

EARLY ASSESSMENT AND PREVENTION OF SKIN BREAKDOWN IN THE POST ANESTHESIA CARE UNIT (PACU)

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Hospital acquired pressure ulcers significantly impact clinical and financial outcomes. Any patient going to the Operating Room (OR) can potentially be at risk for pressure ulcer development. Studies acknowledge that early identification of pressure ulcers is beneficial, providing an opportunity for early intervention. Anecdotally, routine patient turning post-operatively was performed inconsistently by our staff.

The objective was to increase compliance among the staff in performing a full skin assessment and implementing preventive measures in the immediate post-operative period.

We performed a literature review and introduced this initiative at staff meetings. In August 2012, data collection began. However, when my colleagues saw me collecting data they requested my assistance with patient turning. I assisted in the turning of the first 107 patients observed. This initial support assisted the staff to incorporate these practices into their routine care. Beginning September 2012, the staff were turning their patients and performing and documenting the skin assessment without any assistance. Compliance was monitored via chart audits and observations.

From August 2012 through August 2013, 1294 audits were conducted.

- Turning within 60 minutes of arrival to PACU, skin on back assessed and assessment documented: compliance 95% to 100%
- If prolonged PACU stay, bed obtained: compliance 53% to 100%.
- Turning every 2 hours if PACU stay prolonged: compliance 95% to 100%
- Upon identification of 2 new pressure ulcers, the appropriate interventions were implemented: compliance 100%

PACU nurses can significantly participate in the early implementation of pressure ulcer preventive measures.