

Perioperative Nurses' Knowledge of Indicators for Pressure Ulcer Development in the Surgical Patient Population



Susan Krauser Lupear, DNP, CRNA, APRN^{a,*},
Maria Overstreet, PhD, RN^{b,c}, Stephen D. Krau, PhD, RN, CNE^c

KEYWORDS

- Technology in surgery • Pressure ulcers • Ulcer measurement scale • Nursing
- Perioperative nursing

KEY POINTS

- More than 2 million people in the United States experience the effects of pressure ulcers (PUs) each year. It is estimated that less than 5% of patients admitted to the hospital develop a PU; however, this percentage increases to more than 45% once patients are admitted to the perioperative area. The financial expenditure for health care for patients who have developed a PU ranges from \$750 million to greater than \$1 billion.
- Although assessment tools have proved to be beneficial in certain patient populations, there is a question about the accuracy and sensitivity of the assessment tools for the risk of PU development in the surgical patient population. The overall score a patient receives on the assessment tool predicts the extent to which the patient is at risk for PU development.
- Perioperative nurses are often the initial health care providers for the surgical patient population because they prepare patients for surgical procedures. In that most PUs are preventable, perioperative nurses play a pivotal role in the prevention of PU development.
- Specific surgical procedures and patient factors were identified as indicators for PU development in surgical patients and include intraoperative patient temperature, length of surgical procedure, patient position required for surgery, hemoglobin and hematocrit levels, hemodynamic stability, preoperative albumin level, and comorbidities (eg, diabetes mellitus and peripheral vascular disease). In addition, the use of vasoactive medications to support blood pressure can increase the incidence of PU development in surgical patients by 33%. Incorporating patient-specific and surgical procedure-specific indicators that place surgical patients at risk for developing PUs is essential to ensure the prevention of PU development.

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^a Vanderbilt University Medical Center, Nashville, TN, USA; ^b Center for Clinical Simulation, Middle Tennessee School of Anesthesia, Madison, TN, USA; ^c Vanderbilt School of Nursing, Nashville, TN, USA

* Corresponding author.

E-mail address: buffy.lupear@vanderbilt.edu

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A primary focus for the modern health care agenda is to improve the quality and safety of patient care through the amelioration of adverse patient care events.^{1,2} Improving the quality and safety of patient care is so valued; the Centers for Medicare and Medicaid Services (CMS) restricts the reimbursement of health care services based on the occurrence of adverse patient care events that they consider to be preventable, and should never occur.³ One such adverse patient care event that the CMS has deemed should never occur is the development of a severe PU during a patient's admission to the hospital³ (also known as a hospital-acquired PU [HAPU]).

CMS specifies a severe PU to be a stage III or stage IV PU.³ Classification of a stage III and IV PU occurs when the tissue injury affects skin, muscle, bone, and conceivably tendons and joints.⁴ Historically PUs have been associated with patients who have limited mobility, such as those confined to a bed or a wheelchair; and patients who are residents of long term care facilities, such as a nursing home or rehabilitation center. Along with this, previous thoughts were that the nurse/patient ratio, the acuity of the patient's health, and the educational level and experience of the nurse were also associated with the development of a PU.⁵

PROBLEM STATEMENT

Despite focused attention to improve the quality and safety of patient care, and the financial impact PUs can have on a health care provider or institution, evidence supports that PUs continue to occur in other patient populations during their admission to the hospital.¹ An example of a patient population in which evidence indicates that the development of PUs occurs is patients who have surgical procedures.⁶

The purpose of this project was to assess perioperative nurses' knowledge of risk factors considered indicators for PU development in the surgical patient population. The patient care area in which perioperative nurses practice is a single patient care entity referred to as the perioperative area. The perioperative area consists of three separate patient care areas: preoperative holding room (HR), operating room (OR), and postanesthesia care unit (PACU). Patients spend time in each of the 3 patient care areas during their admission to the perioperative area, with the exception of patients admitted directly to the OR from an intensive care unit or the emergency department.

Although nurse responsibilities are different in each of the patient care areas, there are some nurse responsibilities common to all 3 areas. The common nurse responsibilities may include patient assessments, effective communication during the transition of patient care from one patient care provider to another, and ensuring high quality and safe patient care during a patient's admission to the perioperative area. Therefore, it is necessary to assess the knowledge of all perioperative nurses relevant to indicators for PU development.

Technology Support for Project

The technology that supported this project was a Web-based survey system, Research Design and Capture (REDCap), and the hospital's e-mail system. A 10-minute survey was sent and returned via the Internet. REDCap allows validated data entry, audit trails to track data, and deidentification of data exported into statistical packages. REDCap is a known entity at the project site, assistance was readily available in using the application, and it was populated with the e-mail addresses of participants. Anonymity was ensured through the REDCap secure database and confidentiality was maintained.

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