



Identifying and Decreasing “Pressure”

The National Patient Safety Goal- NPSG.14.01.01 states that resident’s should be assessed and periodically reassessed for risk of developing pressure ulcers and action should be taken to address any identified risks. Most pressure ulcers can be prevented. The prevention of pressure ulcers is not new or expensive; however it could save patients from unnecessary harm and pain. It can also save facilities money, since the treatment for pressure ulcers can estimate up to \$70,000.

Facilities’ goals should be to reduce pressure ulcer incidents to none. Prevention strategies can be broken into six key elements:

- Conducting a Pressure Ulcer Admission Assessment-
This should include a risk assessment to identify risks and a skin assessment to evaluate any existing skin impairments. Some of the aspects that place residents at risk for pressure ulcers are age, immobility, incontinence, inadequate nutrition, sensory deficiency, multiple co-morbidities, circulatory abnormalities, and dehydration.
- Reassessing Risks Daily-
Daily assessments should include identifying any changes in mobility, incontinence, or nutrition. Each of these could place the resident at risk for developing pressure ulcers. This reassessment allows nurses to identify and alter prevention strategies to meet the resident’s changing needs. This daily risk assessment should be incorporated into the nurse’s workflow. This can be accomplished by including visual cues on documentation or using multiple methods to cue nurses to which residents are at risk.
- Inspecting Skin Daily-
Daily skin inspection is critical to preventing pressure ulcers. Close inspection should include areas of high risk such as sacrum, back, buttocks, heels, and elbows. The ideal is to assess the skin with every general patient assessment. If the nurse identifies any skin changes, it can be incorporated into the prevention strategies.
- Managing Moisture-
Any moisture that remains on the skin can place the resident at risk for pressure ulcers. It is imperative to decrease skin exposure to moisture including incontinence, perspiration, or wound drainage. Ideally, the assessment of skin moisture would be included in the routine activities of repositioning or toileting.
- Optimizing Nutrition and Hydration-
Impaired intake, low body weight, and dehydration can put the patient at risk for pressure ulcers. In order to ensure appropriate nutrition and hydration, the nurse should give residents preferences on food and beverages when appropriate.
- Minimizing Pressure-
Limited mobility can increase the risk of pressure ulcers. It is important to either reposition the resident or use pressure relieving surfaces to redistribute pressure on the skin surface. This may include turning the patient every two hours or using specialized support surfaces to reduce and relieve pressure.

The new product, Roll-Check™ turn management system, assists the nurse with the six key elements pressure ulcer prevention strategies. This product continually monitors the movement of residents to ensure that they shift position at regular intervals, and remain in the new position long enough to allow tissue re-oxygenation. If either condition is not met, staff is alerted. The Roll-Check™ turn management system removes the burden from staff of having to monitor residents visually. They can go about their other tasks secure in the knowledge that they will be alerted if a resident has not successfully shifted positions by themselves within the specified period that they program into the device. Additionally, it creates a record of the **resident's activity, which can be downloaded to a computer. The Roll-Check™ turn management system is a multi- purpose monitor that also monitors for incontinence and falls (bed exit), giving facilities a single device to manage several aspects of resident care.**

References:

Duncan, K. D. (2007). Preventing Pressure Ulcers: The Goal is Zero. *The Joint Commission Journal on Quality and Patient Safety*, 33 (10), 605-610.

The Joint Commission on Accreditation of Healthcare Organizations: National Patient Safety Goals.