



Pressure Ulcer Prevention: SSI - ET Bundle

Vimalux Chaisakchatree, Nongluk Sansom, Untika Wutidilokprapan,
Natthawan Wanarakcharoen, Pikul Yodrug
Department of Nursing, Siriraj Hospital, Mahidol University Thailand

Background

The development of hospital-acquired pressure ulcers (HAPU) is a great concern in health care. It demonstrates the patient safety and the quality of care outcome indicators. HAPU is defined many dimensions major burdens e.g. quality of life, increasing nursing hours, length of stay, cost for patients, family, health organization and system. As related the prevention is better than cure.

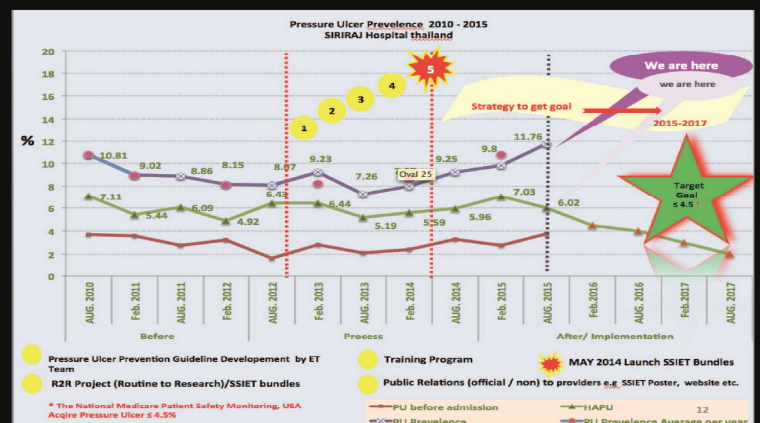
Nursing department of Siriraj Hospital has been tracking prevalence of PrU in 2010 and 2011 was found 10.81 and 9.02, respectively. Although nursing staffs more than 80 % have a positive attitude to prevent pressure ulcers (PrU). Therefore "The Siriraj PrU Prevention Guideline" includes risk assessment tools, the work group recommends the Braden Scale, and the bundle of PrU prevention was developed based on evidence-based nursing practice guidelines from literature reviews, good practices from the units in our hospital then adopt and tailored it. Consequence studying from routine to research in January 2013 -May 2014 "The effect of Siriraj PrU Prevention guideline" result was difference statistically significant. The SSIET bundle is created to consistent with the PrU prevention practices. So that the same standard is implementing.

The communicating "The Siriraj PrU Prevention Guideline" to care providers was done many ways both official and non official e.g., campaign the SSIET bundles Poster for all units, Nursing department including Knowledge Management 's website promoting. The staff educate and workshop in Training program was implementing for practice. In May 2014, The standard of practice, the SSIET bundles was Launched inpatient.

The SSIET bundle, proactive implement standard of practice for all patients who have risks, was recreated with the flow in format that would be user-friendly in daily use rely on key factors:

SSI-ET Bundle

- Surface**
 - Use support surface ≤14) for patients at higher risk (Braden scale)
 - Monitoring air mattress to prevent "Bottom out"
 - Use a pillow under the calves so that heels are elevated
 - Do not use water filled gloves / Ring or donut-type devices
 - Utilize support surface (on beds and chairs) to redistribute pressure
- Skin**
 - Skin assessment on admission to hospital and reassess every 8 hr.
 - Moisturizing with a barrier skin care products (Lotion, cream, ointment)
 - Do not massage on bone prominence
 - Apply a polyurethane foam dressing to bony prominences e.g. heel, sacrum, trochanter, and under medical device for prevention
- Incontinence**
 - Clean with tap water and/or pH 5.5 skin cleanser (fecal and/or urine incontinence) then pat dry and Apply a barrier skin products (Petroleum jelly and/or Zn paste mixed petroleum jelly or skin barrier film)
 - Do not vigorously rub skin
 - Use Diapers and avoid using pad
 - Consideration to retain Foley's catheter or rectal tube in case of severe incontinence associated dermatitis
- Encourage nutrition**
 - Malnutrition Universal Screening Tool (MUST) to determine nutritional risk
 - Score 0 -- Care to receive regular diet
 - Score 1 -- Assess the adequacy of total nutrition intake for 3 days and provide adequate protein
 - Score 2 -- Consult physician to coordinate with nutritionist and provide adequacy of total nutrient intake (Provide energy intake 250-500 kilocalories/meal)
 - Monitoring and encourage adequate daily fluid intake
- Turn position**
 - Every 2 hours for all or Less than individuals at risk (Braden scale ≤ 18)
 - Use sheet or equipment to lift patients out
 - Avoid pulling the skin caused by friction, lying postures 90° (pressure), positioning onto medical device
 - Limit HOB 30° except to medical condition or feeding, spends seated on a chair ≤ 1 hour/time
 - Turn position on wheel chair by lift the hips and leaned forward and lift the float every 15-30 minutes



Conclusion

The result that we set target goal is ≤ 4.5 % in 3 years (2015-2017). In 2015, HAPU monitoring post the SSIET bundles implementation is still high (graph). It's possible that we more concern about medical device related pressure ulcer (MDrPU) than the past, It's increasingly related to the complexity of patient conditions and challenge us to get the goal. However The SSIET bundle give a standardize direction and simplify to implement PrU prevention in addition the nursing staffs' adherence of the SSIET bundle give more successful care outcomes.

Reference

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