Assessment of Risk for Pressure Ulcers in Critical Patients: Nursing Practice and Reflections in the Context of Multidisciplinary Communication

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INTRODUCTION
Pressure ulcer (PU) is a serious problem and it is considered an adverse result of healthcare that compromises patient safety; however, they are preventable in most cases. The criteria for the identification of PU in the setting of care in hospitals in Brazil are in many countries. Depending on the risk factors to which they are exposed, the patient may present greater or lesser vulnerability to the development of PU. Therefore, the risk assessment for PU is an important measure of the use of risk assessment tools and Braden Scale is considered valid for PU risk prediction and has been used in a variety of healthcare settings.12 Evaluation of patient’s risk for PU through a specific scale must be associated with the clinical observation to clarify other related factors that are not addressed in the tool.

The results of this evaluation should provide the framework for the development of an individualized care plan, centered on the patient, and this presumes an organization process between patient, family and healthcare professionals.13

OBJECTIVES
Identifying an EUI in Bento, nursing documentation on patient’s records, and records related to risk assessment for PU; Analyzing the perception of members of multidisciplinary health team about risk assessment for pressure ulcers and the interchangeability communication process;

METHODOLOGY
Descriptive study with quantitative and qualitative approach, carried out in the ICU of teaching hospital in João Pessoa/RN. After approval by the Ethics and Research Committee of the Hospital, the tool was applied. Data collection was done initially by a review of 108 patient’s records using a structured tool, after that a focus group was conducted with members of the ICU’s multidisciplinary team to discuss the results regarding the risk assessment practice for PU and to identify the difficulties and strategic efforts that could be used to improve the practice, considering the interchangeability communication process.

Four focus groups interviews were conducted, three of them with the nursing staff (72 nurses and 25 nursing technicians); and one with representatives from all the ICU’s health professions (1 physician, 1 dietician and 1 phone audiology). Analysis of interviews was done using context analysis.

RESULTS
Category 1 focused on “precepts of pressure ulcer risk assessment” and originated three subcategories.

1.1 The subcategory titled “rastering of risk assessment using the Braden Scale” revealed that the scale is the tool used to assess PU risk for patients in the ICU in Bento. The nurses stated that they did not do the evaluation only at the time of patient’s admission, and then the result obtained is not used for prescribing any measure to reduce the risk and when the patient leaves the ICU. It is expected that everyone would use the risk of risk evaluation to plan all the actions and procedures to prevent the occurrence of ulcers, however, this did not happen in practice (38%).

The risk assessment for pressure ulcer is usually done on admission, as is relating to the documentation of patient’s condition at the time of admission. (23%) Category 2 focused on “Documentation of evaluations in the patient’s records” and has two subcategories.

2.1 The first subcategory, “the importance and practice of documentation”, the nurses showed the importance of recording the risk assessment as a tool to guide the care. However, there was a note of concern that there is no documentation of the care given to the patients. In the rehabilitation, the nurses noted the importance of the nursing notes as a source of information for the other professionals, however, little information is recorded, especially in the recovery room. (20%) It was noted that the nurses stated that they do not see the documentation of the care given to the patients. In the rehabilitation, the nurses noted the importance of the nursing notes as a source of information for the other professionals, however, little information is recorded, especially in the recovery room. (20%) It was noted that the nurses stated that they do not see the documentation of the care given to the patients. In the rehabilitation, the nurses noted the importance of the nursing notes as a source of information for the other professionals, however, little information is recorded, especially in the recovery room.

2.2 The second subcategory, “the importance of documentation” and the documentation of the care given to the patient, the questionnaire showed that the documentation of the care given to the patient was very useful for the patients, the nurses noted that they did not have access to the documentation of the care given to the patient, the questionnaire showed that the documentation of the care given to the patient was very useful for the patients. The documentation of the care given to the patient was very useful for the patients, the nurses noted that they did not have access to the documentation of the care given to the patient.

The results of this study show that in order to improve the quality of care in the setting where the study was done it is necessary to use strategies to modify working conditions as well as to educate professionals about how to use the Braden Scale and to use the evaluation of risk to plan preventive care in a multidisciplinary perspective. It was necessary also to focus on how to improve nursing and other professional documentation on patient’s records as a way to improve team communication and to prevent PU.

CONCLUSION

REFERENCES
