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“Everyone Needs A Buddy”

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“Everyone Needs A Buddy” Dual RN Skin Check

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Background

- In the years of 2017 through 2019, a total of 47 pressure injuries (PI) were identified on NSICU and TNICU.
- Over the course of 3 months in FY2019, 5 PI's have been reported on NSICU and 18 on TNICU.
- Not only do pressure injuries lead to more time spent in the hospital for the patient, but also increasing costs & hospital acquired infections.
- Annually, 1.7 million people in the US develop pressure injuries leading to a 17% prevalence of PI in the general population¹
- Mortality rate in patients with a PI prove to be significantly higher than in patients without a PI.²

PICO

P – Adult patients admitted to the ICU

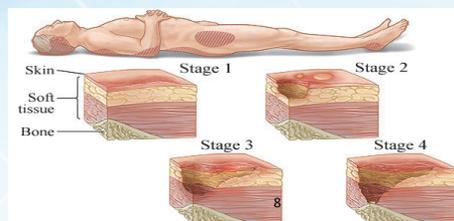
I – Dual RN skin checks upon admission, shift change & discharge in order to properly identify pressure injuries

C – Skin checks not being properly performed by 2 RN's at these times

O – Improve detection by using the Braden Scale to identify patient risk factors, proper documentation, and appropriate interventions needed to be performed for the treatment of PI's

Evidence

Level of Evidence	Research Findings
I	<ul style="list-style-type: none"> The AJCC reports that patients requiring mechanical ventilation are at an increased risk of PI's. Recommended ways of decreasing the risk of PI include: <ul style="list-style-type: none"> Turn & repositioning q2h Specialty beds Foam wedges Draw sheets Dual RN skin checks.³ Curley's RCT reinforces the population at greatest risk of developing PI's: <ul style="list-style-type: none"> Mechanically ventilated Hypotensive patients Low Braden Scores The Braden Skin Assessment Scale is the golden standard for predicting and preventing each patient's risk for PI.⁴
II	<ul style="list-style-type: none"> Formulation of evidence-based recommendations include proper nursing assessments and offloading weight from patient's pressure points.⁵
III	<ul style="list-style-type: none"> Upon collection of data from various patient charts evaluating nursing assessments and Braden Scores, this retrospective study identifies the most common risk factors for developing PI... <ul style="list-style-type: none"> The most identified risk factors were immobility (n = 57 [100%]), and septic shock (n = 31 [54%]), head-of-bed elevation greater than 30 degrees (n = 53 [93%]), sedation (n = 50 [87.7%]), and mechanical ventilation for longer than 72 hours (n = 46 [81%]).⁶

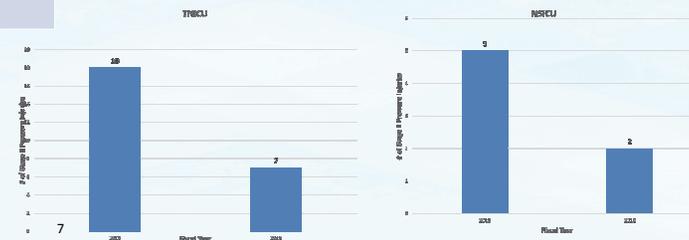


Implementation

- Over the course of 3 months, dual RN skin checks were performed for TNICU and NSICU patients on:**
 - Admission
 - Shift change
 - Transfer & Discharge
- With this implementation, we were able to plan & evaluate incidence of:**
 - Detection of Pressure Injuries
 - Collaborated rounds on each shift to determine risk factors using the Braden Scale
 - Nursing interventions performed (i.e. q2h turns, the use of appropriate skin barrier creams, draw sheets, and foam wedges instead of pillows)
 - Completed documentation & appropriate staging of PI's
 - Reviewing patient's skin upon admission VS. the day of development
- Barriers to overcome - Change in culture**
 - Patient's current health status (i.e. tolerance to turn, hemodynamics, etc.)
 - Utilizing new tools (i.e. Foam wedges rather than pillows)
 - Transitioning “Dual RN Skin Check” as a consistent priority in each RN's care for the patient population

Conclusion

- Since we have been looking at skin more closely on admissions, discharge and shift changes, we have found that there was a significant decrease in Pressure Ulcers on both units.
 - TNICU:** Stage II Pressure ulcers went from 18 to 7
 - NSICU:** Stage II Pressure ulcers went from 5 to 2.
- Overall, “Everyone Needs A Buddy” proved that our Dual RN Skin Checks helped to significantly decrease incidence & provide improved care for pressure injuries across the TNICU/NSICU patient population.



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