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Skin Care Bundle

Sarah Muinos BSN, RN
Lehigh Valley Health Network, sarah.muinos@lvhn.org

Brianna Shevlin BSN, RN
Lehigh Valley Health Network, brianna.shevlin@lvhn.org

Caytlin Hertzog BSN, RN
Lehigh Valley Health Network, caytlin.hertzog@lvhn.org

Kylie Schmitt BSN, RN
Lehigh Valley Health Network, kylie.schmitt@lvhn.org

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Skin Care Bundle

Sarah Muinos, BSN RN, Brianna Shevlin, BSN, RN, Caytlin Hertzog, BSN, RN, & Kylie Schmitt, BSN, RN
4C

Lehigh Valley Health Network, Allentown, Pennsylvania

BACKGROUND

- “Pressure injuries cause considerable harm to patients, hindering recovery, frequently causing pain, development of serious infections, other morbid conditions, and increased mortality” (Coyer, Gardener, Doubrovsky, Cole, Ryan, Allen, & McNamara, 2015).
- “There is growing evidence for the benefits of care bundles for improving uptake of guidelines in areas including infection, falls, stroke care, and pressure ulcers” (Chaboyer, Bucknall, Webster, Banks, Whitty, Roberts, Cullum, & Wallis, 2016).
- 4C averaged 1.37 pressure injuries a month from November 2019 to June 2020.
- Our goal was to assess the impact of a skin care bundle on hospital-acquired pressure injuries on 4C, with the hopes of lowering our monthly average during the time our project was implemented.

PICO

- **P: Patients on 4C**
- **I: Standardized skin care bundle checklist**
- **C: No skin care bundle checklist**
- **O: Impact on number of hospital-acquired pressure injuries**

EVIDENCE

- “The intervention group, receiving the InSpiRE protocol, had a lower cumulative incidence of pressure injuries, and fewer and less severe pressure injuries that developed over time” (Coyer et al., 2015).
- “The incidence of unit-acquired pressure ulcers decreased from 15.5% to 2.1% when using the universal pressure ulcer prevention bundle (UPUPB)” (Anderson, Guthrie, Kraft, Peicks, Slay, & Beal, 2015).
- “The care bundle indicated a 52% reduction in the risk of HAPU associated with the intervention compared with standard care” (Chaboyer et al., 2016).
- “Braden score of 18 or less indicates an at risk score” (Braden, Bergstrom, 1988).

OUTCOMES

- From May 15th-30th 2020, 2 HAPIs were found on 4C
 - HAPIs in April = 3
- When completing visual rounding to assess for compliance with the checklist on our unit, it was observed that of patients with Braden scores less than or equal to 18:
 - 80% had green wedges in room
 - 72% had chair cushion in room
 - 88% had barrier cream in room
- Patients were moved off the unit quickly due to COVID, which interfered with visual rounds
- 92% of staff did not document turning /repositioning in the EPIC flowsheets Q2H. Instead staff documented turning/repositioning Q4H
- 86% of staff documented Q2H turns completion in their care-plan notes
- Wound consults were placed for patients with stage 2 pressure injuries or greater

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IMPLEMENTATION

- A skin care bundle checklist was to be completed with any patient admission or transfer to the unit when they had a Braden score less than or equal to 18. The check list included:
 - Place green wedges and chair cushion in room
 - Barrier cream in room
 - Q2 turns (make sure it was charted)
 - Place wound consult from new stage 2 or greater
- Visual rounding and chart reviews were completed to assess for compliance with filling out the checklist and to determine whether the interventions on the checklist were actually being implemented.

NEXT STEPS

- **Future steps:**
 - Continue to implement the skin care bundle on 4C.
 - Work with EPIC teams to hopefully implement a skin care bundle into EPIC.
 - Work to ensure the skin care bundle is universal network wide.
- **Barriers:**
 - This project may be adapted by another group to collect data for a longer period of time, as our implementation/data collection were skewed due to day-to-day changes related to the COVID-19 pandemic and 4C being converted in a COVID unit at the height of implementation of this project.