



DOCUMENTATION, INTERVENTIONS & PRESSURE ULCER PREVENTION

BGMC & BMDACC

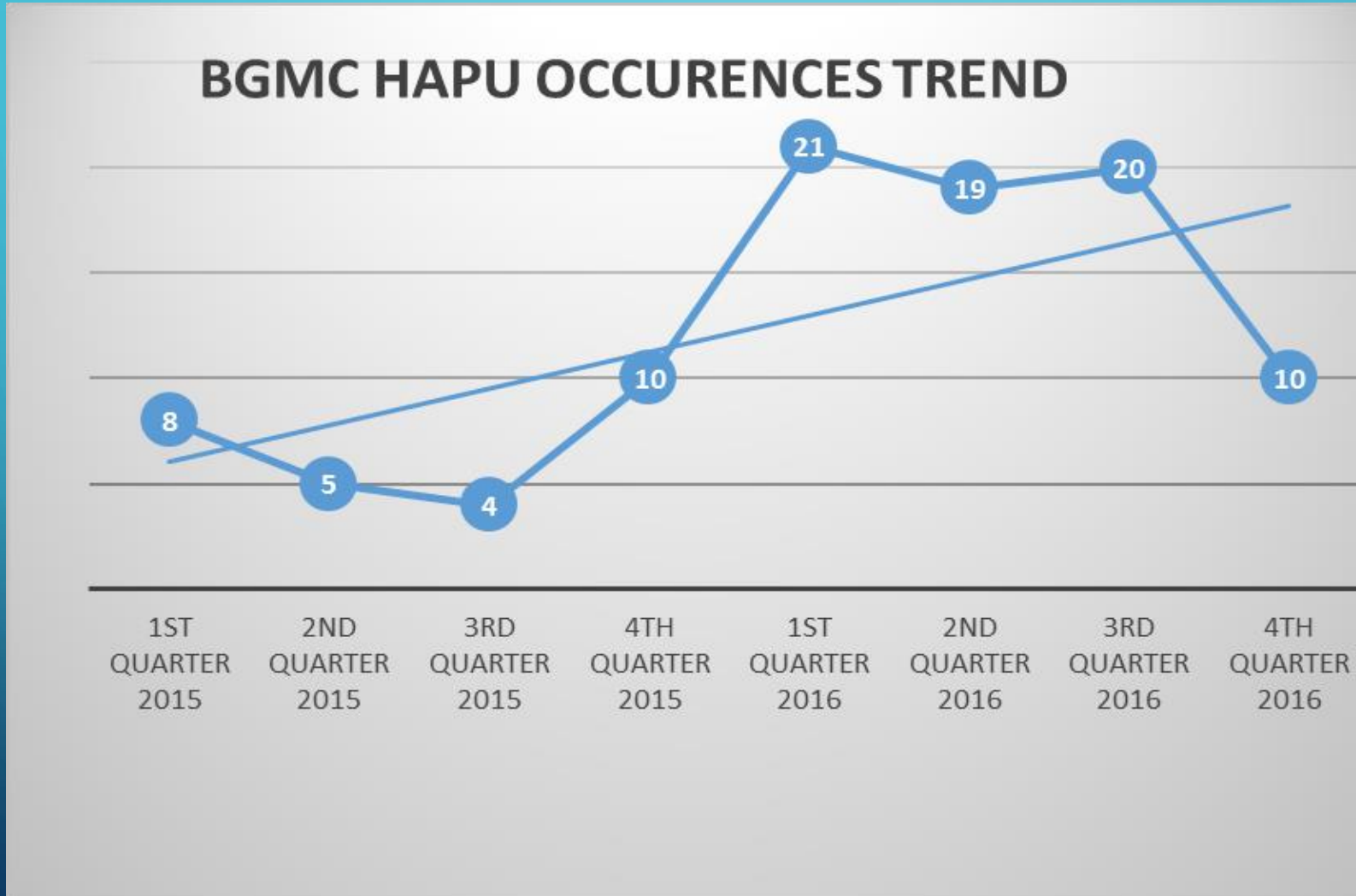
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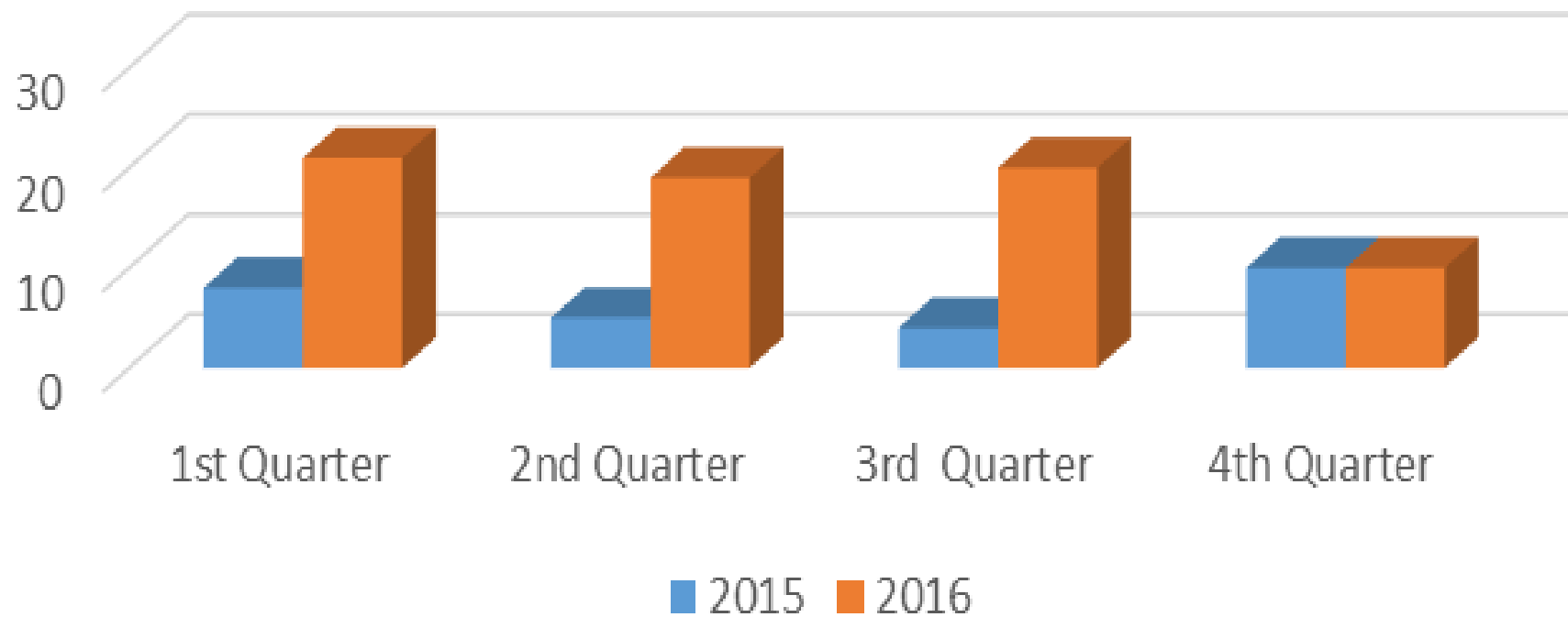
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THE DOWN AND DIRTY...



BGMC HAPU OCCURENCES 2015 to PRESENT



PRESSURE ULCER COSTS



- CMS no longer reimburses for Hospital Acquired Pressure Ulcers (HaPU)
- It is estimated that:
 - > 2.5 million people develop PU's each year
 - PU's cost between \$9-\$11 billion each year
 - PU adds \$43,000 to a hospital stay (2007)
 - Second most common reason for lawsuits after wrongful death – 17,000/year
- **60,000** patients **die** as a result of **HAPU**

Braden Risk Assessment Scale

(abridged version)

Sensory Perception	1 Completely limited	2 Very limited	3 Slightly limited	4 No impairment
Moisture	1 Constantly moist	2 Very moist	3 Occasionally moist	4 No impairment
Activity	1 Bedfast	2 Chairfast	3 Walks Occasionally	4 Walks frequently
Mobility	1 Completely immobile	2 Very limited	3 Slightly limited	4 No limitation
Nutrition	1 Very poor	2 Probably inadequate	3 Adequate	4 Excellent
Friction & Shear	1 Problem	2 Potential problem	3 No apparent problem	

If subscale 2 or less then an INTERVENTION must be documented

SUBSCALES

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BRADEN DOCUMENTATION ISSUES

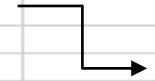
- **Document your Braden Scale** once you have seen patient eat and assessed their mobility and continence status
- **DON'T** document what the shift before has documented unless it is accurate
- **Nightshift Staff – DON'T** document the patient as being BEDFAST just because they are sleeping or that their **NUTRITION** status is **PROBABLY INADEQUATE** (unless it truly is)

WHERE TO DOCUMENT INTERVENTIONS

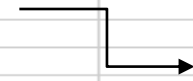
Adult Care and Tre...		09/20/2016									
		09:56 MST	08:55 MST	05:25 MST	02:45 MST	01:45 MST	00:00 MST	22:48 MST	20:00 MST	19:07 MS	
✓	Activities of Daily Living										
✓	Integumentary Manager										
	Comfort Measures Inform										
✓	WARMING/COOLING										
✓	Pain Assessment Adult										
✓	Pain Evaluation										
✓	Pain Sedation Assessme										
	PCA										
	Epidural										
	Regional Block										
	Temporary Pain Manage										
✓	Nursing Handoff Commu										
✓	Transport Record										
✓	Transport Ventilation										
✓	Notification Record										
	MEDICAL TEAM VISIT										
	Incentive Spirometry										
	Blood Collection										
	Specimen Collection										
	Bladder Scan										
	Bladder Management In										
✓	Enema Administration										
✓	Bowel Management Infc										
	Pressure Management I										
	Aromatherapy Therapy										
	Interpretation Document										
	Activity										
	Environmental Safety...							Adequat...	Adequat...		
	Patient Specific Safet...							Aspiratio...	Aspiratio...		
	Observed Activity/Be...		Awake					Resting, ...	Awake, ...		
	Confusion Behaviors										
	Aggressive Behaviors										
	Non-Violent Behavior ...										
	Violent Behavior Inte...										
	Response to Behavio...										
	Fall Risk ID Band Appl...										
	Manage Sensory Imp...										
	Special Call Device										
	Assistive Device										
	Special Orthopedic D...										
	Mobility Equipment/D...										
	Activity Status ADL										
	Patient Position										
	Head of Bed Position										
	Time in Rev... minutes										
	Degrees of Reverse ...										
	Reverse Trendelenbu...										
	Elevated Extremity										
	Positioning/Pressure ...										
	Pressure Reducing D...										
	Specialty Bed										
	Antiembolism Device										
	Antiembolism Device ...										
	Range of Motion Left...							Active	Active		
	Range of Motion Righ...							Active	Active		
	Range of Motion Left...							Active	Active		
	Range of Motion Righ...							Active	Active		

Use this screen to document turns (under patient position), offloading devices used & specialty beds

should state **30 degrees or less** – unless aspiration or respiratory precautions in place



Specialty bed documentation done here or under Specialty Bed



WHERE TO DOCUMENT MOISTURE INTERVENTIONS

The screenshot displays a software interface for documenting patient care. On the left is a vertical menu with categories like 'Adult Care and Tre...', 'WARMING/COOLING', 'Pain Assessment Adult', 'PCA', 'Epidural', 'Regional Block', 'Temporary Pain Manage...', 'Nursing Handoff Commu...', 'Transport Record', 'Transport Ventilation', 'Notification Record', 'MEDICAL TEAM VISIT...', 'Incentive Spirometry', 'Blood Collection', and 'Specimen Collection'. The 'Integumentary Manager' option is highlighted in blue. The main area shows a grid for the date 09/20/2016 with time slots from 10:55 MST to 20:00 MST. A sub-menu for 'Integumentary Mana...' is open, listing interventions such as 'Positioning Aids', 'Positioning Details', 'Positioning/Pressure Red...', 'Linens Changed', 'Moisture Barrier', 'Incontinence Care', 'Incontinence Care Clean...', 'Incontinence Care Skin B...', 'Incontinence Dressing', 'Drying Agent', 'Bath Type', 'Bath Cleanser', 'Bath Assistance Required', 'Bath Skin Barrier', and 'Stabilize Tubing, Devices...'. A red box highlights the 'Incontinence Care' and 'Incontinence Care Clean...' items. Red arrows point from text annotations to these items and to the 'Bath Type' item.

		09/20/2016								
		10:55 MST	09:56 MST	08:55 MST	05:25 MST	02:45 MST	01:45 MST	00:00 MST	22:48 MST	20:00 MST
Integumentary Mana...										
Positioning Aids										
Positioning Details								Lift sheet...		Lift sheet...
Positioning/Pressure Red...										
Linens Changed										
Moisture Barrier										
Incontinence Care										
Incontinence Care Clean...										
Incontinence Care Skin B...										
Incontinence Dressing										
Drying Agent										
Bath Type										
Bath Cleanser										
Bath Assistance Required										
Bath Skin Barrier										
Stabilize Tubing, Devices...										

If patient incontinent you will need to document under Integumentary Management

Document patient baths here also...

IMPORTANCE OF REPOSITIONING DOCUMENTATION

- Must document what **position** patient is lying in – **do not document** “Repositioned q 2 hours” without stating what **side** patient repositioned to
- Use the ACTIVITY screen or PRESSURE MANAGEMENT INFORMATION to document **patient position and time spent in that position**
- NOTE: Choose one of these places to document and be consistent – if orders are for q 2 hour turns or patient unable to self turn – **proof of repositioning is necessary...**

ASSESSMENT FOR SKIN BREAKDOWN

- Per Banner Policy:
 - Patient's wounds are assessed and documented on admission, when wound is identified and at time of treatment.
 - *This means all dressings should be removed at admission*

	10.10 MST	09:01 MST	09:00 MST	00
Incision/Wound/S...				
Buttock Left Inner				
Abnormality Type			Pressure ...	
Abnormality Color			Pale pink,...	
Dressing Type			Open to air	
Topical Agent Applica...			Ointment	
Pressure Point			Bony pro...	
Edge			Approxim...	
Cleansing			Commerci...	
Wound Bed Tissue Type			Pink dermis	
Pressure Ulcer Prese...				
Exudate Amount			None	
Surrounding Tissue C...			Erythema	
Surrounding Tissue C...			Dry, Intact	
Status			Unchanged	
Associated Pain			None	
Non Contact Low Fre...				
Wound Specialist Con...				
Wound Comments			Castor oil...	



All skin breakdown needs to be documented

ASSESSMENT/INTERVENTION

- Physicians *MUST* be notified of any skin breakdown
- Document Braden scale within 12 hours of admission
- Implement and document preventative measures for Braden scale of ≤ 18 and/or (subscales less than 2)
- Assess & Document skin integrity per your department protocol - must be at the very least DAILY

OTHER PRESSURE INJURY RISK FACTORS

The following Risk Factors place patients at higher risk for Pressure Ulcers:

- Braden Score Less than 18
- Use of Vasopressors
- Incontinent of Urine or Feces
- Limited Self-mobility
- Age 65 or greater
- Diabetes
- Prior Recent Hospital Stay
- Shock/Sepsis
- Recent Cardiac Arrest
- Hx of Pressure Ulcers
- Going to OR or Multiple Procedures Greater than 6 hours
- Quad/ Para/ Hemiplegic
- Stroke/ Paralysis
- Obese/ Cachectic

Please Note: this
list is not
exhaustive

SKIN ASSESSMENT TO INCLUDE

- ALL BONY PROMINENCES



- MEDICAL DEVICES

- Under restraints (KNOW YOUR POLICY)
- CPAP, OXYGEN TUBING, BP CUFF'S
- SCD's, NG, FOLEY CATHETERS etc.



- UNDER SKIN FOLDS



- PERINEUM & AXILLA



INTERVENTION

- Protect bony prominences with foam pads and offloading
- Relieve pressure under medical devices
 - If patient wearing O₂+ glasses apply grey foam to O₂ tubing— order via Respiratory Therapy



- Keep skin folds clean and dry (may use pillowcase but halved chux pads work better)
- Protect perineum from moisture related injury with barrier cream

PRESSURE ULCER PREVENTATIVE DRESSINGS

- Allevyn foam dressings are in use here at BGMC/BMDACC
 - SACRAL FOAM DRESSINGS COME IN TWO SIZES
- Place on heels and sacrum for PUP
- Dressings must be peeled back every shift to assess & document skin
- Consult or re-consult your wound care team for new findings or worsening of skin integrity.
- Call Supply chain 12090 to order
- Larger sacral dressings →



CONTINENCE CARE – WHAT TO USE AND WHEN

- EPC (extra protective cream) – 30% zinc oxide based, used in patients who are incontinent of both urine and stool multiple times a day
- Dimethicone Protectant – clear so able to visualize skin after application, use on patients occasionally incontinent of urine
- **Only one** chux pad on the bed – more than one used **ONLY** if patient weeping from other areas
 - Essential to use only **ONE** pad when patient is on a specialty bed as more than one affects the beds performance
- **NO BRIEFS in bed**, can be used when patient is OOB/mobile or if family requests their use



AIDS IN PRESSURE ULCER PREVENTION FOR AT RISK PATIENTS (BRADEN SCORE 18 OR LESS)

- When OOB to chair, ensure waffle cushion is placed in the chair beforehand (cover cushion with a sheet or chux pad)
 - **Reposition hourly** while in a chair and **DOCUMENT** position changes

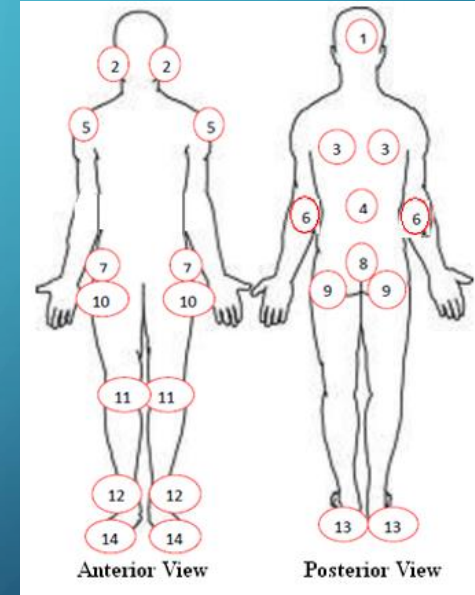


- If patient is squirming in bed use waffle boots to offload heels, use pillows lengthwise if the patient is unable to move legs



FOUR EYES DOCUMENTATION

- Complete a 4 Eyes Assessment with every new admission
 - Preferable to complete one with every transfer to a new floor as well
- A 4 Eyes Assessment is a complete skin assessment done with another licensed person looking for any potential skin issues
- Document the 4 Eyes Assessment in the Interactive View & I&O
 - Adult Systems Assessment
 - Integumentary



The screenshot shows a software interface with a list of assessment categories. The 'Integumentary' category is expanded, showing a list of sub-categories. A yellow highlight is over the 'Skin Color' sub-category, and a tooltip is visible over it. The '4 Eyes On' sub-category is also visible in the list.

Category	Sub-category	Value
Integumentary	Skin Color	Usual for ...
	Skin Color	Warm
	Trigger for Conditional Field	Elastic
		Dry
	Skin Integrity	Localized ...
	Skin Abnormalities	
	Skin Abnormalities Comm...	
	Mucous Membrane Color	Pale
	Mucous Membrane Descr...	Dry
	4 Eyes On	
	Braden Assessment	

SPECIALTY BED ORDERING

- **Always** order a specialty bed if patient is a quadriplegic/paraplegic
 - Order via Physicians, APRN's, WOCN's & House Supervisor
 - Call Supply Chain Management on #12090 to order bed once order received
- Braden Scores of 12 or less
- Consult Wound Care RN's for patients you feel are high risk for pressure ulcer development, even if their Braden Score does not reflect this
- **NOTE: CURRENTLY TRIALING EHOB OVERLAYS ON THE FIFTH FLOOR – MORE TO COME ON THIS**

RENTAL BEDS MOST COMMONLY USED

HILL-ROM ENVISION ON VERSACARE FRAME

Low air loss pressure redistribution
Airflow minimizes sheer, friction,
and moisture.

Appropriate pressure ulcers stage II
and greater

Weight Limit 400lbs



HILL-ROM COMPELLA BARIATRIC BED

**Patients over 500lbs or requiring
40-50" width.**

Weight limit 1000lbs

**Motorized so easier to transport
than the EXCEL CARE BED (now
discontinued)**

Width retracts to get into elevators

**Built-In Low Air Loss,
Percussion/Vibration**

**Trapeze comes as standard on
rentals**

TOTAL CARE BARIATRIC PLUS

Optional Low Air Loss with Turn
Assist, extra wide 40" surface. Seat
and foot deflate for low bed height.

Weight Limit 500lbs



BEDS OWNED BY BGMC

STANDARD BED – ACCUMAX MATTRESS ON VERSICARE FRAME

The AccuMax Quantum™ VPC Mattress is a non-powered surface that uses a system of intake and output valves to provide weight-based pressure redistribution whenever a patient moves or is repositioned. It has a top layer of visco-elastic foam for improved patient comfort.

Weight limit 500lbs



VERSICARE A.I.R. SURFACE

An 8" pressure relief mattress with turn assist functions and low bed height to help pt's get out of bed. Can be extended to accommodate tall patients.

Weight limit 500lbs.



TOTAL CARE SPORT – ICU BED

Modules required for:
Continuous rotation therapy
Pulmonary Therapy and low air loss + coverlet
Full chair position
Built in scale

Weight limit 460/500lbs



USEFUL RESOURCES VIA THE INTRANET

- LEFT HAND SIDE OF SCREEN, CLICK ON TEAMS AND PROJECTS
- SCROLL ALL THE WAY DOWN TO WOUND CARE
- HERE YOU WILL FIND:
 - ED & ACUTE CARE QUICK REFERENCE GUIDE TO SKIN CARE
 - BRADEN SCALE GUIDE AND TREATMENT ALGORITHM
 - OSTOMY CARE GUIDE AND FORMULARY –
 - OSTOMY APPLICATION GUIDE
 - ETC...

PATIENT SCENARIO # 1

- 88 y/o female who recently underwent a laparoscopic cholecystectomy for cholecystitis.
 - Patient has been recovering at a local skilled nursing facility
 - C/O severe weakness, unable to keep food down, abdominal pain, N/V/D
 - Incontinence due to diarrhea and issues with pain when turning
 - Requires assistance with turning in bed
 - OOB with assistance of 2, but spends >90% of day in bed

WHAT IS THIS PATIENTS BRADEN SCALE SCORE?

A. 10-12

B. 16-18

C. 14-16

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(abridged version)

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Friction & Shear	1 Problem	2 Potential problem	3 No apparent problem	

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WHAT IS THIS PATIENTS BRADEN SCALE SCORE?

- The correct answer is...

A. 10-12



WHAT INTERVENTIONS SHOULD BE STARTED BASED ON THE BRADEN SCORE?

- A. No interventions required
- B. Dietary Consult, Wound Care Consult, Protection from Incontinence.
- C. Dietary Consult, Wound Care Consult, Protection from Incontinence, Turn q 2 hrs, elevate heels, waffle cushion in chair when OOB.

WHAT INTERVENTIONS SHOULD BE STARTED BASED ON THE BRADEN SCORE?

- The correct answer is...



C. Dietary Consult, Wound Care Consult, Protection from Incontinence, Turn q 2 hrs, elevate heels, waffle cushion in chair when OOB.



USING YOUR CRITICAL THINKING - WHAT OTHER INTERVENTIONS WOULD YOU START?

A. ORDER A SPECIALTY BED, LOW AIR LOSS MATTRESS

B. MEDICATE FOR NAUSEA/VOMITING & PAIN AS ORDERED

C. CONSIDER DISCUSSING MEDICATION FOR DIARRHEA WITH PHYSICIAN

D. PHYSICAL THERAPY CONSULT

E. ALL OF THE ABOVE

USING YOUR CRITICAL THINKING - WHAT OTHER INTERVENTIONS WOULD YOU START?

- The correct answer is...

E. All of the above



The background is a dark teal gradient. In the corners, there are decorative white line-art patterns resembling circuit boards or neural networks, with lines connecting to small circles.

HOW MANY PATIENT DIE EACH YEAR AS A RESULT OF A PRESSURE INJURY?

A. 40,000

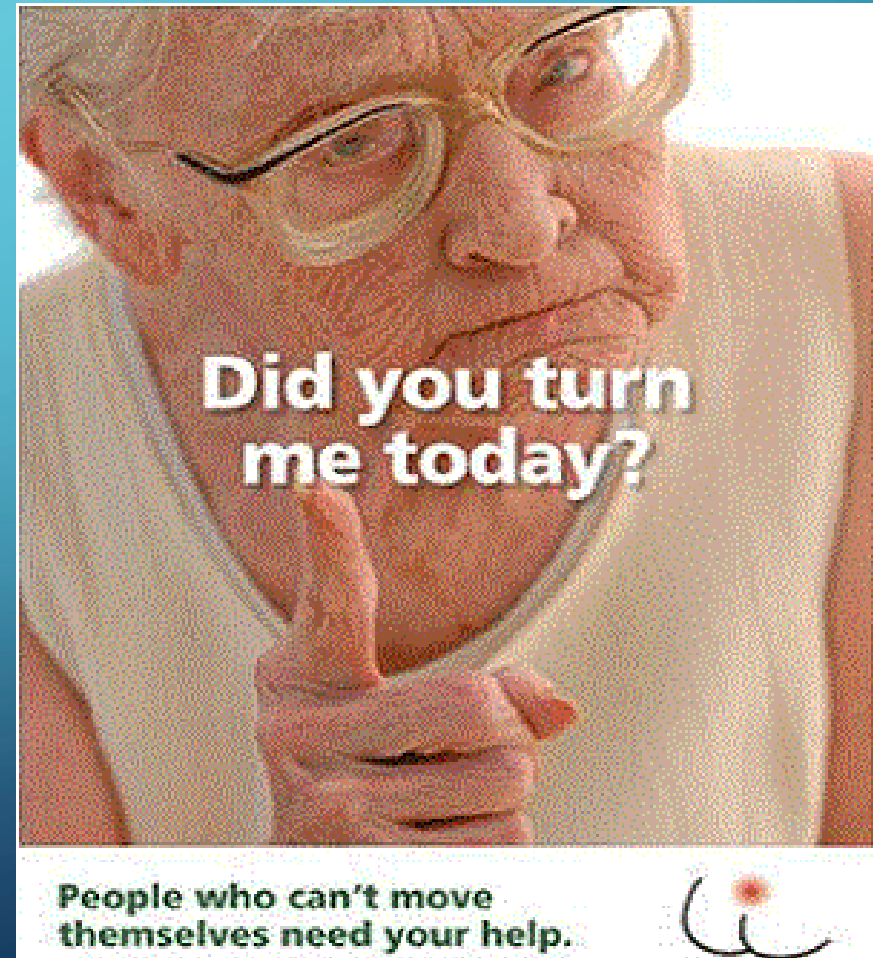
B. 85,000

C. 60,000

HOW MANY PATIENT DIE EACH YEAR AS A RESULT OF A PRESSURE INJURY?

- The correct answer is...

C. 60,000



THIS IS WHAT WE ARE TRYING TO PREVENT –
THANK YOU FOR BEING PART OF THE
SOLUTION



Figure 1. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (aa) (ab) (ac) (ad) (ae) (af) (ag) (ah) (ai) (aj) (ak) (al) (am) (an) (ao) (ap) (aq) (ar) (as) (at) (au) (av) (aw) (ax) (ay) (az) (ba) (bb) (bc) (bd) (be) (bf) (bg) (bh) (bi) (bj) (bk) (bl) (bm) (bn) (bo) (bp) (bq) (br) (bs) (bt) (bu) (bv) (bw) (bx) (by) (bz) (ca) (cb) (cc) (cd) (ce) (cf) (cg) (ch) (ci) (cj) (ck) (cl) (cm) (cn) (co) (cp) (cq) (cr) (cs) (ct) (cu) (cv) (cw) (cx) (cy) (cz) (da) (db) (dc) (dd) (de) (df) (dg) (dh) (di) (dj) (dk) (dl) (dm) (dn) (do) (dp) (dq) (dr) (ds) (dt) (du) (dv) (dw) (dx) (dy) (dz) (ea) (eb) (ec) (ed) (ee) (ef) (eg) (eh) (ei) (ej) (ek) (el) (em) (en) (eo) (ep) (eq) (er) (es) (et) (eu) (ev) (ew) (ex) (ey) (ez) (fa) (fb) (fc) (fd) (fe) (ff) (fg) (fh) (fi) (fj) (fk) (fl) (fm) (fn) (fo) (fp) (fq) (fr) (fs) (ft) (fu) (fv) (fw) (fx) (fy) (fz) (ga) (gb) (gc) (gd) (ge) (gf) (gg) (gh) (gi) (gj) (gk) (gl) (gm) (gn) (go) (gp) (gq) (gr) (gs) (gt) (gu) (gv) (gw) (gx) (gy) (gz) (ha) (hb) (hc) (hd) (he) (hf) (hg) (hh) (hi) (hj) (hk) (hl) (hm) (hn) (ho) (hp) (hq) (hr) (hs) (ht) (hu) (hv) (hw) (hx) (hy) (hz) (ia) (ib) (ic) (id) (ie) (if) (ig) (ih) (ii) (ij) (ik) (il) (im) (in) (io) (ip) (iq) (ir) (is) (it) (iu) (iv) (iw) (ix) (iy) (iz) (ja) (jb) (jc) (jd) (je) (jf) (jg) (jh) (ji) (jj) (jk) (jl) (jm) (jn) (jo) (jp) (jq) (jr) (js) (jt) (ju) (jv) (jw) (jx) (jy) (jz) (ka) (kb) (kc) (kd) (ke) (kf) (kg) (kh) (ki) (kj) (kk) (kl) (km) (kn) (ko) (kp) (kq) (kr) (ks) (kt) (ku) (kv) (kw) (kx) (ky) (kz) (la) (lb) (lc) (ld) (le) (lf) (lg) (lh) (li) (lj) (lk) (ll) (lm) (ln) (lo) (lp) (lq) (lr) (ls) (lt) (lu) (lv) (lw) (lx) (ly) (lz) (ma) (mb) (mc) (md) (me) (mf) (mg) (mh) (mi) (mj) (mk) (ml) (mm) (mn) (mo) (mp) (mq) (mr) (ms) (mt) (mu) (mv) (mw) (mx) (my) (mz) (na) (nb) (nc) (nd) (ne) (nf) (ng) (nh) (ni) (nj) (nk) (nl) (nm) (nn) (no) (np) (nq) (nr) (ns) (nt) (nu) (nv) (nw) (nx) (ny) (nz) (oa) (ob) (oc) (od) (oe) (of) (og) (oh) (oi) (oj) (ok) (ol) (om) (on) (oo) (op) (oq) (or) (os) (ot) (ou) (ov) (ow) (ox) (oy) (oz) (pa) (pb) (pc) (pd) (pe) (pf) (pg) (ph) (pi) (pj) (pk) (pl) (pm) (pn) (po) (pp) (pq) (pr) (ps) (pt) (pu) (pv) (pw) (px) (py) (pz) (qa) (qb) (qc) (qd) (qe) (qf) (qg) (qh) (qi) (qj) (qk) (ql) (qm) (qn) (qo) (qp) (qq) (qr) (qs) (qt) (qu) (qv) (qw) (qx) (qy) (qz) (ra) (rb) (rc) (rd) (re) (rf) (rg) (rh) (ri) (rj) (rk) (rl) (rm) (rn) (ro) (rp) (rq) (rr) (rs) (rt) (ru) (rv) (rw) (rx) (ry) (rz) (sa) (sb) (sc) (sd) (se) (sf) (sg) (sh) (si) (sj) (sk) (sl) (sm) (sn) (so) (sp) (sq) (sr) (ss) (st) (su) (sv) (sw) (sx) (sy) (sz) (ta) (tb) (tc) (td) (te) (tf) (tg) (th) (ti) (tj) (tk) (tl) (tm) (tn) (to) (tp) (tq) (tr) (ts) (tt) (tu) (tv) (tw) (tx) (ty) (tz) (ua) (ub) (uc) (ud) (ue) (uf) (ug) (uh) (ui) (uj) (uk) (ul) (um) (un) (uo) (up) (uq) (ur) (us) (ut) (uu) (uv) (uw) (ux) (uy) (uz) (va) (vb) (vc) (vd) (ve) (vf) (vg) (vh) (vi) (vj) (vk) (vl) (vm) (vn) (vo) (vp) (vq) (vr) (vs) (vt) (vu) (vv) (vw) (vx) (vy) (vz) (wa) (wb) (wc) (wd) (we) (wf) (wg) (wh) (wi) (wj) (wk) (wl) (wm) (wn) (wo) (wp) (wq) (wr) (ws) (wt) (wu) (wv) (ww) (wx) (wy) (wz) (xa) (xb) (xc) (xd) (xe) (xf) (xg) (xh) (xi) (xj) (xk) (xl) (xm) (xn) (xo) (xp) (xq) (xr) (xs) (xt) (xu) (xv) (xw) (xx) (xy) (xz) (ya) (yb) (yc) (yd) (ye) (yf) (yg) (yh) (yi) (yj) (yk) (yl) (ym) (yn) (yo) (yp) (yq) (yr) (ys) (yt) (yu) (yv) (yw) (yx) (yy) (yz) (za) (zb) (zc) (zd) (ze) (zf) (zg) (zh) (zi) (zj) (zk) (zl) (zm) (zn) (zo) (zp) (zq) (zr) (zs) (zt) (zu) (zv) (zw) (zx) (zy) (zz)