


Back to Basics: Preventing Perioperative Pressure Injuries

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Purpose/Goal

To provide the learner with knowledge of best practices related to the prevention of perioperative pressure injuries.

Objectives

1. Discuss common areas of concern that relate to perioperative best practices.
2. Discuss best practices that could enhance safety in the perioperative area.
3. Describe implementation of evidence-based practice in relation to perioperative nursing care.

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Lisa Spruce, DNP, RN, CNS-CP, CNOR, ACNS, ACNP, FAAN, has no declared affiliation that could be perceived as posing a potential conflict of interest in the publication of this article.

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ABSTRACT

Pressure injury prevention is essential to patient safety in the perioperative setting. Perioperative nurses should be knowledgeable about the risk factors for pressure injury and the safety precautions that can be taken to prevent this injury from occurring. Perioperative nurses should be able to identify patients who are at high risk for developing a pressure injury. Perioperative patients are at risk for developing pressure injuries because they can experience intense or prolonged pressure during lengthy surgical procedures, may have increased pressure on bony prominences from positioning, are exposed to friction or shear during transfer to the OR bed and positioning, and often have significant comorbidities. This Back to Basics article examines the risk factors for pressure injuries in the perioperative patient population and discusses screening and prevention measures that can be implemented. *AORN J* 105 (January 2017) 92-99. © AORN, Inc, 2017. <http://dx.doi.org/10.1016/j.aorn.2016.10.018>

Key words: *pressure ulcer, pressure injury, HAPI, patient positioning, preoperative assessment.*

Perioperative pressure injuries (previously known as pressure ulcers)¹ are a safety concern for patients and health care personnel alike. Hospital-acquired pressure injuries (HAPIs) are considered never events, and facilities are not reimbursed for care of patients who incur a stage III or IV pressure injury during their hospital stay.² Each year, approximately 2.5 million patients develop HAPIs.³ The cost to treat HAPIs ranges from \$9.1 billion to \$11 billion each year in the United States, and individual patient care costs range from \$20,900 to \$151,700 per pressure injury.³ Approximately 17,000 lawsuits related to HAPIs are filed each year, which makes it the second most common claim for wrongful death; HAPIs cause significant emotional distress and severe pain for patients.³ Approximately 60,000 patients die each year from the consequences of HAPIs.³ Therefore, prevention of HAPIs is a high priority in every health care facility department, particularly in perioperative departments. Perioperative patients are at risk for developing pressure injuries because they can experience intense or prolonged

pressure during lengthy surgical procedures, may have increased pressure on bony prominences from positioning, are exposed to friction or shear during transfer to the OR bed and positioning, and often have significant comorbidities.

A 2016 systematic review by Rao et al⁴ identified common risk factors associated with the development of a pressure injury, which include comorbid conditions such as vascular disease and diabetes, immobility, advanced age, severe illness, and the presence of moisture. One of the most significant risk factors that affects patients who are positioned for surgery is the amount of time they spend on the OR bed. Patients can tolerate a high amount of pressure for a very short time or a low amount of pressure for a longer time.⁵ External pressure that is consistently exerted on patient tissue at capillary pressures greater than 32 mm Hg will result in an occlusion of blood flow that inhibits tissue perfusion and results in tissue ischemia.⁶

Patients are immobile during surgery and are unable to change position or voice discomfort. Therefore, they depend on

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