Reducing Device-Related Pressure Injuries From Naso-gastric Tubes

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BACKGROUND

- A consistent number of nasal/nares pressure injuries/mucosal injuries occur every month on our 32 bed adult ICU medical surgical unit
- Medical devices are prevalent on most critical care units and provide support and treatment for many patients with complex critical illness
- All devices are placed over soft tissue and have the potential to cause injury

P I C O

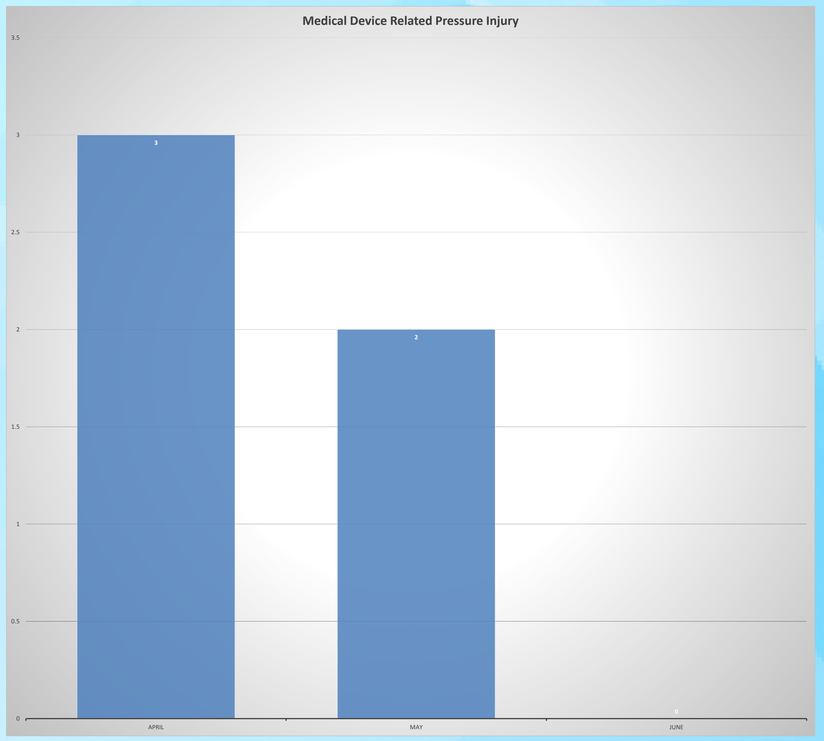
- P: Adult ICU patients
- I: Use of an alternative securement device
- C: Current nasogastric securement device
- O: Incidence of pressure Injuries on nares

EVIDENCE

- The literature reports a prevalence of device related pressure injuries in the hospitalized patient is anywhere from 10-33% (Black, 2010)
- Patients with a medical device are 2.4 times more likely to develop a PI than those without a device. (Black, 2010)
- In ICU patients the most common location for medical device related pressure injuries is the nose, ear and oral cavity (Barakat-Johnson, 2019)
- Damage can occur by direct pressure or by adhesive products that irritate the skin. (Cooper, 2013)

IMPLEMENTATION

- An alternative nasogastric securement device was chosen based on successful outcomes at other facilities.
- Face to face and computer-based education was completed for the RN staff was completed
- Information sheets were posted at each bedside as a reminder/resource
- A limited supply of the product was obtained from the manufacturer. We estimated we would have enough for a one month trial.
- Pressure injury data is collected monthly. The total number of pressure injuries for the month of the trial would be compared to the first two months of the same quarter.



OUTCOME

- Data for this study was collected in the last month (June) of the last quarter of FY2019
- We had no nasal/nares injuries for the entire month.
- Average over the last two quarters has been 1-3 per month
- Prevalence of total number of NGT present on the unit is per day is anywhere from 4-6 per day

NEXT STEPS

- This study was limited by the total number of product available from the manufacturer.
- Staff evaluation of the product was not overwhelmingly positive due to difficulty to remove from the patient.
- Continue to evaluate use of NGT placement by converting to an oral gastric tube whenever possible
- Reinforcement of daily securement device changes along with critical skin assessment each shift

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