Introduction

- Pressure ulcer/injury (PrU) are wounds of the skin and deeper soft tissue that occur usually over bony prominences.
- Pressure ulcer prevention is a challenge for nursing homes (NH) given age-related fragility of the skin.
- NH residents should be moved/repositioned a minimum of every 2 hours to minimize pressure exposure and the occurrence of pressure ulcers.
- On-time repositioning compliance is low (~30%).
- New technology (Leaf Patient Monitoring System) can assist nursing staff with repositioning protocol compliance.

METHODS

DESIGN: Secondary data analysis from a 21-day repositioning intervention in a nursing home using a patient monitoring system to evaluate the utility of the Braden Scale score, subscale ratings, and risk category as indicators of repositioning patterns (% on-time repositioning, frequency of repositioning, time in position).

Analysis

- Descriptive analyses of repositioning, Braden Scale, risk data, and resident age and gender included examination of frequencies, range, and means.
- Correlations were examined between Braden Scale (BS) scores and subscale ratings and within risk categories according to study measures.
- Analysis of variance was conducted to ascertain differences in repositioning patterns by clinical unit and 3 time periods for nursing staff shifts.

RESULTS

- Mild PrU risk was associated with higher repositioning frequency (r=.41, p<.05), and greater risk was associated with higher total minutes spent on the back lying down (r=.49, p<.01) and left (r=.37, p<.05) or right (r=.44, p<.01) body position lying down.
- Of the BS subscale ratings, Sensory Perception was the exclusive correlate (r=.37, p<.05) with total number of repositioning episodes.
- Significant differences were observed in total number of repositioning episodes between residents assessed as being mild, moderate, and high risk residents (F=3.32, p=.049).

Conclusions

- Findings support the importance of the Braden Scale’s use as a preliminary clinical screening method of risk for PrU development.
- Selected subscale scores and nursing’s assigned risk category may provide nursing staff with an indicator of the frequency of resident repositioning that can be expected and/or facilitated as part of PrU prevention practices.