

Prevent Pressure Injuries In Perioperative Patients

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Background

- More than 1,500 reports filed related to skin injuries in the Lynchburg General Operating Room over a 5-year period
- 5 confirmed patients with pressure injuries directly related to their surgery at LGH.

Purpose

- Provide education to perioperative staff on current Evidence Based Practice to prevent pressure injuries specific to the perioperative setting.
- Identify practice changes, risk assessment tools, and resources that could impact nursing care and prevent further incidence of injury.

Evidence

- Literature review showed that the Braden Risk Assessment Scale which is currently used for pressure ulcer risk assessment does not include surgery-related risk factors. (Giachetta-Ryan, 2015, p. 22-28)
- Up to 60,000 Americans die each year as a direct result of a pressure injury. (Powers & Ames, 2018, p. 7)
- Surgical patients are at particularly high risk for developing pressure injuries, **as high as 45%**. (Giachetta-Ryan, 2015, p. 22-28)



Hana Fracture Table



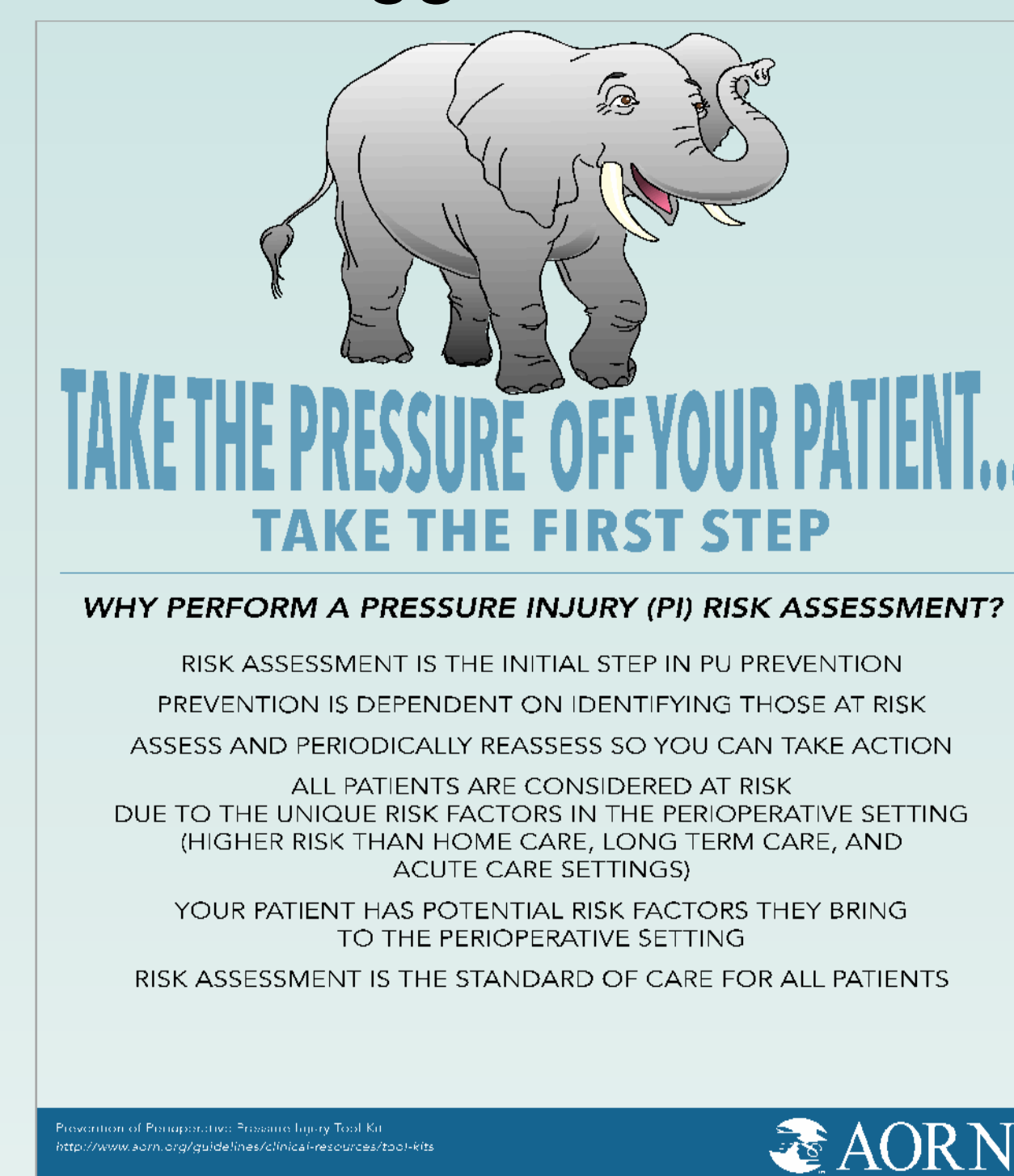
Spinal Surgery OSI Table

Methods

A quasi-experimental approach was used comparing pre-test and post-test results to evaluate the effectiveness of the education. Education was presented once in-person in March of 2020. The pandemic halted progress due to restrictions and reallocation of resources.

The project resumed in May of 2021. Pretest questions were created in a Microsoft form. A QR code was then created for ease of access. Elsevier Clinical Skills was utilized for assigning the education to LGH OR staff which included a post test.

The education reviewed the AORN pressure injury prevention tool kit. It also included review of two evidence-based risk assessment tools: Munro scale and Scott Triggers.



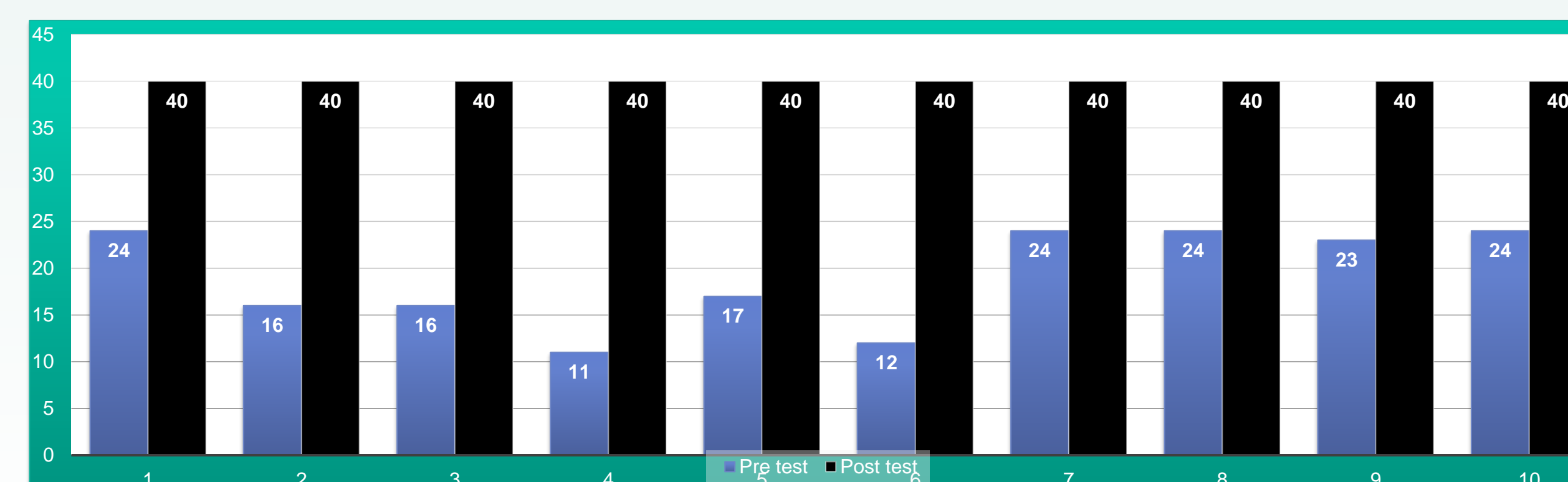
AORN Tool Kit 2019

CMUNRO SCALE	
PREOPERATIVE	
C	Co-morbidities Current Status
M	Mobility
U	Under Age of 60
N	Nutrition
R	Recent Weight Loss
O	Overweight (BMI)
INTRAOPERATIVE	
S	Systolic BP
C	Surface
A	Core Temperature ASA
L	Anesthesia Type Lying Position Lying Moisture
POSTOPERATIVE	
E	LOS Periop EBL

Source: Cassandra Munro, MSN, RN, CNOR. Used with permission.

Results

A total of 24 people took the pretest. Of those, 5 out of 10 questions were answered incorrectly. A total of 40 people took the post test with 100% answered correctly.



Conclusion

Literature review and pre- test results showed a knowledge gap of best practice and resources.

Staff gained knowledge and awareness of EBP to prevent pressure injuries, specific to perioperative patients.

Recommendations

Adopting a perioperative best practice prevention bundle to facilitate EBP at the bedside.

Further research is needed to evaluate if the implementation of a risk assessment tool and prevention bundle would decrease the prevalence of incident reports and reduce pressure injuries for perioperative patients.

As a result of completing this project during a pandemic, the recommendation has been made to increase multi-modal communications and allow more time for completion of each phase of the project.

References

AORN Position Statement on Perioperative Pressure Ulcer ... (n.d.). Retrieved October 7, 2019, from <https://www.aorn.org/-/media/aorn/guidelines/tool-kits/pressure-ulcer/update-2017/position-statement.pdf?la=en&hash=28D009B7730EB01D8CE2353970EF2C11FB19FAF5>.

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