

Title:

Protocol of Care for Early Detection and Prevention of Pressure Ulcer Among Critically Ill Patients

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Session Title:

Poster Presentations

Slot (superslotted):

PST: Friday, April 8, 2016: 10:00 AM-10:45 AM

Slot (superslotted):

PST: Friday, April 8, 2016: 12:00 PM-1:15 PM

Slot (superslotted):

PST: Friday, April 8, 2016: 2:30 PM-3:15 PM

Slot (superslotted):

PST: Friday, April 8, 2016: 6:00 PM-7:00 PM

Slot (superslotted):

PST: Saturday, April 9, 2016: 7:30 AM-8:30 AM

Slot (superslotted):

PST: Saturday, April 9, 2016: 10:00 AM-10:45 AM

Slot (superslotted):

PST: Saturday, April 9, 2016: 12:00 PM-1:15 PM

Keywords:

Critically Ill Patients, pressure Ulcer and protocol of Care

References:

-Cooper K. Evidence-Based Prevention of Pressure Ulcers in the Intensive Care Unit, *Critical Care Nurse*, 2013; 33(6):57-66. -Health Care Protocol: Pressure Ulcer Prevention and Treatment Protocol, Institute for Clinical systems Improvement (I CSI), Third Ed., 2012; at www.icsi.org. -Mohamed S and Weheida S. Effects of implementing educational program about pressure ulcer control on nurses' knowledge and safety of immobilized patients, *Journal of Nursing Education and Practice*, 2015, Vol. 5, No. 3.

Abstract Summary:

The protocol of nursing care provides the intensive care unit (ICU) staff with a decision-making structure that allows immediate response to patients identified as at high risk for early detection and prevention of pressure ulcers

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Identify of risk factors that contribute to the formation of pressure ulcer	Braden Scale Risk Assessment tool to assess factors that place patients at risk for pressure ulcer
Discuss different measures used to prevent the formation of pressure ulcer	Skin Care--Repositioning and support surfaces--Nutrition

Demonstrate initial and ongoing assessment of patient pressure area for early detection and prevention of pressure ulcer	patient's Medical and Nutritional Assessment--Critically ill Patient's assessment--Braden Scale Risk Assessment tool
Practicing different strategies used to prevent the formation of pressure ulcer	Skin Care--Repositioning and support surfaces--Nutrition

Abstract Text:

Pressure ulcers (PU) are a common problem across all health care settings and the incidence is one of the quality signs of health centers. Critically ill patients are at a high risk for pressure ulcer than are patients in general care areas. The protocol of nursing care provides the intensive care unit (ICU) staff with a decision-making structure that allows immediate response to patients identified as at high risk for pressure ulcers. **The study aimed** to evaluate the effect of protocol of nursing care for early detection and prevention of pressure ulcer in ICU. **The study** was carried out in **Anesthesia Care Unit at Tanta Emergency Hospital**. A convenient sample of 40 adult critically ill patients meeting the inclusion criteria were selected and divided into two equal groups. The control group consisted of 20 critically ill patients undergoing routine care of the unit. Another 20 critically ill patients in the study group were undergoing the protocol of nursing care for pressure ulcer prediction and prevention applied by the researchers. **Three tools** were used for data collection. **Tool I: patient assessment tool**. It consists of three parts. **part (a)**, includes bio- sociodemographic data. **part (b)**, includes patient's medical and nutritional history, **Part (c)** includes assessment of critically ill patients related to level of consciousness, level of mobility, and skin assessment. **Tool II: Braden Scale risk assessment tool** that identifies patients at risk for pressure ulcer development. **Tool III: ulcer development evaluation**. **The main result of this study** showed that 30% of the control group undergoing routine care of ICU developed pressure ulcer stage I at the 7th day of admission and 60% of them developed stage II pressure ulcer at the 15th day of admission. On the other hand, it was observed that only 10% of study group developed pressure ulcer grade 1 at 15th day of admission and none of them developed stage II pressure ulcer at any time of the study period. **It is recommended** that Periodic clinical assessment of critically ill patients at risk for ulcer development should become a routine for Intensive Care Unit by using Braden scale. Also, the protocol of nursing care for early detection and prevention of pressure ulcer should be generalized at ICUs and other acute care settings