

Kennesaw State University

DigitalCommons@Kennesaw State University

Symposium of Student Scholars

Pressure Ulcer Prevention in the Post- Anesthesia Care Unit

Kelly Trinh

Follow this and additional works at: <https://digitalcommons.kennesaw.edu/undergradsymposiumksu>

Trinh, Kelly, "Pressure Ulcer Prevention in the Post- Anesthesia Care Unit" (2022). *Symposium of Student Scholars*. 206.

<https://digitalcommons.kennesaw.edu/undergradsymposiumksu/Fall2022/presentations/206>

This Poster is brought to you for free and open access by the Office of Undergraduate Research at DigitalCommons@Kennesaw State University. It has been accepted for inclusion in Symposium of Student Scholars by an authorized administrator of DigitalCommons@Kennesaw State University. For more information, please contact digitalcommons@kennesaw.edu.

Pressure Ulcer Prevention in the Post- Anesthesia Care Unit

Kelly Trinh

Kennesaw State University

Nurse 4417: Advanced Clinical Practicum

October 30, 2022

Abstract

Keywords- PACU, post-anesthesia care unit, pressure ulcers, hospital acquired, skin breakdown

Background: Post-operative patients are often in the PACU for longer periods because of short staffing and awaiting room assignments. Due to the patients laying in one position for longer periods of time without ambulating or positioning, this increases their risk for skin breakdown and hospital-acquired pressure ulcers. The purpose of this project is to implement a pressure ulcer care package to reduce the risk of hospital-acquired pressure ulcer development for post-operative patients. This will decrease the patient's recovery time, reduce hospital length of stay, and decrease the risk of developing more serious patient complications.

Brief Literature Review: Risk factors, such as obesity and diabetes increase the risk for a surgical patient to develop a pressure ulcer (Nilsson, 2013). On top of that, patients are often laying in one position for longer periods of time in the PACU. This leads to further health complications and longer recovery times. On the other hand, treating hospital-acquired pressure is costly and ranges from 3.3 to 11 billion annually (Padula & Delarmente, 2019). Also, with the PACU being known as a transient unit, emphasis and education on more thorough skin assessments are not being done.

Method: A pressure ulcer care package will be presented to the nurses at the PACU. The pressure ulcer care package will include repositioning protocol every 2 hours, skin assessments with use of Braden Scale every 2 hours, and use of pressure ulcer cushions and dressings at bony prominences. After presenting the package to all the nurses, the package will be applied to all PACU patients.

Evaluation: In order to evaluate the effectiveness of the pressure ulcer care package in the PACU, the number of times the nurses implemented and documented the pressure ulcer care package will be assessed. Additionally, early identification of skin breakdown will be assessed pre and post implementation through chart reviews of Epic documentation.

References

- Nilsson U. G. (2013). Intraoperative positioning of patients under general anesthesia and the risk of postoperative pain and pressure ulcers. *Journal of perianesthesia nursing : official journal of the American Society of PeriAnesthesia Nurses*, 28(3), 137–143.
<https://doi.org/10.1016/j.jopan.2012.09.006>
- Padula, W. V., & Delarmente, B. A. (2019). The national cost of hospital-acquired pressure injuries in the United States. *International wound journal*, 16(3), 634–640.
<https://doi.org/10.1111/iwj.13071>