



Wounds Australia 2018

ADVANCING HEALING HORIZONS:
TOWARDS THE CUTTING EDGE IN WOUND CARE



Declaration of Financial Interests or Relationships

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I have no financial interest or relationship(s) to disclose.

Prescription of pressure injury preventative interventions following risk assessment: An exploratory, descriptive study

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International Wound Journal, (Early View). doi: 10.1111/iwj.12965

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Background & Aim

- ▶ Hospital-acquired pressure injuries [PI] are largely preventable¹, but continue to occur², causing patient harm^{3,4}
- ▶ Risk assessment is the initial step in PI prevention⁵, but risk assessment alone does not prevent PI^{6,7}
- ▶ Preventative interventions must be prescribed, and then implemented, based on the identified level of risk^{6,7,8}
- ▶ Prescription = recognising risk, identifying and planning interventions, and documenting selected interventions⁹
- ▶ Documentation of PI prevention is key to prescription and is fundamental to continuity of care and patient safety¹⁰
- ▶ **Aim:** To identify and describe nurses' prescription of PI preventative interventions following risk assessment and to investigate the relationship between level of risk and intervention prescription.



Methods

- ▶ Exploratory, descriptive research design
- ▶ 630-bed tertiary hospital in Queensland
- ▶ Four wards: cardiology, rehabilitation/acute stroke, orthopaedic surgical, general medical
- ▶ Convenience sample of 50 patients per ward (total $n = 200$)
- ▶ Adult patients admitted within the previous 24 hours with no PI on admission
- ▶ Each patient chart audited with standardised data collection form:
 - ▶ Demographics
 - ▶ Risk score and level as per Waterlow risk assessment tool (at risk > 10 , high risk > 15 , very high risk > 20)
 - ▶ PI prevention management plan

Results

- ▶ 50 cardiology, 47 general medical, 50 rehabilitation/acute stroke, 53 orthopaedic surgical
- ▶ 98% had a risk assessment completed (28.1% not at risk, 26.5% at risk, 28.1% high risk, 17.3% very high risk)
- ▶ **Not at risk patients:** some prescribed interventions intended for those at any level of risk
- ▶ **Patients at any level of risk:** prescription rates of interventions intended for this patient group ranged from 6-64%
- ▶ **Nearly a third (n = 41, 29.1%) of patients at any level of risk were not prescribed any interventions**
- ▶ Overall, as risk level rose, the prescription rates of the interventions recommended and available for those at any level of risk rose
- ▶ **Significant associations between level of risk and prescribed interventions were found**

PI Prevention Bundle

- Given that significant associations were found between risk levels and the majority of interventions, a PI prevention bundle can be drawn from nursing consensus (> 40%) identified in this study

Risk level				Nursing interventions
Not at risk	At risk	High risk	Very high risk	
✓	✓	✓	✓	Complete PI risk assessment and identify level of risk
✓	✓	✓	✓	Document assessment on care plan
✓	✓	✓	✓	Give patient handout on PI information and in partnership with patient and/or carer discuss PI risk factors and develop PI management plan
	Daily	Twice daily	Three times daily	Skin assessment
	✓	✓	✓	Select appropriate pressure-redistribution mattress
		✓	✓	Heel elevation
		✓	✓	Increase mobility and repositioning
		✓	✓	Apply prophylactic sacral border dressing
			✓	Conduct a continence assessment.
	Optional			Provide seating cushion
	Optional			Provide bed cradle
	Optional			Refer to occupational therapist



Conclusion

- ▶ PI preventative intervention prescription was inadequate
- ▶ The significant association between many prescribed interventions and risk level indicates nurses do prescribe interventions relative to assessed risk
- ▶ The suggested PI prevention bundle provides a plan for all patients of any risk level based on nursing consensus
- ▶ Further research into the prescription AND implementation of preventative interventions based on PI risk is required

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