

# Optimizing Pressure Ulcer Care: A Checklist for System Change

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Our healthcare system sought to enrich and improve strategies to assess, document, and prevent pressure ulcers and to identify key personnel to implement these strategies. An evaluation of our practices yielded the following recommendations:

1. Assess policies and procedures relevant to documentation systems, risk assessment tools, prevention techniques, and skin assessment documentation along with ease of understanding, thoroughness, accuracy of terms, and incorporation of current evidence-based information.
2. Ensure documentation systems require thorough data on skin condition on admission assessment, transfer screening, and discharge planning. Electronic records should automatically calculate risk assessment and flag specific intervention algorithms.
3. Evaluate pressure ulcer risk daily in addition to on admission, transfer, and deterioration of condition. Results should be incorporated into daily documentation of critical care units.
4. Continually re-evaluate applicable policies and procedures when skin integrity is compromised.
5. Educate all staff on all shifts on prevention, skin assessment, staging, products, and documentation. All staff need to recognize deviations from the norm and front line caregivers additionally need to know where, how, and when to examine (eg, patient positioning, use of flashlights, palpation for induration, and local temperature). Rolling, continuous inservice and demonstration of competency for both nurses and primary care providers may be required.
5. Establish documentation standards, including photographs, for wound assessment.
6. Include inventory of product types, quality of products used, evidence-based efficacy, appropriateness, and cost effectiveness in any product evaluation. Support surfaces should be reviewed for age, condition, warranty and service contract, and appropriateness for refurbishing or replacement. Managed care reimbursement is a consideration when assessing continuity of products on discharge or transfer.
7. Foster continuity of care — unit-to-unit within the facility as well as inpatient to outpatient. Patient discharge and transfer documentation should include skin condition as well as medications, treatments, and advance directives. Referral networks should include consideration of equipment and follow-up with appropriate agencies and/or clinicians. ■

## Commentary from Ferris Mfg. Corp.

Despite the best efforts of a health system to protect patients from pressure ulcers, in many cases, patients will develop these wounds for a variety of reasons. Comorbidities, acute clinical conditions and, at times, patient noncompliance may converge, and the patient may develop a pressure ulcer as a result. Clinicians working with pressure ulcer patients at the bedside need treatment options. PolyMem® QuadraFoam® dressings provide the wide range of options needed for patient-centered care when treating all stages of pressure ulcers.

Continuous cleansing of the wound bed and a nonadherent dressing formulation reduce the need to cleanse the wound bed during dressing changes and maintain the integrity of healing tissues while the patient experiences pain-free dressing application and removal. PolyMem dressings work to control the inflammatory response in the surrounding tissues while maximizing the localized response required for healing in the wound bed. PolyMem QuadraFoam softly conforms to the wound shape, while fast, superabsorbent wicking facilitates exudate management of tunneling and cavity wounds. This decreases the number of dressing changes and increases clinical efficiency. PolyMem dressings can be effective on all stages of pressure ulcers. Placement on Stage I and Stage II pressure ulcers can reduce the risk of increasing severity.<sup>1</sup>

For pressure ulcer patients struggling with high bioburden in the wound bed, PolyMem Silver provides all the benefits of PolyMem QuadraFoam dressings with the added benefit of silver.

Wound care protocols ensure clinical sites meet regulatory standards for patient care. PolyMem QuadraFoam dressings ensure clinicians meet the patient's need for quality care and comfort.

## References

1. Wilson, D. Quick Slough Removal, Granulation Formation and Wound Healing Using Polymeric Membrane Dressings. Poster presentation at the National Pressure Ulcer Advisory Panel. Arlington, VA. February 2009.

*This checklist was part of an abstract presentation at the World Union for Wound Healing Societies in Toronto, June 2008. This article is not intended by the authors to be an endorsement of the sponsor's products.*