

e Preventing Pressure Ulcers

A review of guidelines.

A number of prevention guidelines exist for planning care for people who are at risk for pressure ulcers.^{1,5} To identify the major themes in preventive care, we reviewed guidelines established by the University of Iowa; the Registered Nurses' Association of Ontario; the Wound, Ostomy, and Continence Nurses Society; and the Institute for Healthcare Improvement (IHI). Each of the following recommendations appeared in at least two of these guidelines.

Pressure Relief

- Reposition patients who aren't using pressure-relieving devices every two hours.^{1,4,5} Those using pressure-relieving devices should be repositioned every two to four hours.²
- Implement a positioning schedule.^{1,4}
- Use pillows or foam to prevent surfaces from coming into contact with bony prominences.^{1,4}
- Keep the head of the bed elevated to 30° or less^{2,4,5} and position the patient on her or his side at a 30° angle from supine.^{4,5}
- Avoid massaging bony prominences.^{2,4,5}
- Those who are confined to a wheelchair and can reposition themselves should do so every 15 minutes,^{2,5} or the provider should change the patient's position every hour.^{2,4}
- Don't use ring devices.^{2,4,5}
- Relieve pressure on heels.^{1,2,4}
- Use a turn or lift sheet to turn or transfer the patient.^{2,4,5}
- Ensure that chairbound patients maintain proper spinal alignment.^{2,4}

Pressure-Relieving Surface

- Place a pressure-relieving surface on beds and chairs.^{1,2,4,5}
- Use pressure-relieving devices in the operating room.^{1,2,4}

Skin Moisture

- Keep the skin dry and well lubricated.^{1,4,5}
- Cleanse the skin when the patient is incontinent.^{1,2,4}
- Use moisture barriers.^{1,2}
- Establish bowel and bladder programs for continence.^{2,4}
- Use skin barriers with incontinent patients.^{1,2,4}

Other

- Educate patients and caregivers.^{2,4,5}
- Supplement nutrition.^{1,2,4}

The IHI recommends flagging patient records with a particular color or a sticker to remind caregivers to do pressure ulcer risk and skin assessment on admission. It also recommends reorganizing data collection forms to include a checklist for assessing pressure ulcer risk and skin, designating a pressure ulcer "champion" on each unit, dividing the institution's population into risk groups and addressing those at high risk first, and playing music over the public-address system at two-hour intervals to remind staff to turn patients.¹—Nancy A. Stotts, EdD, RN, FAAN, and Lena Gunningberg, PhD, RN

REFERENCES

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