

Communicating to caregivers: Cornerstone of care

By Jeri Lundgren, BSN, RN, PHN, CWS, CWCN

The challenge of preventing pressure ulcers is won through our frontline staff—the patient’s caregivers. Caregivers deliver most of the pressure ulcer preventive interventions, such as turning and repositioning, floating the heels, and managing incontinence. That’s why it’s imperative to communicate the patient’s plan of care directly to the caregivers.

Talking points

Preventive programs start with a risk assessment and the development of the plan of care, which is then shared with the caregiver. At a minimum, you should communicate the following:

- turning and repositioning plan
- type of support surface that’s on the bed and the need to check for proper

- inflation* before leaving the room
- type of wheelchair cushion
- how to float the heels
- positioning devices
- incontinence management
- nutritional monitoring and supplements
- notifying the nurse if a wound dressing is soiled, loose, or missing
- inspecting the skin daily and notifying the nurse if any concerns are found
- notifying the nurse if the patient has chosen not to follow one or more interventions.

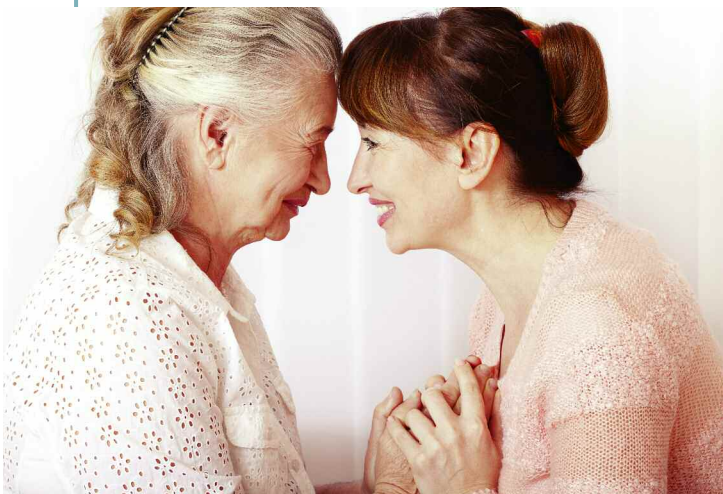
*Ensure that the bed is set at the proper setting and is plugged in and turned on if it’s a powered surface, and that the patient is not bottoming out. (The National Pressure Ulcer Advisory Panel defines bottoming out as a mattress or support surface that compresses when a hand is placed palm up under it so that the support materials feel less than an inch thick, which results in the patient’s bony prominences making contact with the underlying surface.)

Both verbal and written communication is needed, and be sure information is provided in the caregiver’s preferred language.

Communication is a two-way street: It’s also important for caregivers to contribute to the plan of care. Have them keep a notebook (either print or electronic) in which they can communicate any changes that the nurse or other clinicians should be aware of and record care tips or updates. If the patient is in the acute care setting, have the caregivers, nurses, and other interdisciplinary team members read the communication book before they start their shift and initial that they have read it.

Care for the caregivers

Keep in mind that caregivers may be coping with their own challenges as they care for their loved ones. These may include





10 tips for family caregivers

- 1 Seek support from other caregivers. You are not alone!
- 2 Take care of your own health so that you can be strong enough to take care of your loved one.
- 3 Accept offers of help and suggest specific things people can do to help you.
- 4 Learn how to communicate effectively with doctors.
- 5 Caregiving is hard work so take respite breaks often.
- 6 Watch out for signs of depression and don't delay in getting professional help when you need it.
- 7 Be open to new technologies that can help you care for your loved one.
- 8 Organize medical information so it's up-to-date and easy to find.
- 9 Make sure legal documents are in order.
- 10 Give yourself credit for doing the best you can in one of the toughest jobs there is!

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their own health problems, the challenges of running a household (sometimes while still working full time), and the need to manage finances. It may be helpful to refer caregivers to support groups or to such resources as the [Caregivers page](#) on MedlinePlus and the [Caregiver Action Network](#), which has useful tips. (See *10 tips for family caregivers.*)

Cornerstone of care

Communication is the cornerstone to ensuring effective and consistent care for our patients. Making certain that the voices of caregivers are heard and communicating with them effectively will improve their ability to provide appropriate care and help prevent pressure ulcers. ■

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What does it mean to participate in a wound care clinical trial?

By Susan Beard, RN, BS, CWOCN

Suppose you're reading an article on a new product that states the product has been through a series of clinical trials before marketing. What does this mean? Who was involved? As a clinician, could you initiate or be involved in a clinical trial of a new product? Who are clinical trial subjects, and what's it like for them to be involved in a clinical study?

A clinical trial starts as an idea. As clinicians, we often use our critical-thinking skills to imagine a product or method of practice we think could be created or improved on to better meet our patients' needs. The idea begins to grow and a series of events begins.

An idea for a new medical product may be presented to an individual or organizational sponsor who shares an interest in the product and is willing to fund a series of clinical trials. A clinical trial is a way to study a new product for safety and effectiveness. Clinical trials are conducted in four phases, as defined by the U.S. National Library of Medicine and the National Institutes of Health. (See *Phases of a clinical trial.*)

In my experience as a research coordinator, patients may choose to participate