F-tag 686 Treatment and Services to Prevent and Heal Pressure Ulcers

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F-TAG LEADERBOARD

1. F0884 NHSN Reporting
2. F0689 FREE OF ACCIDENTS
3. F0080 INFECTION PREVENTION
4. F0684 QUALITY OF CARE
5. F0812 FOOD STORAGE/PREP/SERVE
6. F0656 DEV/IMP COMP CARE PLANS
7. F0677 ADL CARE
8. F0761LABEL/STORE DRUGS BIOLOGICALS
9. F0686 PRESSURE ULCERS
10. F0609 REPORTING ALLEGED VIOLATIONS

Learning Objectives

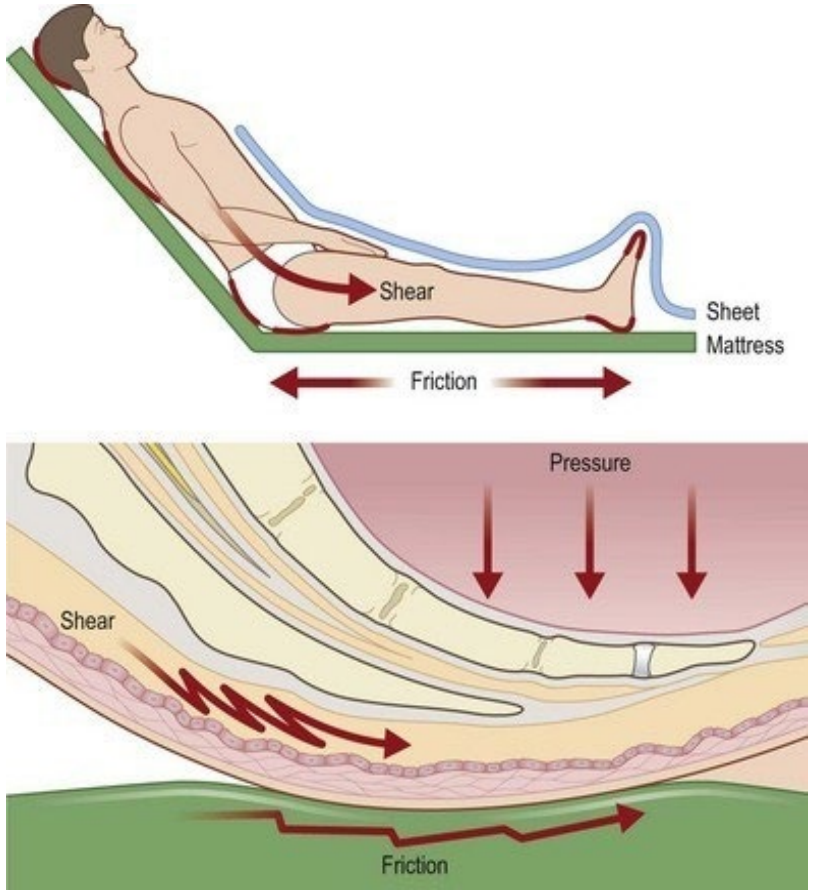
1. Define pressure injury
2. Recognize risk factors
3. Demonstrate signs/symptoms
4. Identify the importance of changes in skin
5. Review of various treatments
6. Comprehension of preventative strategies
7. Discuss tools and resource

Definition

- Pressure Ulcer/Injury:

  Localized injury to the skin and/or underlying tissue, usually over a bony prominence, as a result of intense and/or prolonged pressure, or pressure in combination with shear. The pressure ulcer/injury can present as intact skin or an open ulcer and may be painful.

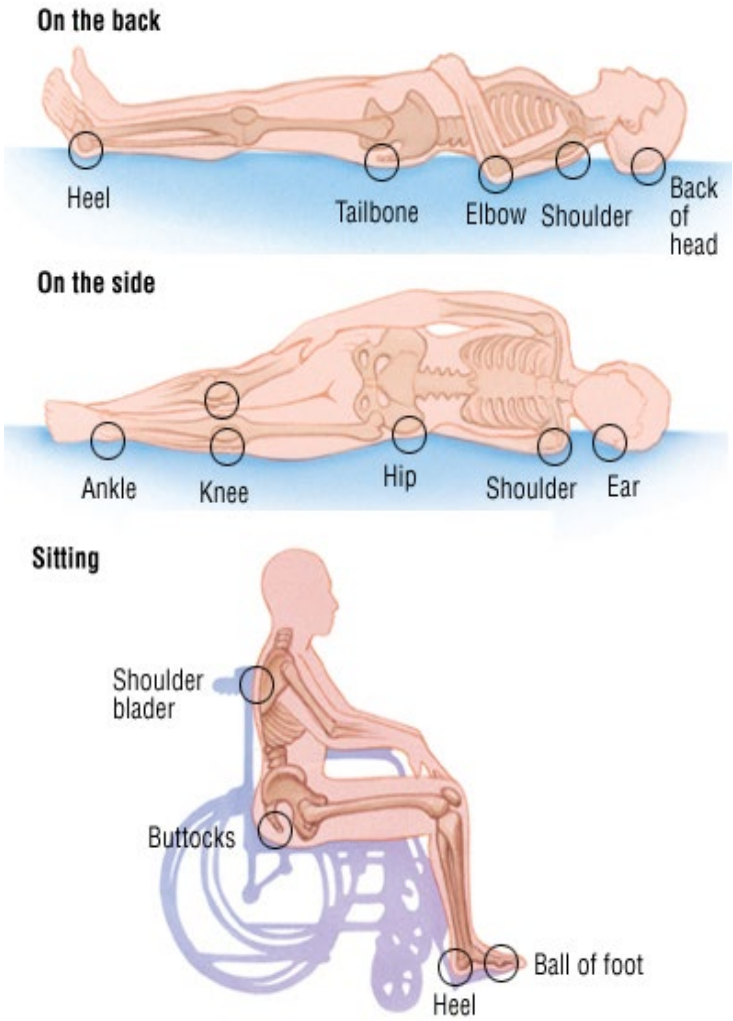
Risk Factors



- Shearing and friction
- Moisture
- Decreased movement
- Decreased sensation
- Circulatory problems
- Poor nutrition
- Age

(Harvard Health Publishing,2020)

Most Common Sites – Bony Prominence



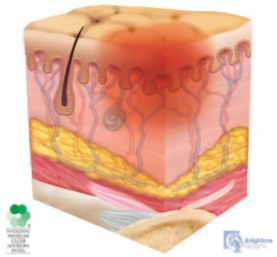
Signs and Symptoms

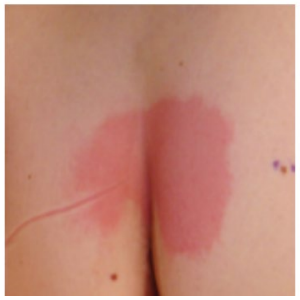
- Changes in skin texture and/or color
- Edema
- Drainage
- Cooler or warmer to the touch
- Tenderness

(Mayo Clinic, 2020)

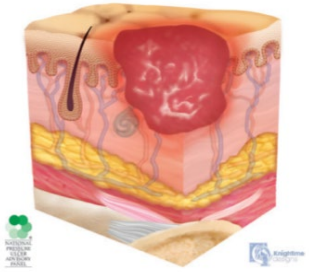
Staging

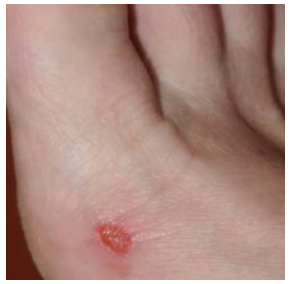
Stage 1: Skin is intact but red



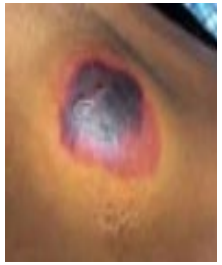


Stage 2: Skin is broken
No depth to the wour

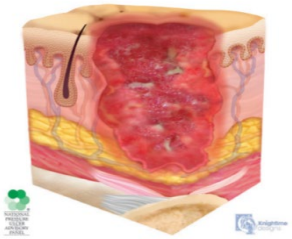


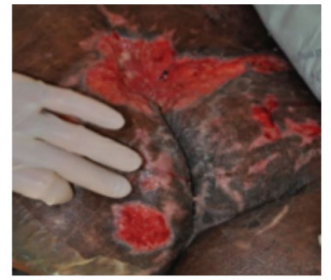


Deep Tissue Injury:
Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear.

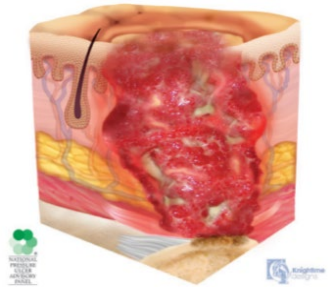


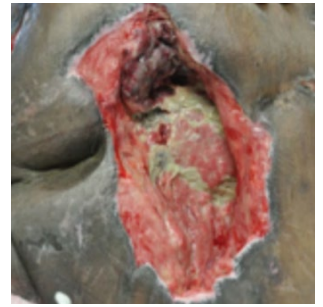
Stage 3: Skin is broken
Depth to the wound
Fat tissue may be not



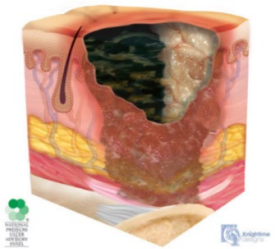


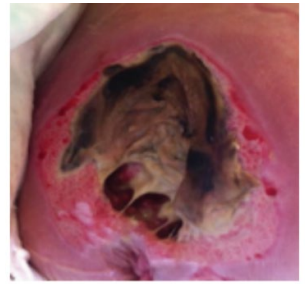
Stage 4: Skin is broken
Muscle/bone
may be visible





Unstageable: Severe tissue loss
Wound may appear as empty hol





Images by National Pressure Injury Advisory Council, 2019

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Cost

Stage I	$1,912
Stage II	$8,255
Stage III	$14,240
Stage IV	$22,222

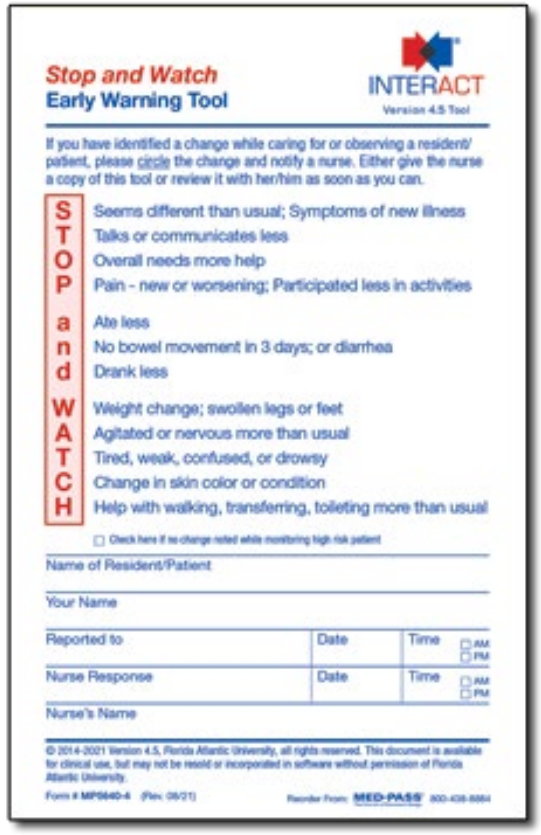
(*AHRQ, 2020)*

Back to Basics: It's All About Prevention

- Repositioning and redistribution of weight
- Use of pressure relief surfaces:
  - Specialized cushions
  - Pillows
- Proper skin checks
- Incontinence care
  - Don't forget the barrier cream
- Assessments detect early-stages

Back to Basics – Create a Culture

- Dietary
- Housekeeping
- Porters
- Hairdresser
- Activities
- Family
- Friends



Stop and Watch
Early Warning Tool

INTERACT
Version 4.5 Tool

If you have identified a change while caring for or observing a resident/patient, please circle the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

S
- Seems different than usual; Symptoms of new illness

T
- Talks or communicates less

O
- Overall needs more help

P
- Pain - new or worsening; Participated less in activities

a
- Ate less

n
- No bowel movement in 3 days; or diarrhea

d
- Drank less

W
- Weight change; swollen legs or feet

A
- Agitated or nervous more than usual

T
- Tired, weak, confused, or drowsy

C
- Change in skin color or condition

H
- Help with walking, transferring, toileting more than usual

☐ Check here if no change noted while monitoring high risk patient

Name of Resident/Patient

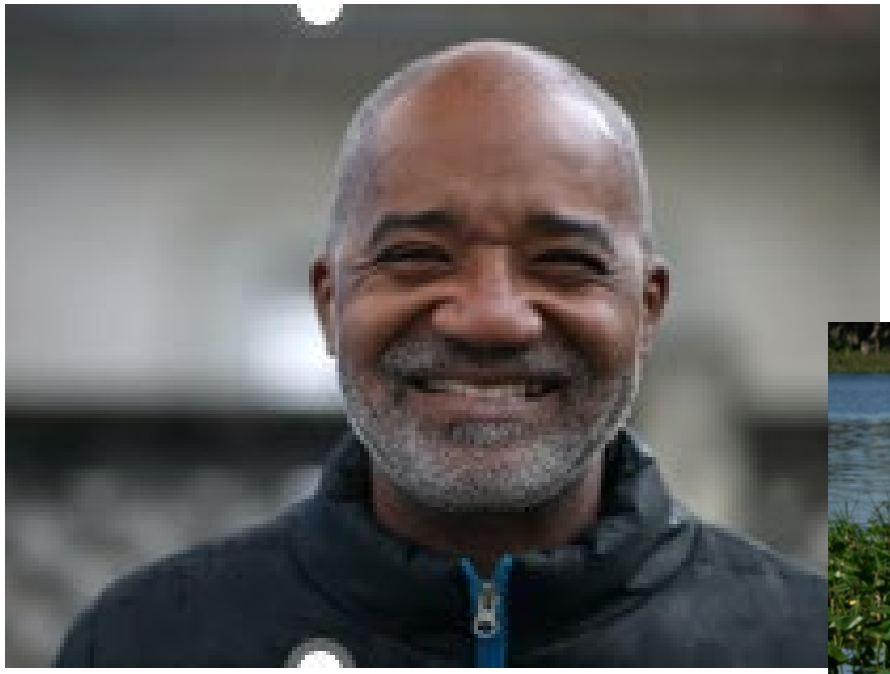
Your Name

Reported to	Date	Time ☐ AM ☐ PM
Nurse Response	Date	Time ☐ AM ☐ PM

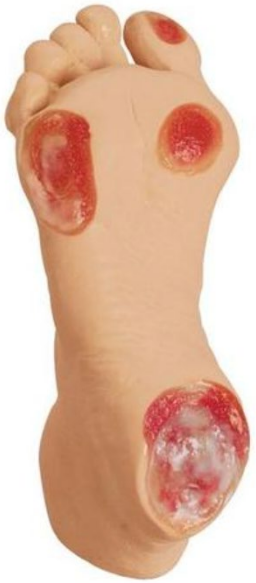
Nurse's Name

Form # MP5640-4 (Rev. 09/21) Reorder From: MED-PASS 800-438-8884

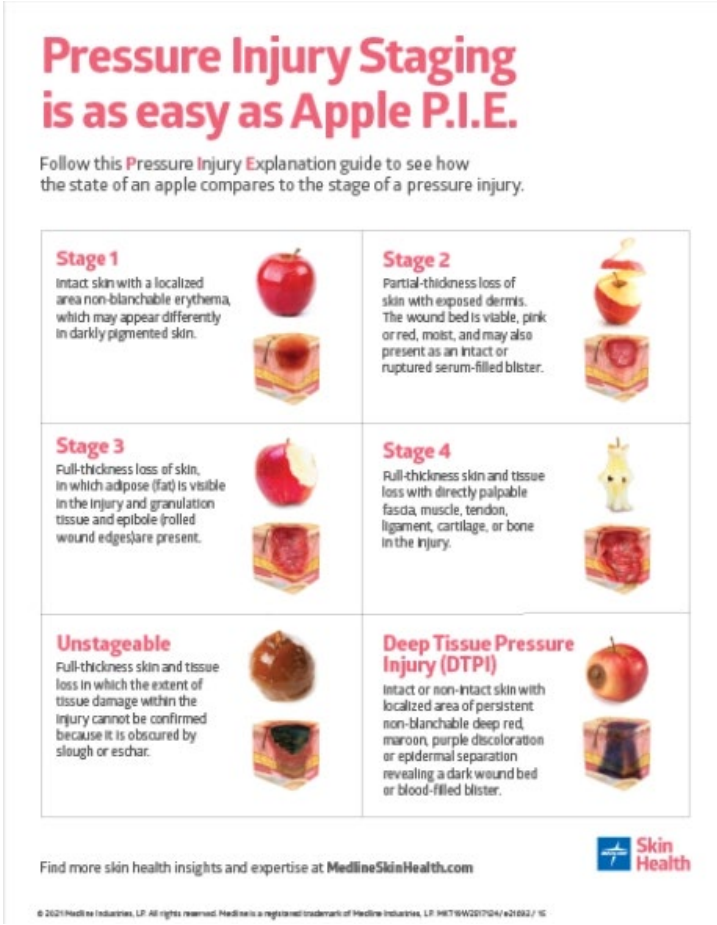
Meet Jay



Visual & Hands on Learning



More Visuals Learning-



Learning

- Competencies’
- Skin Carnival
- Turn and Position (TAP)
- Certification - WOCN
- Skin Fair

Repeat

- Use your vendors for education
  - Peri-Care
  - Wound Care
  - Specialty Bed

Tools and Resources

- IPRO QIN-QIO Resource Library
- https://qi.ipro.org/upcoming-events/

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We're Here to Help!

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