

Utilization of Pressure Injury Prevention Team in Long-Term Care Settings

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Abstract

In addressing the role that pressure injury prevention (PIP) teams can have in prevention and reduction of pressure ulcers for older adult patients in long-term care settings, this PICOT question is asked: In adults aged 65 and over in long-term care settings with a diagnosis of Type II Diabetes, does implementing weekly skin assessments performed by a pressure injury prevention (PIP) team to standard PIP strategies, compared to just standard PIP strategies, prevent or reduce pressure injury development over 6 months? Pressure injuries are a preventable complication that can lead to detrimental outcomes, including patients being “2.8 times more likely to die during their hospital stay, [and] 1.69 times more likely to die within 30 days after discharge,” (Tschannen & Anderson, 2019, p. 1399). Along with standard interventions, an interdisciplinary approach has become increasingly utilized. The search for research articles was conducted within PubMed and CINAHL using the terms *pressure injury*, *pressure injury prevention*, *diabetes*, and *wound care team*. Search inclusion criteria required articles to have been published between 2017 and 2022, address all three keyword phrases, and included peer-reviewed, full-text articles published within the past five years. Exclusion criteria involved evidence-based articles that were irrelevant to pressure injuries in the older adult population. Eleven key articles were reviewed. Research suggests continued skin assessment and prevention strategies in combination with standard PIP decrease the mortality, morbidity, and cost associated with pressure injuries.

Keywords: pressure injury, pressure injury prevention, diabetes, wound care team

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