

SORE NO MORE: The Power of a Microscope in Skin Integrity.

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Sore No More: Changing the Culture of Skin

6B, Medical-Surgical Unit
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Background:

- 34 bed medical-surgical unit reported 32 pressure ulcers acquired on the unit
- Identified population that had an increased risk of developing a pressure ulcer:
 - Poor nutrition status
 - Braden® score less than 18
 - Length of stay greater than 3 days
 - History of diabetes
 - Decreased mobility
 - Incontinence
- Over half of the acquired pressure ulcers were Stage II
- Opportunities for staff education

Review of Evidence:

- Nursing Executive Center. (2009). *Safeguarding Against Nursing Never Events Best Practices for Preventing Pressure Ulcers and Patient Falls*. The Advisory Board Company, Washington D.C.
 - Team approach was beneficial in preventing pressure ulcers
 - Practices that were beneficial include: rounding, bedside report with oncoming and off going nurses, educating the technical staff in pressure ulcer techniques, and rounding by leadership teams
 - Early interventions are key to prevent pressure ulcers
- Wurster, J. (2007). *What role can nurse leaders play in reducing the incidence of pressure sores?* Nursing Economics (25) 5, p. 267-269.
 - Six most common risk factors in pressure ulcer development: reduced mobility, nutritional status, incontinence, medications, conditions that decrease tissue oxygenation, and age

Pre-Implementation:

- Unit nursing leadership team developed a standardized tool:
 - Examine the root causes including risk factors, prevention strategies, interventions, and assessment of pressure ulcers
 - Identify and stage hospital acquired pressure ulcers correctly
 - Develop prevention strategies to implement throughout the unit

The Tool:

- Enhanced identification of patients at risk for developing a pressure ulcer
- Utilized to analyze length of stay and transfers throughout the hospital
 - Determine if these increase risk of pressure ulcer
- Led to real-time teachable moments for the staff by the leadership team



Post-Implementation:

- Staff report increased confidence with pressure ulcer identification and scoring
- Confidence leads to prevention



Not a permanent part of the patient record

Affix patient identification baby label here

PRESSURE ULCER MONITORING

PLEASE COMPLETE THE FOLLOWING FORM IN PENCIL, DO NOT PHOTOCOPIY

- Reason for monitoring:
 - Skin Rounds
 - Root Cause Analysis
- Braden score:
 - 5-9
 - 10-12
 - 13-14
 - 15-18
 - 19-21
- Was the score calculated accurately? Yes No
- Was the score completed daily? Yes No
- Does staff feel that the patient is at risk? Yes No
- Risk Factors:

| | |
|---|---|
| <input type="checkbox"/> Albumin < 3.0 in past 30 days | <input type="checkbox"/> Immobilizing device |
| <input type="checkbox"/> The albumin < 3.0 in last 72 hours | <input type="checkbox"/> Hemodialysis/peritoneal dialysis |
| <input type="checkbox"/> Hypotension | <input type="checkbox"/> Braden < 18 |
| <input type="checkbox"/> Dehydration | <input type="checkbox"/> Incontinence |
| <input type="checkbox"/> Fragile skin | <input type="checkbox"/> Chemically altered mental status (alcohol/drugs) |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Peripheral vascular disease |
| <input type="checkbox"/> Bedbound/bedfast | <input type="checkbox"/> Edema |
| <input type="checkbox"/> Diabetes/hyperglycemia | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Unstable spine/fracture | <input type="checkbox"/> Poor Nutrition |
| <input type="checkbox"/> Enteral Feeding/TPN | <input type="checkbox"/> Pressure pressure ulcer |
| <input type="checkbox"/> Multiple system failure | <input type="checkbox"/> LOS > 3 days |
| <input type="checkbox"/> Contracted | <input type="checkbox"/> Surgery w/ last 72 hours |
| <input type="checkbox"/> Length of bedchamber time > 2 hrs | <input type="checkbox"/> ICU transfer at some point during admission |
- Interventions in place:

| | |
|--|---|
| <input type="checkbox"/> Turn/reposition Q2 hrs | <input type="checkbox"/> ETP/Wound consult placed |
| <input type="checkbox"/> Pressure redistribution | <input type="checkbox"/> Nutritional support |
| <input type="checkbox"/> Positioning devices/protocols | <input type="checkbox"/> Cleanse/wash |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Elevate heels |
- Overall Paper:

| Overall Paper | Stage | Promote ulcer location | Was the observed pressure ulcer healed or improved? | Why and the ICU score decreased for the ulcer? |
|-------------------------------|---|---|--|---|
| <input type="radio"/> Ulcer 1 | <input type="radio"/> Stage 1 <input type="radio"/> Stage 2 <input type="radio"/> Stage 3 <input type="radio"/> Stage 4 <input type="radio"/> Unstageable | <input type="radio"/> Sacrum <input type="radio"/> Spine <input type="radio"/> Nose <input type="radio"/> Ear <input type="radio"/> Hip | <input type="radio"/> Head <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to determine | <input type="radio"/> 0-1 <input type="radio"/> 2-3 <input type="radio"/> 4-5 <input type="radio"/> 6-7 <input type="radio"/> 8 |
| <input type="radio"/> Ulcer 2 | <input type="radio"/> Stage 1 <input type="radio"/> Stage 2 <input type="radio"/> Stage 3 <input type="radio"/> Stage 4 <input type="radio"/> Unstageable | <input type="radio"/> Sacrum <input type="radio"/> Spine <input type="radio"/> Nose <input type="radio"/> Ear <input type="radio"/> Hip | <input type="radio"/> Head <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to determine | <input type="radio"/> 0-1 <input type="radio"/> 2-3 <input type="radio"/> 4-5 <input type="radio"/> 6-7 <input type="radio"/> 8 |

Pressure Ulcer Monitoring Tool

- Documentation of pressure ulcer appearance correct? Yes No
- Pressure ulcer is correctly staged? Yes No
- Care plan is individualized? Yes No
- Staff practice correctly utilized by recommendation of ET or according to algorithm? Yes No
- Score entered for patient at risk? Yes No
- Wound consult requested? Yes No
- Patient stayed on the following units (type):

| | | | | |
|------------------------------|---------------------------------|--------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> ICP | <input type="checkbox"/> TA | <input type="checkbox"/> ED-17 | <input type="checkbox"/> PCU | <input type="checkbox"/> ST-M |
| <input type="checkbox"/> SK | <input type="checkbox"/> TRP | <input type="checkbox"/> ED-CC | <input type="checkbox"/> PNU | <input type="checkbox"/> GI-M |
| <input type="checkbox"/> SB | <input type="checkbox"/> TC | <input type="checkbox"/> PCU | <input type="checkbox"/> SSI | <input type="checkbox"/> TE-M |
| <input type="checkbox"/> IC | <input type="checkbox"/> ICU | <input type="checkbox"/> MNU | <input type="checkbox"/> TNU | <input type="checkbox"/> TI-M |
| <input type="checkbox"/> SK | <input type="checkbox"/> BH12 | <input type="checkbox"/> NS-KU | <input type="checkbox"/> THRU | <input type="checkbox"/> ED-M |
| <input type="checkbox"/> SB | <input type="checkbox"/> BR-BS | <input type="checkbox"/> ORT | <input type="checkbox"/> TSI | <input type="checkbox"/> RCM-M |
| <input type="checkbox"/> IC | <input type="checkbox"/> Dialis | <input type="checkbox"/> OR | <input type="checkbox"/> TTU | <input type="checkbox"/> RCM-M |
| <input type="checkbox"/> SK | <input type="checkbox"/> IAU | <input type="checkbox"/> PACU | <input type="checkbox"/> ED-M | |
- Length of time for ET to complete the consult:

| |
|---------------------------------------|
| <input type="radio"/> 0-12 hrs |
| <input type="radio"/> 13-48 hrs |
| <input type="radio"/> 49-72 hrs |
| <input type="radio"/> 73 hrs - 7 days |
| <input type="radio"/> 8-21 days |
| <input type="radio"/> > 2 wks |
- Why was the ET consult delayed, if greater than 24 hours?

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- Area requiring an action plan:

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Future Implications:

- Tool Utilized for all pressure ulcers identified on the unit
 - Culture of skin awareness effectively created
- Network-wide Skin Integrity Taskforce adapted tool for use on other units
 - Piloting enhanced version of the tool in an effort to standardize practice