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Who Else Wants to Enjoy Saving Skin?

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BACKGROUND

- Patients status post permanent pacemaker (PPM)/implantable cardioverter defibrillator (ICD) insertion have pressure dressings in place over the chest site.
- Pressure dressings applied after ICD/PPM placement reduce post-procedural hematomas.
- The removal of these pressure dressings by advanced practitioners has resulted in skin tears.
- Skin tears can potentially cause infection, which increases length-of-stay and raises costs.
- Previous efforts to reduce skin tears by introducing the use of an adhesive remover proved successful when utilized by the advanced practitioners.

PICO QUESTION

For the electrophysiology (EP) patient population, does the use of pressure dressing removal by two RN's compared with the traditional dressing removal by advanced practitioners reduce the risk of skin tears and patient discomfort?

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EVIDENCE

- Duke University Health System (Waresak, M., DeMuro, T., & Henshaw, 2008).
 - Used an adhesive remover agent to assist in the removal of pressure dressings.
 - Taped adhesive remover wipettes to the dressing surface.
 - In 200 PPM insertions, there were no skin tears documented.
- Wound dressings coated with silicone adhesive showed significantly less detachment of regenerating epithelium and stratum corneum, than acrylic, polyurethane, and hydrocolloid adhesives (Shannon, R. J., & Chakravarthy, D., 2009).

METHODS

- Collect data on the current incidence of skin tears in the EP patient population post PPM/ICD insertion on IPCU.
- Continue use of adhesive remover wipes in pressure dressing removal.
- Educate nurses on ensuring patient returns with adhesive wipe on dressing.
- Educate nurses on removing pressure dressing.
- Educate nurses on removing pressure dressing with another RN.
- Create a log to track progress with this implementation.

BARRIERS & LIMITATIONS

- physicians.
- unknown.
- removal.

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• Project implementation created an increased awareness in skin tear occurrence among EP

• After the project approval meeting, pressure dressing use decreased dramatically. • The amount of pressure dressings documented prior to project implementation is

 Poor RN compliance with documenting pressure dressing use and outcome of

> **CONCLUSIONS & FURTHER** RECOMMENDATIONS

 Improve RN compliance of documenting results of pressure dressing removals.

• The use of adhesive removers remains an integral part of pressure dressing removal.

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