**NK7EO-3** Minutes of PUP committee with action plans: Aug 2011, May 2012.

Pressure Ulcers Prevention Committee August 25, 2011

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Present:** | Dorothy Bennett, RN, Wound Clinic; Connie Hetzel, RN Wound Clinic;, Gail Albritton, Skin Resource Nurse, RN, 11th flr; Rochelle Salmore, RN CM Wound Clinic, Transport; Helen Bagnate, RN, Skin Resource Nurse CCU. Lois Boschee, Skin Resource Nurse, RN, 5 Medical SF, Judy Kelow, RN, 5 Surgical, Skin Resource Nurse Guests: Jennifer Robertson, RN, CM ICU-PH. Jessica Cassler, RN, Staff Nurse, CCU | | | | | |
| **Call to Order** | Meeting called to order at 1230 hours by Rochelle Salmore | | | | | |
| **Agenda Items** | | Discussion | | **Actions taken** | **Follow-up** | |
| **Case presentation & chart review** | gaggggggag —pt wt 447lbs.  5.75 hrs in the ED; 6.5 hrs in OR. Pt very septic on admission. Was probably not turned in ED or OR. Pt on wrong sized mattress—too small for patient. Did discover we could get bigger mattress for Sizewise beds.  5/30 Pannus noted to have PU and Mepilex placed  6/4 PU to sacrum noted. 6/4 – 6/13 documentation done by drop and drag “none” for pressure ulcer, while PU to coccyx noted in integ assessment. SWAB consult 6/13. 6/11 hydrocolloid to R buttocks, Mepilex to coccyx and pannus. Mighty air bed 6/14. Had VAC applied.  PU better at two months but still deep. | | ICU: Will do mini care conference for each patient who has been in the unit longer than one week.  Order air mattress with Mighty Bed. Any patient who is that large needs an air bed.  Be more descriptive in documentation when nurse finds initial break down.  Reviewed with staff to call SWAB to stage PU.  If patient at high risk for PUP all (SWAB and unit staff) nurses need to examine skin front and back. Need to emphasize to the patient that refusing to turn is not an option—need to sell to patient importance of turning.  Will be keeping only larger size hovermats in ICU.  Determine when patient would benefit more from alternating pressure mattress? When patient needs low air loss, using hovermat negates this benefit. Staff safety paramount in this decision.  Need to document details like patient refusing turn, patient restless, etc. Be more vigilant about drag and drop and recall values  Will develop decision making algorithm for ordering specialty beds. Develop CCU criteria similar to Mepilex criteria for when to put CCU patients on specialty bed.  Large patients will be carefully checked at shift change when there are many staff to help turn. | | | Dorothy and Cheryl Rudolph |

Pressure Ulcer Prevention Peer Review Minutes

May 15th , 2012

**1230, 12 North Conf Room**

|  |  |
| --- | --- |
| **Present:** | Rochelle Salmore, RN CM Wound Clinic; Jennifer Brill, RN, ICU; Dorothy Bennett, RN Wound Clinic; Gail Albritton, RN, ONC; Cheryl Rudolph, RN, WOCN, Wound Clinic, Mickey Miller, RN, Clinical Manager Wound (in training)  Guests: Carlos Johnson, RN 7th flr; Audrey Simpson, RN, CM 7th flr Jennifer Robertson, RN, CM ICU |
| **Call to Order** | Meeting called to order at 1230 by Rochelle Salmore. Inspirational quote read. March meeting minutes approved—no meeting in April. |

| **Agenda Items** | | Discussion | | **Actions taken** | **Follow-up** |
| --- | --- | --- | --- | --- | --- |
|  |  | |  | |  |
| **Case presentation & chart review** | RA826569; 52 yr old man; scalp ulcer back of head—had very thick hair. Only left side wound documented but patient had ulcer on right side.    RA 845603; 56 yr old man  Car accident admitted through the ER  Bilateral ulcers from cervical collar—documented Mepilex placed on pressure points.  3/27 hard collar replaced with new collar (Miami J) which has more padding (recommended switch to softer collar within 3 days if appropriate).  Have noticed patients coming up with wrong size collar from the ER—shared with group during Trauma rounds on patient.  7th has found ambulance collars coming up on the patient---should have been changed out in the ER.  Ambulance collars are more stiff.  Patient had thick, long hair—found wounds when shampooing hair. Had been complaining of pain, but staff thought it was from MVA.  Miami J collar removed but no written order and it was not documented that is was removed.  Are staff feeling around scalp where the back portion of the c- collar rests?  Check with Supply Chain if collar supplier has changed. Aspen collar has changed—it is now larger. Nursing express concerns with eliminating Audubon brace company as an option. They have more sizes, measure the patient at the hospital and respond quickly.  Ocean back c-collar available for patient in bed long period of time.  RA 866544; 25 yr old male. Patient had c-collar. C-collar removed before transfer. Nurse did good job documenting intervention. Patient in OR x9hrs then next day 4 more hours. (patient actually had several surgeries) Questioned if ulcer occurred or made worse by many hours in OR.  Pre-op skin assessment in ORM states intact but doubt that back of his head checked. ORM documented pillow under patient. Could have used donut if they would have known about wounds. Does inpatient unit let OR know if ulcer on patient prior to surgery.  SWAB referred and they found small ulcer left side of head.  Other business:  Where are we with getting skin checks every shift instead of just daily. Hope to get policy and Meditech screen changed. Still have to manually change to every shift until fixed in EMR.  New nasal oxygen cannulas – the soft version has been approved—will be here soon. Need to use up old stock. | | Will take back to ER manager fitting of collars in the ER.  Recommend from Nursing Peer Review that c- collar documentation should be placed under cast/immobilizer – this needs to be added as an intervention.  ICU having UPC look at skin care issues.  Have focused on c-collars and devices.  Need to educate staff if patient has thick hair to feel along c-collar edges for ulcers.  Discussed collar issues at Trauma and ED physician will try to get patient to MRI sooner so collar can be removed promptly. ED will always defer to Trauma surgeon. Getting new MRI scanner which might help.  Littleton SWAB team rounds daily on c-collar patient to look for ulcers, however does not replace nurses responsibility to do skin assessment q shift.  ICU started peer audits with focus on skin assessment.  Will pass on nursing concerns with collar fittings to Michelle Stephens, Director Value Analysis,  Taking to 11th flr staff meeting tonight to do skin check every shift.  11th floor is performing audits of skin charting monthly. | | Rochelle Salmore  Rochelle to put in TLC  Jennifer Robertson  Managers  Rochelle to put in TLC  Rochelle Salmore |