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Lannoo, Chelsea, "Nurse-led interprofessional Pressure Injury Prevention in the Medical Intensive Care Unit" (2024). *Articles, Abstracts, and Reports*. 8937.

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Nurse-led interprofessional Pressure Injury Prevention in the Medical Intensive Care Unit

Chelsea Lannoo, BSN, RN, PCCN



Background

Patients admitted to medical intensive care units (MICU) are at highest risk of developing pressure injuries. These pressure injuries can be attributed to non-device and device-related factors such as endotracheal tubes, nasogastric tubes, chest tubes etc. Diligent assessment, proper skin care, and timely documentation are essential and should begin upon admission. Aggressive measures need to be implemented early through prevention protocols that include the Air-tap turning system, appropriate bed education, and placement of foams/Z-flex boots on arrival to unit. Appropriate education is needed to ensure staff compliance with policies that are intended to avoid / minimize hospital acquired pressure injuries.

Purpose

The MICU has seen a gradual increase in hospital acquired pressure injuries (HAPIs) and device related HAPIs. The purpose of this project was to provide nurses with skin assessment and management education to reduce HAPIs and device-related HAPIs. This education included: appropriate pressure injury prevention steps, early initiation of advanced skin care tips, appropriate support surface for patient hospital stay, and education on nutritional supplements that can be initiated to help wound healing and prevent skin breakdown.

Methods

- Evidence-based QI project
- 20 Bed-Intensive Care Unit
- Intubated / non-intubated patients

Procedure

- Staff education (Annual skills day, new hire orientation / float in training, new products)
- Implementation of Air-tap turning system
- Nurse-Dietician collaboration to create education resource on nutritional supplements options

Data Collection

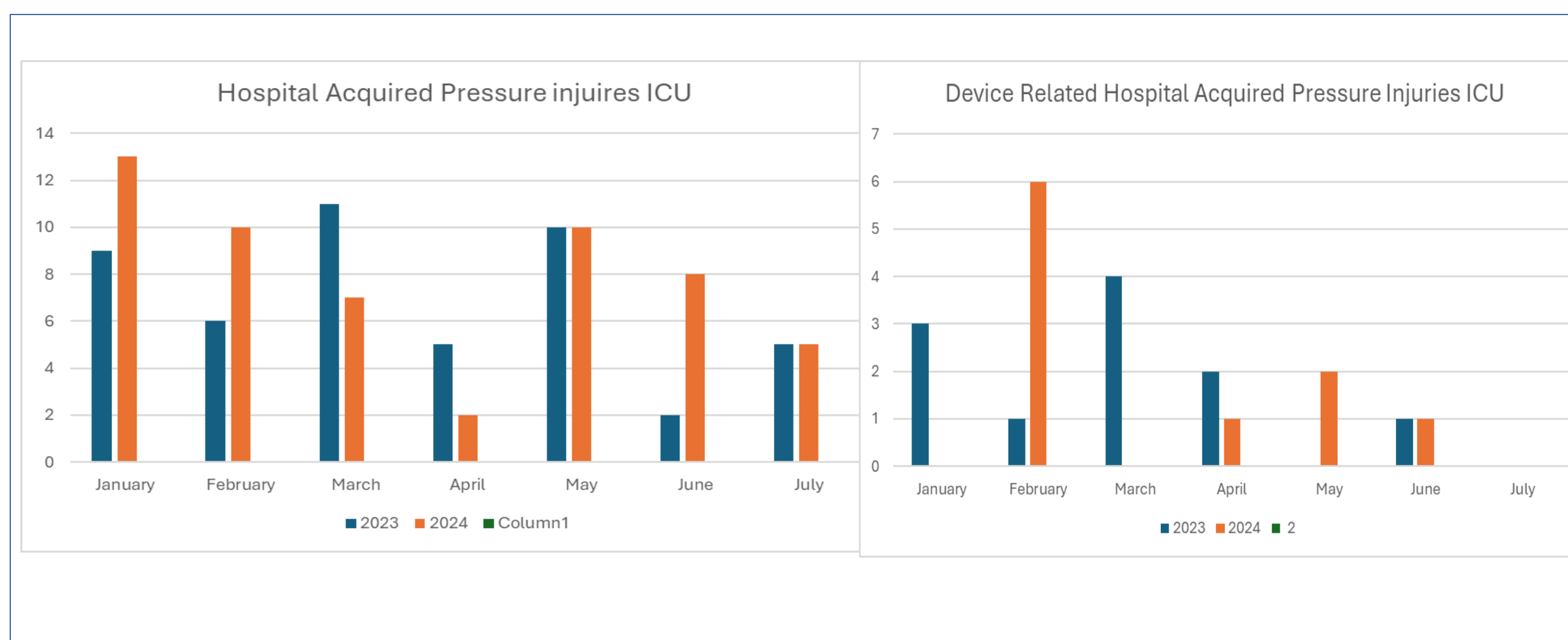
- Audit 8 charts per month
- Monitor P&I quarterly

Results

- Post-intervention outcomes dates of January 2024- July 2024 revealed a decrease in the number of HAPIs (except May, there was a slight increase).
- Compared with the data from January 2023- July 2023, the results varied.
- The device-related number of HAPIs varied and there was no significant trend.

Discussion

- Quarterly prevalence and incidence revealed areas in need of improvement.
- Frequent audits helped to ensure policies were being followed and indicated areas that may need improvement.
- Educational resources need to be available and readily available for staff to review.
- A key limitation faced during this project was the influx of new staff (ongoing turnover).
- Progressa plus low air loss beds provided to all patients will help ensure patients are on appropriate mattresses.
- Reeducation of Air-tap turning system, prevention protocols, when to seek nutrition consultation, wound care referrals, and nutritional supplements should be done annually.



Implications for Practice

The implementation of ongoing education and skills assessment in the form of annual competency are needed to be implemented to ensure adherence and compliance with policies.

Acknowledgments

Thank you to Diana Feres, RN, BSN, CWOCN, PHN; The Wound & Ostomy Department; Regina Richardson, BSN, RN, WTA; Shannon Semler, MSN, RN, CCRN, NPD-BC; Kim Driscoll, MSN, RN, CCRN, CNML; Beth Asano, Dietician

For references and additional information, please use the QR code above to view the electronic poster online.