

## **RISK ASSESSMENT FOR SKIN BREAKDOWN IN THE PERIOPERATIVE POPULATION: A QUALITY IMPROVEMENT PROJECT**

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**Background:** Pressure ulcers are a nurse sensitive outcome and the importance for skin assessment, especially in the perioperative setting remains an ongoing challenge. The need for more proactive measures for surgical patients prompted the implementation of a newly developed tool, based on the widely used Waterlow skin assessment scale.

**Purpose:** The purpose of this initiative was to compare the currently used Braden scale and modified Waterlow tool in the peri-operative setting. This pilot initiative also evaluated which of these tools is more sensitive in identifying the potential risk for skin breakdown and is able to trigger implementation of nursing measures aimed at prevention.

**Method:** The modified Waterlow and Braden scores were compared preoperatively between February and April, 2012. Pressure ulcers development and nursing interventions were evaluated through chart audits for all of general surgery patients post surgery.

**Results:** 100% (n=207) of general surgery patients scored greater than 19 (low risk for skin breakdown) on the Braden scale preoperatively, regardless of patients comorbidities, whereas the modified Waterlow scores fluctuated between 5 and 27, more accurately capturing those at high risk for pressure ulcer development.

**Conclusion:** Preoperatively, the Braden scale identified all 100% (n= 207) as low risk for skin breakdown, resulting in very low specificity, compared to modified Waterlow scale that was able to differentiate patients at risk and trigger nursing intervention through the preadmission alerts sent to the perioperative team in order to implement measures aimed at prevention. The incidences of pressure ulcers development by using both tools were not evaluated due to inconsistency in documenting skin breakdown after surgery. Further research is needed to better understand nursing role in skin prevention and proper documentation post-operatively.