HRET HIIN HAPI PFE Sprint Wrap-Up Session

March 27, 2019
12:30 P.M. – 1:30 P.M. CT
WELCOME AND INTRODUCTIONS

Kavita Bhat, MD, MPH
Program Manager, AHA Center for Health Innovation
AGENDA

- Welcome and Introductions
- Hospital Reports
- Common Themes
- Questions and Answers
- Winter 2019 HAPI PFE Sprint Highlights
Your HRET HIIN HAPI PFE Sprint Team

Kavita Bhat, MD, MPH
Program Manager
HRET HIIN

Jackie Conrad, RN, BS, MBA
Improvement Advisor
Cynosure

Tara Bristol Rouse, MA
Patient and Family Engagement
Project Consultant
HRET HIIN
Attendance Verification

- Name
- Hospital/State Hospital Association
- City, State
ANNOUNCEMENTS

- It is important that everyone please complete the **Post-Assessment** from an evaluation standpoint.

- More importantly, it’s preferred that the individual who completed the **Pre-Assessment**, please complete the **Post-Assessment**.

- Click [here](#) to complete!
Focus on the Basics

Partnering with Patients

Skin Inspection

Keep Moving

Incontinence

Nutrition

Hydration

= Healthy Skin
Tapping into Patients as Partners

Did you know that patients understand that they play an important role in pressure injury prevention (PIP)?

• Keep skin healthy – skin checks, skin care, injury prevention
• Listen to your body – respond to sensations of pain or tenderness, repositioning and movement, use of supports and cushions
• Looking after the inside – drink more, eat well

Patient reported barriers to their participation in PIP include

• Pain and discomfort
• Waiting for help with repositioning and comfort measures
• Lack of education when they need it

Read the full, free article: BMC Nursing
Winter 2019 HRET HIIN HAPI PFE Sprint Participants

Hospital Reports
Sierra Vista Hospital, New Mexico
Saint Joseph, Lexington Kentucky
Jennie Stewart Medical Center, Kentucky
Holy Cross Hospital, Maryland
Sierra Vista Hospital, New Mexico

Changes we have made

Implemented:

- Improved education to recognize skin care issues for our Techs – they are the eyes and ears on the floor for our nurses.
- Initial skin assessments upon arrival to Med Surg floor, and picture documentation of all injuries present on arrival.
- We were using the Braden Scale on arrival to assess patient risk for breakdown, but now all patients with score of 13 or higher must be placed on Skin Precautions, which include placement on an APM mattress, frequent position changes, and close skin monitoring by the techs and nurses.

In process of implementing:

- Family and caregiver education on skin care and patient mobility for bedbound or compromised patients.
- Obtaining patient movement kits to prevent sheering injuries on moderate or higher risk patients.
- Setting up education for nursing staff on staging pressure ulcers and appropriate treatment options.
Sierra Vista Hospital, New Mexico

- Our advice to other hospitals .....................
  - Don’t under estimate how much input the patient and family can have in preventing skin breakdown
Saint Joseph Hospital Lexington, KY

- Continue to update patient education materials to include information on PFE.
  - Brochure created for both staff and patient/family reference
- Advice
  - Education, whether patient/family or staff, must be ongoing. Staff development should include: nursing students, nurse externs, new graduates, novice & expert nursing staff and other members of the multidisciplinary team (PT, PA, NP, MDs).
  - Back to Basics
  - Ensure Education is documented
Jennie Stuart Medical Center, Kentucky

- We are changing this .....................

  We are implementing a trial applying a foam bordered gauze to the sacrum of all patients in ICU to reduce friction/shear/moisture.

- Our advice to other hospitals .....................

  Don't under estimate how much input the patient and family can have in preventing skin breakdown.
Holy Cross Hospital, Maryland

- March 4th the Intermediate Care unit implemented Turn Clocks.
  - We educated staff on cost of HAPIs, unit specific data, patient, experience comments and expectations for which patient populations will use the Turn Clock.
  - We will begin auditing by direct observation allowing team to provide coaching and feedback in real-time.
Additional Hospital Updates?
Common Themes

Jackie Conrad, RN, BS, MBA, RCC
Improvement Advisor, Cynosure

Tara Bristol Rouse, MA
Patient and Family Engagement Project Consultant,
AHA Center for Health Innovation
What questions or comments do you have?
HAPI PFE Sprint Highlights

Partnering with Patients

Skin Inspection

Keep Moving

Incontinence

Nutrition

Hydration

= Healthy Skin
Patients and Family Members are Our Most Underutilized Patient Safety Resource
Patient and Family Engagement – Providing Resources

Preventing Pressure Ulcers - An information booklet for patients

This document is available in English as well as in languages other than English. Links to the English and multilingual resources can be accessed further below. To download information click on the selected language. This will take you directly to the resource. The information in brackets gives the format and file size if known. Note that some PDFs can be quite large and may take several minutes to download.

Title: Preventing Pressure Ulcers - An information booklet for patients (PDF file - 564 KB) (Links to English resource)
Summary: A translated booklet that contains detailed information for people assessed as being at a higher risk of developing pressure ulcers. It covers information from what a pressure ulcer is and its stages to emphasizing movement, looking after skin and eating a balanced diet.
Organisation: Department of Health & Human Services
Last reviewed: February 2017
Target audience: General

English resource:
- English (PDF file - 564 KB)

Multilingual resources:
- Arabic (PDF file - 504 KB)
- Chinese (PDF file - 1008 KB)
- Croatian (PDF file - 542 KB)
- Czech (PDF file - 553 KB)
- Croatian (PDF file - 542 KB)
- Greek (PDF file - 533 KB)
- Italian (PDF file - 534 KB)

You need Adobe® Acrobat® Reader To view the PDFs. Get Adobe® Acrobat® Reader.

Preventing Pressure Ulcers
An information booklet for patients

While you are lying in bed
- Turn yourself at least every hour, more frequently if you are not on a support surface or specialised equipment. If you are unable to move yourself, ask the staff to help change your position regularly.
- When you lie down, your headrest and foot section of the bed should be level. Your body should be tilted slightly to the side (around a 30° angle) and supported with pillows. This will remove pressure from your tail bone and your hips and put the pressure on a more fleshy part of your bottom.

Lying 30° side tilt
- Keep the pressure off your lower leg by bending your knees a little and putting a pillow in between your knees and ankles.
Patient and Family Engagement – Encouraging Partnership

We will look at what you were able to do before you came into hospital to make sure we understand how best to support and encourage you to keep moving.

You should have a full assessment to help us to know how you normally get about.

We will make sure we look at any risks that may stop you from being able to get out of bed so we can support you.

Do you need glasses or hearing aid to help you communicate. Do you know where they are?

We can support you with anything you need to help keep you moving, in or out of bed.

Do you have the right equipment to help you move about? If not we should be able to provide what you need.

If you can walk to the toilet, it keeps you moving and prepares you for home.

Sitting out of bed helps. We can help you get out of bed.

We will encourage you to ‘Do It Yourself’ where you can.

Eat or drink on your own if you are able.

Wash and dress yourself if you are able, and wear your own clothes.

Keep changing your position even if you are in a bed or chair.

Staying Active in Hospital

University Hospitals of North Midlands

Sit up... Get dressed... Keep moving...
Patient and Family Engagement – Checking for Understanding

MOBILITY

ACTIVE

NEEDS ASSISTANCE

BED-RIDDEN

DO YOU UNDERSTAND?

YES! I can explain it.

I might need more help.

TEACH BACK

AHA CENTER FOR HEALTH INNOVATION

American Hospital Association

Advancing Health in America
Patient and Family Engagement – Continuing the Conversation

Activity and Mobility Program

Let’s Get Moving

Keep Moving.
Patient and Family Engagement – Being Intentional

- Promote Intake
  - Provide guidance re: patient’s favorite foods & drinks
  - Assist with meals & snacks by being present
  - Encourage intake of the types of foods & drinks the patient needs
  - Create a pleasant dining experience

- Monitor and Report Intake

![Image of family at a dining table with a patient]
empathy

communicate

compassionate

self-empathy

empathic

relationship

warmth

presence

safety

i hear you

you hear me

heart

emotion

authenticity

listening

mutual giving

request

hearing

meeting

soul

feelings

compassion

insight

needs

understanding

interpersonal

understand

awareness

dialogue

meeting

empathy
## Ensuring Multi Level Patient and Family Engagement (PFE)

### Change Ideas

<table>
<thead>
<tr>
<th>Metric 1</th>
<th>Metric 2</th>
<th>Metric 3</th>
<th>Metric 4</th>
<th>Metric 5</th>
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<tbody>
<tr>
<td><strong>Point of Care</strong>&lt;br&gt;Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers</td>
<td><strong>Policy &amp; Protocol</strong>&lt;br&gt;Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Patient Experience Leaders</td>
<td><strong>Governance</strong>&lt;br&gt;Implementation Partners: Board of Directors, C-Suite</td>
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<tr>
<td>As early in the admission as possible, share and review the resource, <em>Preventing Pressure Ulcers: A Patient’s Guide</em>, with the patient/family. Emphasize the important role they play in pressure injury prevention and early detection.</td>
<td>Educate patient/family on how to conduct skin inspections and ask them to record their observations using the <em>Action Chart for Patients, Carers, and Relatives</em>. During daily rounds, review the chart and ask if they’ve noted anything concerning.</td>
<td>Identify a team member in nursing to educate fellow nurses on how to discuss and engage the patient/family in SSKIN assessments. Following education, have the team member conduct audits to ensure implementation has been successful.</td>
<td>Invite a former patient/family member who experienced a pressure injury to review your patient/family education tools and provide suggestions for making them easier to understand and use. Make changes to the tools based on their feedback.</td>
<td>Invite Board Members to tour your unit and learn how you are preventing pressure injuries through patient and family engagement. Select one or two patients/family members to share their role in skin inspections with the Board Members.</td>
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### AHA Center for Health Innovation

American Hospital Association™
Advancing Health in America
S - Skin Inspection Evidence Based Guidelines

- Increase frequency of inspection to with every position change for high risk or deteriorating patients
  - Assess bony prominences with each position change with special attention to sacrum, ischial tuberosities, greater trochanter and heels

- Inspect skin for erythema or redness
  - Assess if the skin is blanchable or non-blanchable
  - Do not position a patient areas with erythema

- Assess the skin temperature, for edema and consistency related to surrounding tissue

- Inspect around and under medical devices at least once a day

NPUAP 2014 Practice Guidelines
**S - Skin Inspection Best Practices**

- Frequent, ongoing education on staging and skin assessment
  - In orientation and in annual skills fairs
  - Build assessment skills beyond visualization – teach palpation and assessment of skin temperature
    - AHRQ Comprehensive Skin Assessment Video – 53 minutes
    - HRET HIIN Recognizing Pressure Injury – 20 minutes
- Engaging unlicensed assistive personnel as skin champions
- Use of photos
  - WOCN Photography in Wound Documentation Fact Sheet
- Access to an expert: “phone a friend”
K – Keep Moving Facts

- Not all risk factors are equal ([Tescher, et al 2012](#))
  - Braden friction score of 1 or 2 has the highest association for PU development
  - Moisture, and low sensory perception are also more predictive than other sub scores (mobility, nutrition and activity were less predictive)

- 45% of all HAPI are associated with the Operating Room

Surgery is one of the few times when someone normally not at risk for HAPI is placed at risk
K – Keep Moving Evidence

- Repositioning frequency is determined based upon the patient’s needs
  - Tissue tolerance
  - Level of activity and mobility
  - General medical condition
  - Overall treatment objectives
  - Skin condition
  - Comfort

Image source
**K – Keep Moving: Prevent Perioperative HAPI**

**Definition:** any pressure related tissue injury that presents i.e. non-blanchable erythema, purple discoloration (suspected deep tissue injury) or blistering

- 48 – 72 hours post operatively
- Associated with the surgical position

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**Ten top tips: preventing pressure ulcers in the surgical patient**

1. Understand Periop HAPI etiology and presentation
2. Identify patients at risk
3. Assess skin before surgery
4. Consider protective dressing on high risk areas
5. Use appropriate OR table padding and equipment
6. Practice SPH
7. Know how to protect occiput and heels
8. Careful positioning of OR equip ie tables
9. Continue prevention post OP and include in handoff
10. Conduct RCAs to improve outcomes

*Figure 1. This deep tissue injury occurred during open heart surgery and was discovered 48 hours after the operation. Note the classic presentation of deep purple intact tissue.*
I – Incontinence Moisture

- Interventions – Best Practices
  - Low air loss mattress
  - Wicking under pads, no diapers in bed
  - Use soft, skin cleansing cloths or soft wash cloths with mild, pH balanced soap, no HOT water
  - Barrier creams (not petroleum based)
- Differentiate moisture from pressure damage
I – Incontinence Moisture

- Manage incontinence
- External catheters – male and female
- Penile wrap – holds 500cc – reduces staff effort
- Fecal collection devices for liquid stool, plus, address the cause
N – Nutrition and Hydration – Energy, Protein

- Refer to RD promptly
- Liberalize the diet if restrictions are leading to poor intake under medical supervision or RD direction whenever possible
- Offer fortified foods or hi calorie hi protein supplements between meals if dietary intake is not meeting nutritional requirements
- For patients with stage 3-4 pressure injuries offer high protein, arginine and micronutrient supplements

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Snack</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Eggs</td>
<td>2 oz meat</td>
<td>3 oz Milk</td>
<td>8 oz Shake</td>
</tr>
<tr>
<td>8 oz Milk</td>
<td>8 oz Milk</td>
<td>3 Oz Meat</td>
<td></td>
</tr>
</tbody>
</table>

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N – Nutrition Promoting Intake

- Protected Mealtimes
- Assistance with meals
- Food service rounding during mealtimes
- Create a pleasant dining experience
- Provide energy, protein rich snacks or ONS
- Fortify foods with calorie and or protein boosters
  - Margarine or butter, mayo, peanut butter, sour cream, cream
  - Skim milk powder, milk, cheese sauce, eggs, cottage cheese, yogurt, peanut butter
What questions or comments do you have?
ANNOUNCEMENTS

▪ REMINDER: Please complete the Post-Assessment

▪ It’s preferred that the individual who completed the Pre-Assessment, please complete the Post-Assessment.

▪ Click here to complete!
HRET Tools and Resources

- HRET HIIN website
- Change packages
- Toolkits
- Webinars
- Case studies
- Infographics
- Guideline
- Storyboard
- Reports
NPUAP Reference Documents

Prevention and Treatment of Pressure Ulcers: Quick Reference Guide

The Role of Nutrition for Pressure Ulcer Management: National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel, and Pan Pacific Pressure Injury Alliance White Paper

AHA CENTER FOR HEALTH INNOVATION

American Hospital Association
Advancing Health in America
Perioperative Pressure Injury Toolkit

Components
- Faculty Disclosure Slides (PPTX)
- Educational Slide Deck: The Basics of Patient Positioning (PPTX with User Notes)
- Sample – OR Pressure Ulcer Chart Summary Template (PDF)
- Sample – Case Studies (PDF)
- Sample Checklist - Prevent Perioperative Pressure Ulcers (PDF)
- Sample – Perioperative Pressure Ulcer Prevention Bundle/Program (PDF)
- Sample – Pressure Ulcer Worksheet (PDF)
- Scott Triggers Tool (PDF)
- Scott Triggers Gap Analysis Template (XLS)
- Instructions for the Munro Pressure Ulcer Risk Assessment Scale for Perioperative Patients for Adults (PDF)
- Munro Pressure Ulcer Risk Assessment Scale for Perioperative Patients for Adults (XLS)
- Older Adult Resources (PDF)
- Websites for Older Adult Resources and Prevention of Pressure Ulcers (PDF)
- Position Statement – AORN Position Statement on Prevention of Perioperative Pressure Ulcer Prevention in the Care of the Surgical Patient (PDF)

Webinars
Contact Hours
You may earn 1.5 contact hours before December 31, 2017 by reviewing the 5 webinars below and completing the online evaluation.
- Positioning OR Patients to Prevent the Development of Pressure Ulcers Slide Deck (PDF)
- Pressure Ulcer Project Implementation of the Munro Scale Slide Deck (PDF)
- Risk Assessment using the Munro Pressure Ulcer Risk Assessment Scale for Perioperative Patients Slide Deck (PDF)
- Best Practices to Improve Communication among Caregivers Related to the Prevention of Perioperative Pressure Ulcers Slide Deck (PDF)

Posters
- Poster 1: What is an OR-acquired Pressure Ulcer? (PDF)
- Poster 2: How to Identify an OR-acquired Pressure Ulcer (PDF)
- Poster 3: Take the Pressure Off of Your Patient (PDF)
- Poster 4: Communication/Hand Off (PDF)
- Poster 5: Selecting Support Surfaces (PDF)
- Poster 6: Promote the Tool Kit (PDF)
- Poster 7: Reduce, Relieve, Reducible (PDF)
- Poster 8: Prevention of Perioperative Pressure Injury Tool Kit (PDF)
Four Eyes Assessment

1. The following Risk Factors place patients at higher risk for Pressure Ulcers:
   - Braden Score Less than 18
   - Use of Vasopressors
   - Incontinence of Urine or Feces
   - Limited Self-mobility
   - Age 65 or greater
   - Diabetes
   - Prior Recent Hospital Stay
   - Shock/Sepsis
   - Recent Cardiac Arrest
   - Hx of Pressure Ulcers
   - Going to OR or Multiple Procedures Greater than 6 hours
   - Quad/ Paraplegic/Hemiplegic
   - Stroke/ Paralysis
   - Obese/Cachectic

2. Pressure Ulcer Prevention Intervention Guidelines

<table>
<thead>
<tr>
<th>Area of Risk</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce Pressure (for increased sensation, activity, or mobility)</td>
<td>Place patient on Inpatient Pressure Reducing Mattress (Barflex)</td>
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<tr>
<td></td>
<td>Place patient on overlay air mattress</td>
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<td></td>
<td>Turn patient Q.2 Hours</td>
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<tr>
<td>Moisture Control</td>
<td>Check Continence Brief Q.2 Hours &amp; Provide skin &amp; continence care</td>
</tr>
<tr>
<td>Reduce Friction &amp; Shear</td>
<td>Keep Head of bed less than or equal to 30 degrees</td>
</tr>
<tr>
<td>Encourage Good Nutrition</td>
<td>Use Glide device for transfers</td>
</tr>
<tr>
<td></td>
<td>Offer fluids Q.1 hour</td>
</tr>
</tbody>
</table>

Source: FRH/MedicalCenter.OhioinsideCA.2013
How to Prevent Pressure Ulcers

Information for patients, families and carers

What you can do:

✔ Move, move!
   - Keep moving as often as you can. Even small movements help.
   - Change your position frequently when in bed or sitting in a chair. Talk to your healthcare professional about position changes.
   - If you are unable to move yourself, the staff will help you to change your position regularly.

✔ Look after your skin
   - Advise staff if you have any tenderness or soreness over a bony area or if you notice any reddened, blistered or broken skin.
   - Keep your skin and bedding dry. Let staff know if your clothes or bedding are damp.
   - Special equipment such as all-mattresses and cushions may be used to reduce the pressure in particular places.
   - Avoid massaging your skin over bony parts of the body.
   - Use a mild skin cleanser.

✔ Eat a healthy diet
   - Take nutritional supplements as advised.

For more information, speak with your healthcare professional.

Patients, families and carers are encouraged to be involved in discussions and decisions about the prevention and management of pressure injuries.
Bedside Tools

AHRQ Pocket Pad

Bedside HAPI PFE Tool
More Resources to Engage Patients

Keeping Bedsores at Bay

What you can do:

✓ Move, move!
  • Keep moving as often as you can. Even small movements help.
  • Change your position frequently when in bed or sitting in a chair. Talk to your healthcare professional about position changes.
  • If you are unable to move yourself, the staff will help you to change your position regularly.

✓ Look after your skin
  • Advise staff if you have any tenderness or soreness over a bony area or if you notice any change in skin colour, blistered or broken skin.
  • Keep your skin and bedding dry. Let staff know if your clothes or bedding are damp.
  • Special equipment such as air mattresses and cushions may be used to reduce the pressure in particular places.
  • Avoid massaging your skin over bony parts of the body.
  • Use a mild skin cleanser and moisturiser.

✓ Eat a healthy diet
  • Take nutritional supplements as advised.
  • Include quality sources of proteins (such as fish, eggs or meat)

For more information, speak with your healthcare professional.
www.clinicalexcellence.qld.gov.au

Pressure Injury Prevention
Keeping bedsores at bay!

Information for patients, families and carers.

Patients, families and carers are encouraged to be involved in discussions and decisions about the prevention and management of pressure injuries.

Who is at risk: Any one! Any time! Any age!

Staying Active in Hospital

University Hospitals of North Midlands
NHS Trust

We will look at what you were able to do before you came into hospital to make sure we understand how best to support and encourage you to keep moving.

You should have a full assessment to help us to know how you normally get about.

Do you need glasses or hearing aid to help you communicate? Do you know where they are?

We will make sure we look at any risks that may keep you from being able to get out of bed so we can support you.

If you can walk to the toilet, it keeps you moving, and prepares you for home.

Sitting out of bed helps. We can help you get out of bed.

Do you have the right equipment to help you move about? If not we should be able to provide what you need.

We can support you with anything you need to help keep you moving, in or out of bed.

Do you have a medical condition that makes moving difficult?

Staying active also helps your general health.

Sit up... Get dressed... Keep moving...

Eat or drink on your own if you are able.

Wash and dress yourself if you are able, and wear your own clothes.

Keep changing your position even if you are in a bed or chair.

Older Adults Services, University Hospitals of North Midlands
Created Date: 10/24/2016 / Reviewed By: 10/24/2016
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American Hospital Association
Advancing Health in America
Encouraging Mobility

Let's Get Moving

Activity and Mobility Program
"...there were varying patient understandings of the role of nutrition for prevention of pressure ulcers."

Nutrition and Pressure Sores

Patient Perceptions of the Role of Nutrition for Pressure Ulcer Prevention in Hospital

An Interpretive Study

Shelley Roberts ● Ben Cedolan ● Wendy Odebey

ABSTRACT

PURPOSE: The aim of this study was to explore (a) patients’ perceptions of the role of nutrition in pressure ulcer prevention; and (b) patients’ experiences with dietitians in the hospital setting.

METHOD: Interpretative qualitative study. Sample size: 12 patients. Data were collected over a 6-month period. Analysis was guided by interpretative phenomenological analysis.

RESULTS: Within the first domain, “patient knowledge of nutrition in pressure ulcer prevention”, there were varying patient understandings of the role of nutrition for prevention of pressure ulcers. This is reflected in 5 themes: (1) recognizing the role of diet in pressure ulcer prevention; (2) promoting skin health with good nutrition; (3) understanding the relationship between nutrition and health; (4) seeking insight into the role of nutrition in pressure ulcer prevention; and (5) acknowledging other risk factors for pressure ulcers. Within the second domain, patients described their experiences with and perceptions on dietitians. Two themes emerged which expressed differing opinions around the role and reputation of dietitians; they were receptive of dietetic input, and displayed ambivalence towards dietitians’ advice.

CONCLUSION: Hospital patients at risk for pressure ulcer development have variable knowledge of the preventive role of nutrition. Patient and dietitian perceptions of nutrition and pressure ulcer prevention are varied and may have implications for care planning.

Shelley Roberts, Bill Dodd, PhD candidate; Centre for Health Practice Innovation; and School of Public Health, Griffith University, Gold Coast, Australia; and Endocrinology and Diabetes Centre, Centre for Health Practice Innovation, Griffith Health Institute, and School of Public Health, Griffith University, Gold Coast, Queensland, Australia.

Wendy Odebey, PhD, Director, WREME Centre for Research Excellence in Wound Healing, Griffith Health Institute and Centre for Health Practice Innovation, Griffith University, Gold Coast, Queensland, Australia.

The authors declare no conflicts of interest.

dodd@griffith.edu.au, 1800-111-111

Nutrition for Preventing and Treating Pressure Ulcers

Nutrition for Preventing and Treating Pressure Ulcers

What are pressure ulcers? Pressure ulcers happen when something is always pressing or rubbing against the same area of skin. This pressure can cause the blood going to the area. This can cause your skin to develop sores and pressure ulcer.

What are the risk factors? You may develop a pressure ulcer if you have diabetes or blood flow problems. If you are:

• Over 65 years of age
• Using a wheelchair or staying in bed for long periods of time
• Unable to move your body parts or your body without help
• Not able to control your body parts or bowels movement
• Not eating a healthy diet
• Not drinking enough water

Can diet and nutrition help to prevent pressure ulcers? Eating enough food and choosing a variety of foods from each food group at meal times will help stop pressure ulcers from happening. Follow these guidelines to reduce your risk:

• Eat a healthy diet
• Eat enough calories to maintain your weight

Patient and Family Nutrition Resources

Patient and Family Nutrition Resources

Nutrition for Preventing and Treating Pressure Ulcers

American Hospital Association

Advancing Health in America
Incontinence Resources for Patients

**KEY POINTS**

1. Incontinence is not an inevitable consequence of old age and should be treated whenever possible.
2. Skin should be kept clean dry and well hydrated.
3. Patients should be encouraged to drink regularly to maintain hydration, reduce the risk of constipation and reduce the concentration of urine.

**HOW TO: Manage incontinence/moisture**

**Essentials of Skin Care for Patients with Incontinence**

**Do's and don'ts**

**Do**
- Perform an assessment using appropriate tools to establish the cause of the problem.
- Record episodes of incontinence to assess severity.
- Establish a skin care routine with timely cleansing of soiled and wet skin.
- Use barrier products if the skin is reddened or broken to act as a barrier to further irritation.
- Use incontinence products and faecal management systems to help avoid contact with urine and faeces.
- Smooth incontinence pads prior to use to prevent creases and ridges, which may cause pressure damage.
- Inspect skin at regular intervals, e.g. during assistance with personal hygiene.
- Use foam cleansers when cleansing following episodes of incontinence.
- Encourage the patient to drink to maintain hydration, which also dilutes the urine.
- Identify incontinent and immobile patients ‘at risk’ of pressure ulcer development. Pads should be changed during the night and regular positional changes undertaken.
- Seek advice from the local incontinence advisor.

**Do not**
- Use traditional soap and water when cleansing following episodes of incontinence.
- Use multiple incontinence pads as they are likely to reduce the efficacy of pressure redistributing equipment.
- Use creams and talcum powders under barrier products.
- Assume incontinence in the older person is inevitable.
Nutrition Resources for Clinicians

- Screening Tools
  - Malnutrition Screening Tool (MST)
    - Recent weight loss, recent poor intake
  - Short Nutritional Assessment Questionnaire (SNAQ)
    - Unintentional weight loss, decreased appetite, use of ONS or tube feeding
  - Mini Nutritional Assessment Short Form (MNA-SF)
    - Recent intake, Recent weight loss, mobility, recent acute disease or psychological stress, neuropsych problems, BMI
  - Malnutrition Universal Screening Tool (MUST)
    - BMI, % weight loss, acute disease effect score
  - Nutrition Screening 2002 (NURS 2002)
    - % recent weight loss, % recent poor intake, BMI, severity of disease, elderly
  - Screening Tool Comparison

- Rate Plate Rate a Plate

- 2017 literature review on Arginine Enhanced ONS
Resources for Building Front Line Champions

- Complimentary NPUAP webinar recordings:
  - FAQs about Pressure Injury Staging
  - Unavoidable Pressure Injuries, Terminal Ulcers and Skin Failure
  - OR Positioning and Pressure Injury Prevention
  - Why is this wound not healing?
  - Considerations for Bariatric Patients in Pressure Injuries & Wound Care
  - Nutrition & Pressure Injuries

- NDNQI Pressure Ulcer Training

- AHRQ Resources and RN Attitude and Knowledge Assessments
Questions?
THANK YOU!