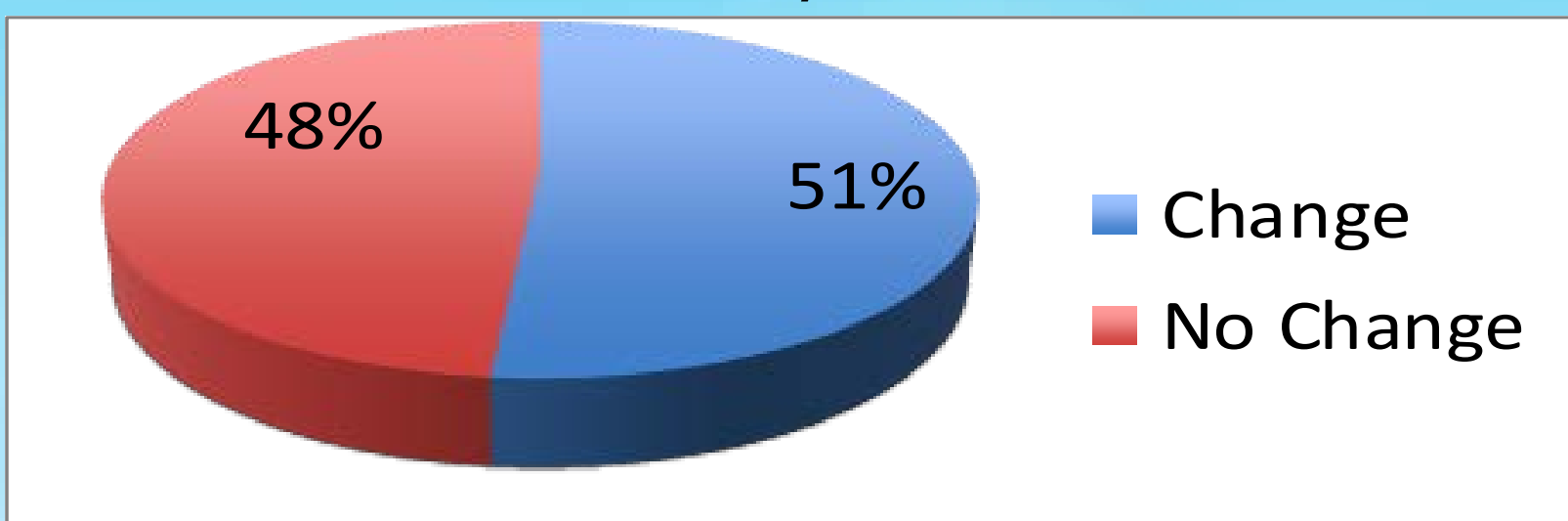
Two or more YESES = HIGH RISK SURGICAL PATIENT

Assessment Comments:

* Scott Triggers® is a set of evidence-based factors (named for nurse/program founder Susan Scott) identified as predictors of highest risk for pressure injury development in the study (e.g., age 62 or older, Albumin level below 3.5 and ASA score 3 or greater). Scott, SM. Progress and Challenges in Perioperative Pressure Ulcer Prevention. JWOON. 2015;42(5):480-5

** Surgery time is calculated from the time into the Operating Room until the time out of the Operating Room.

- Over the course of two weeks of data collection, 101 surgical cases were performed at LVHN Cedar Crest. Of the 451 cases, 41% of those cases had nursing staff that completed and returned the Scott Trigger's Surveys .
- 75% of 45 OR nurses initially surveyed were able to be surveyed post data collection
- 51% reported that the use of the Scott Triggers tool had increased their skin assessment documentation and/or skin assessment awareness.



DISCUSSION

The main goal of this project was to increase awareness of the Scott Triggers Tool pre-operatively and post-operatively. This knowledge allowed to nurses to actively assess and document existing skin issues to distinguish between complications resulting from the procedure or having occurred beforehand. It was noted that some of the nurses that reported higher pre-survey assessment ratings and disagreed that the tool was able to help them in their practice were found to be in the Cardiac and Neurology surgical specialties. This could be attributed to the practice of their patients being completely exposed during surgery preparation and positioning. In conclusion, we agree that more research needs to be conducted in the adherence of skin assessment and documentation by the OR nurses to aid in better patient care and lessen the burden of unnecessary loss of compensation to the network.

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