

# ELIMINATE HARM ACROSS THE BOARD

## Days Since Last Pressure Ulcer

### PRESSURE ULCER PREVENTION:

- Implement head-to-toe skin evaluation and risk assessment tool; assess the skin and risks within 4 hours of admission; risk and skin assessment should be age appropriate
- Develop and implement an individualized plan of care based on skin and risk assessment
- Assess skin and risk at least daily and incorporate into other routine assessments
- Avoid skin wetness by protecting and moisturizing as needed; use underpads that provide a quick-drying surface and wick away moisture; use topical agents that hydrate the skin and form a moisture barrier to reduce skin damage
- Set specific time frames or create reminder systems to reposition patient, such as hourly or every- two-hours rounding with a purpose (the 3 P's: pain, potty, position-pressure); aligns with fall prevention
- Monitor weight, nutrition and hydration status; for high-risk patients, generate an automatic registered dietician consult
- Use special beds, mattresses and foam wedges to redistribute pressure (pillows should only be used for limbs)
- Cover operating room tables with special overlay mattresses for long cases (greater than 4 hours; some hospitals choose cases greater than 2 hours) and high-risk patients
- Use breathable glide sheets and/or lifting devices to prevent shear and friction
- Involve licensed and unlicensed staff, e.g., nurses, licensed practical nurses and nurse aides, in pressure ulcer reduction efforts such as rounding with a purpose