Elevating Skin Injury Prevention: Team Applications
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Summary: Pressure injury prevention programs rely on each person who cares for the patient from admission to discharge. Ownership of prevention supports collaboration and successful implementation plans.

Nursing Implications:
- Braden scoring may not reliably predict pressure injury risk; however, with a focus on Low sub scores (high risk) - interventions may contribute to pressure injury prevention.
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- Moisture-related interventions to protect skin from incontinence reduce pressure injury risks.
- Partnership with CAUTI initiatives can help with effective urine management when the catheter is removed.
- Skin care champion program - enlisting unit-based nurses and interdisciplinary team members to be the energy around prevention efforts, product utilization, and collaborate at a hospital level to share ideas.

Key Takeaways:
- Pressure injury prevention begins with routine comprehensive skin assessment and routine pressure injury risk scoring with interventions.
- Pressure injury prevention bundles embedded within electronic medical record work flows may contribute to reduced pressure injuries.
- Interdisciplinary collaboration through rounding contributes to effective skin injury prevention (including: Braden sub score risks, management of diarrhea, medication review, device use/removal).
- Medical device related pressure injuries are a major cause of pressure injuries – and can be reduced with routine assessment under devices, assuring appropriate fit and considering padding if needed.
- Medical adhesive related skin injury (MARSI) can contribute to skin tears – preparing skin, using the most appropriate tape for skin type and removal with adhesive remover and gentle principles will reduce risk.

Link: https://library.amsn.org/amsn/sessions/3322/view

References:
2014 Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline:
WOCN, Guideline for Prevention and Management of Pressure Ulcers (Injuries), 2016.

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