

CARING FOR WOUNDS E-BOOK SERIES:

# Pressure Injuries



# Prevention Programs: Where to Begin

Developing a pressure injury prevention program can cause the patient pain, lead to social isolation, result in reduced mobility, and can even be fatal. According to the Agency for Healthcare Research and Quality, estimated costs for each pressure injury range from \$37,800 to \$70,000, and the total annual cost of pressure injuries in the United States is an estimated \$11 billion.

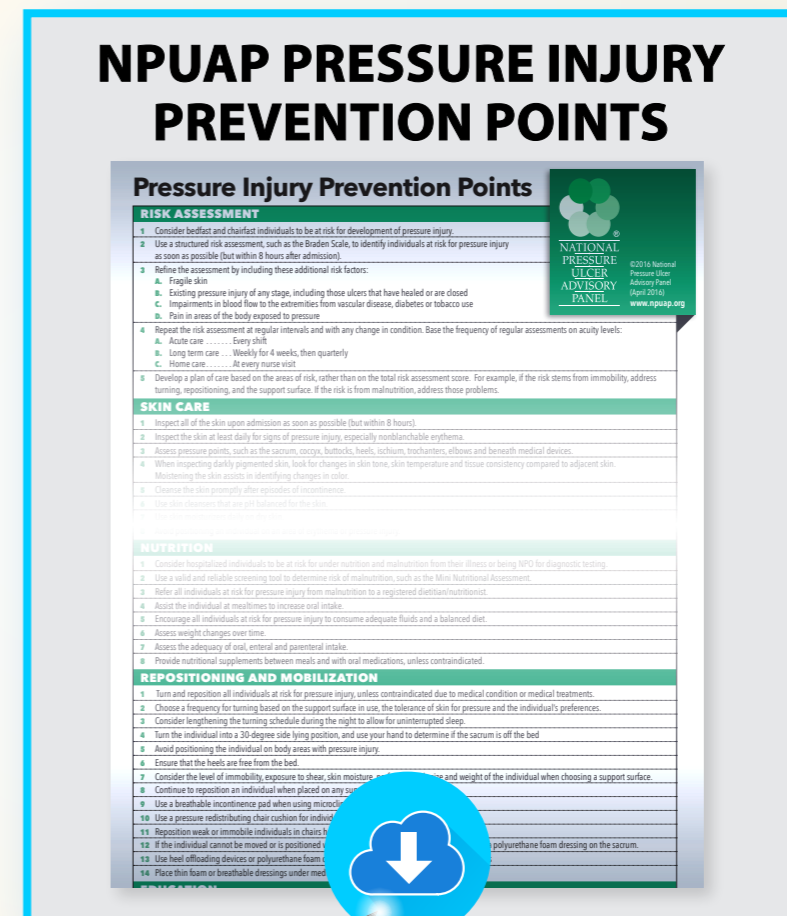
Although many staff members think it's up to the wound care nurse alone to implement a pressure injury prevention program, a successful program requires involvement from everyone and is a 24/7 endeavor. Here's how to do it:

## Build an effective pressure injury prevention program

A successful program involves multiple disciplines and representatives from all shifts to ensure patients don't develop skin integrity issues.

## Incorporate pressure injury prevention into patient education

Healthcare providers and patients can work together as a team to prevent the many costs of pressure injuries.



# It Takes a Team

No pressure injury prevention program will be successful if the mindset of staff is that it's entirely up to the wound care nurse. Therefore, the first step in prevention is to surround yourself with key staff and other clinicians to help you lead and implement the program.

Build an **interdisciplinary team** that includes, at a minimum, dietitians, therapists, nurses, nursing assistants, physicians, and nurse practitioners. Be sure all shifts are represented.

**Nursing assistants** are the ones who implement preventive interventions, so they form the foundation of your team. Give them a strong knowledge base on interventions that will help prevent pressure injuries. Empower them to organize their shifts and roles to ensure interventions are implemented and communicated.

Other key team members you might not think to include are representatives from **housekeeping and**

**maintenance.** When cleaning the room, housekeeping staff can confirm that the correct mattress is in the correct patient room and ensure the support surface is plugged in. In an emergency situation, maintenance staff should be able to troubleshoot product problems until the manufacturer can respond.

Finally, don't forget representatives from **restorative nursing**; the more mobile your patients are, the less likely they will develop pressure injuries.

ADAPTED FROM

## BUILDING AN EFFECTIVE PRESSURE ULCER PREVENTION PROGRAM

BY JERI LUNDGREN

**Building an effective pressure ulcer prevention program**

As a wound care nurse, do you feel the weight of the world on your shoulders when trying to implement a pressure ulcer prevention program? Many staff members think it's up to the wound care nurse alone to implement the program. However, a successful program requires involvement from all staff and is a 24/7 endeavor. Here's how to do it.

**Gather the best and brightest**

The first step is to surround yourself with key staff and other clinicians to help you lead and implement the program. Build an interdisciplinary team that includes, at a minimum, dietitians, therapists, nurses, nursing assistants, physicians, and nurse practitioners. Be sure all shifts are represented.



# Establish a System

Once your team is in place, set up **regular meetings** to discuss skin integrity; it's best to keep the meetings to a consistent time and day of the week to facilitate attendance. Move the meeting past simply reviewing patients with wounds to taking a proactive approach. Review patients who are at high risk for pressure injuries and ensure they have appropriate preventive interventions in place.



**Ensure at least 70% of staff attend the education sessions.**

Engage in **ongoing monitoring** to ensure interventions such as heel elevation are being implemented. If possible, the wound care nurse should perform monthly random audits of the following:

- medical records and care plans of a few high-risk patients on each unit to ensure risk assessments and care planning are appropriate and per policy check of some new admissions to ensure interventions are in place within 24 hours of admission
- review of treatment records to ensure accurate transcription and a signature that treatment orders have been completed.

It's also important to set up **pressure injury prevention education** for all staff during orientation and at least yearly. Ensure at least 70% of staff attend the education sessions. Have fun with education, make it interactive, and involve therapy, dietary, maintenance, and housekeeping staff.

# Empowering Your Patients

Nurses understand their role in preventing pressure injuries, but what role do patients play in the prevention plan? Nurses need to empower the patient to be an active member in health promotion activities and participate in prevention measures.

**Empowered patients can help improve outcomes and reduce overall costs of this hospital-acquired complication.**

A basic element of empowerment is engagement. Nurses must practice a patient-centered approach to healthcare delivery that embraces and supports the belief that patients are, or can become, competent to make informed decisions.

**Engaged patients tend to function better, experience fewer symptoms, and are less likely to experience an adverse event compared to those who aren't engaged.**

As a practicing nurse, you would think that engaging patients in their care would lie at the core of the culture of our healthcare system; unfortunately, that is not always the case. For example, sometimes we forget to explain to patients why we are asking them to perform health promotion activities. If we instruct patients to follow a direction without explaining the meaning behind it, they may be less likely to actively participate in the activities.

Helping patients understand the reason behind an activity, instead of making it seem like we are ordering them to do it, can help performance and adherence levels. With our expertise and close proximity to patients, we are able to take a leading role in engaging them in their care.

# Prevention Education

A pressure injury often results in patient pain and suffering, poor patient outcomes, decreased quality of life, and increased costs for both patients and their providers. High-risk patients must be informed about pressure injuries, including prevention and complications.

Unfortunately, studies reported by Dewalt and colleagues note that 40% to 80% of information taught to patients is forgotten immediately. The teach-back method is one way to reduce those percentages. Using the teach-back method in combination with daily reinforcement from nursing staff can help to solidify the knowledge learned and encourage implementation of health practices.

To ensure pressure injury prevention education occurs when needed, it's helpful for this education to be part of the standard of care for high-risk patients. Making these education sessions mandatory and using the teach-back method to confirm understanding can help patient adherence to suggested prevention interventions. Evidence of effectiveness includes patient involvement in prevention measures, such as actively turning themselves.

Although education may take time, the time spent outweighs the complications of this debilitating condition. After all, it is far easier to prevent a complication than it is to treat one and regain a patient's health.

## The Teach-back Method

In the teach-back method, patients teach the information taught to them back to the nurse. This can be done through discussion or demonstration, depending on the topic. When information is correctly taught back, it confirms that the patient understands the content.

ADAPTED FROM

## EMPOWERING PATIENTS TO PLAY AN ACTIVE ROLE IN PRESSURE ULCER PREVENTION

BY HANNAH MILLER, MSN, RN

Best Practices

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### Empowering patients to play an active role in pressure ulcer prevention

January/February 2016 Vol. 5 No. 1  
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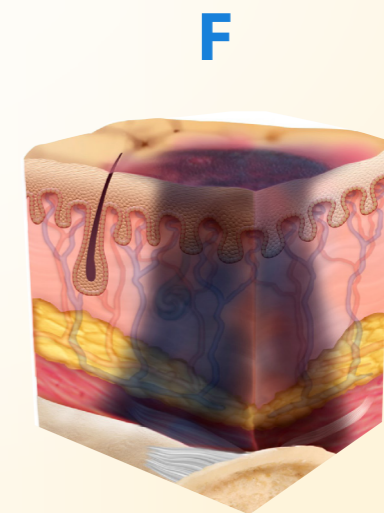
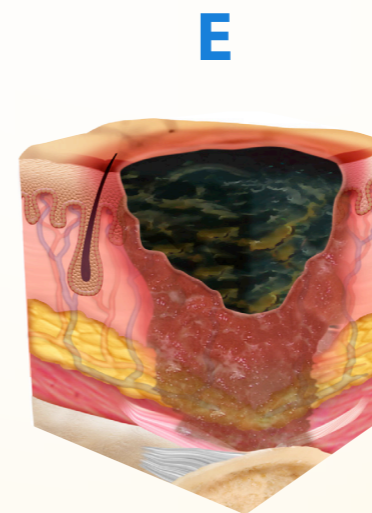
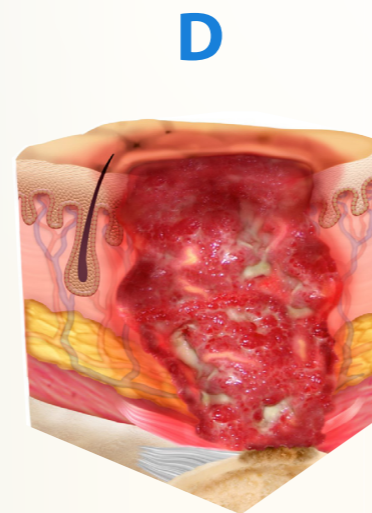
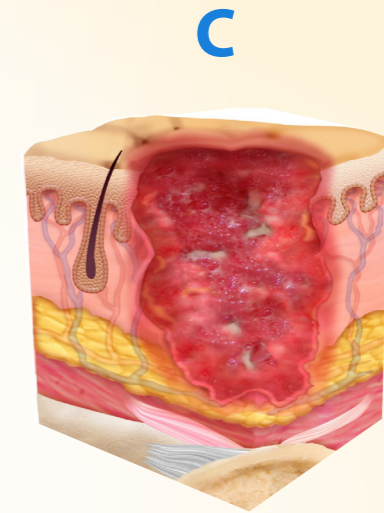
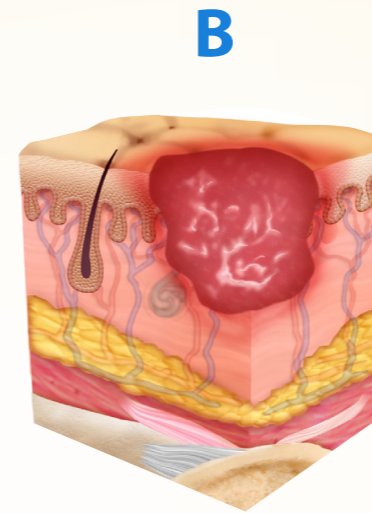
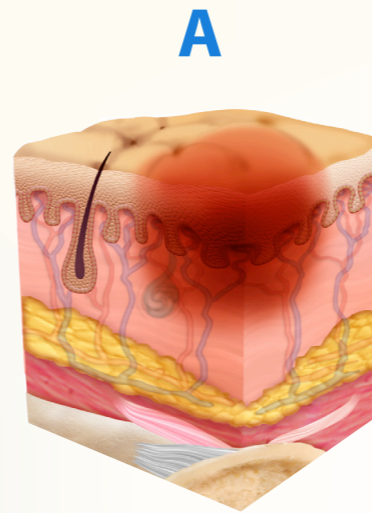


# Pressure Injury Staging

In 2016 the National Pressure Ulcer Advisory Panel (NPUAP) announced changes in staging definitions. You can read the full NPUAP staging descriptions [Here](#)

## Pressure injury

- A Stage 1 pressure injury:**  
Non-blanchable erythema of intact skin
- B Stage 2 pressure injury:**  
Partial-thickness skin loss with exposed dermis
- C Stage 3 pressure injury:**  
Full-thickness skin loss
- D Stage 4 pressure injury:**  
Full-thickness skin and tissue loss
- E Unstageable pressure injury:**  
Obscured full-thickness skin and tissue loss
- F Deep tissue pressure injury:**  
Persistent non-blanchable deep red, maroon, or purple discoloration



[View all NPUAP staging illustrations here](#)

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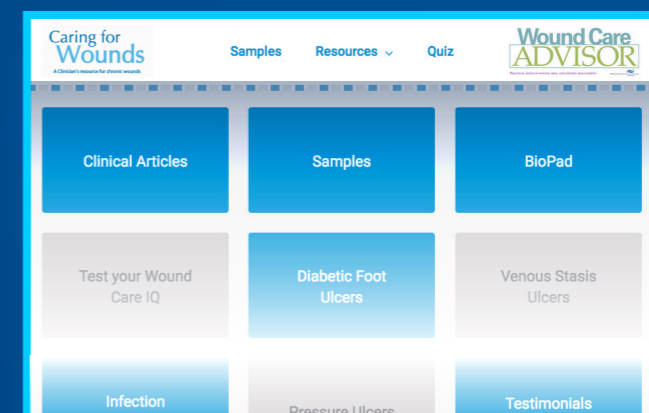
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