

Pressure Injury Prevention Foam Dressings: Which Product Should We Use?

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Introduction

Patients are at higher risk for sacral hospital acquired pressure injuries (HAPIS) during their perioperative stay regardless of the utilization of standard preventative measures. For the prevention HAPIs newest evidence recommends prophylactic foam dressings to be used as part of a prevention protocol in the perioperative area. At Mercy Medical Center (MMC) in 2019 a preoperative clinical nurse initiated a trial to determine the best prophylactic sacral foam dressing for the organization.

Identification of Problem

- ❑ Project Dates: January – December 2019
- ❑ Problem: HAPIs are measured as a national benchmark. Perioperative patients are at increased risk of developing pressure injuries (PI). Evidence shows that operative cases longer than 4 hours should have standard PI reduction strategies in place with the addition of a prophylactic sacral foam dressing.
- ❑ At MMC, prior to project implementation there was at least one HAPI that occurred during a patient's perioperative stay.
- ❑ Application of prophylactic sacral foam dressings were not regularly applied preoperatively preoperative.
- ❑ Multiple new and innovative sacral prophylactic foam dressings were becoming available. Since they were new on the market, there was no recent evidence regarding best product.

QI Question/Study Goal

- ❑ Question: When comparing two similar prophylactic sacral foam dressings, which product would demonstrate ease of application/reapplication, be preferred by the nursing staff, increase innovation, and provide the best patient outcomes?
- ❑ Goal: To decrease the rate of HAPIs in the perioperative patient to zero, select a product that satisfied both the patient and nursing staff, and innovate the care provided within the organization

Methods

- ❑ A literature review was completed
- ❑ Obtain trial samples for the organization prior to implementation
- ❑ Review products and evidence related to prophylactic foam dressing
- ❑ Two products were selected for trial
- ❑ Education was provided to the staff
- ❑ A three month trial was completed for each product on the surgical-oncology unit cases posted greater than 4 hours
- ❑ Surveys were sent out to the nursing staff once each trial was completed to obtain the nursing feedback related to product use
- ❑ Results of the surveys were reviewed. Based upon results, a product was selected and approved for use within the organization

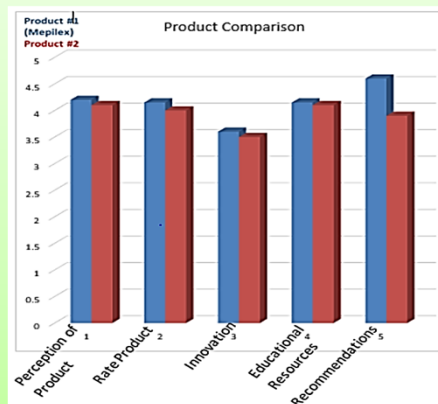
Discussion

- ❑ A nurse driven project was completed to determine the best sacral foam product to reduce HAPIs within the perioperative patient
- ❑ Nurse driven practice change brought an increased awareness to the need for sacral ulcer prevention
- ❑ During the project trial period, no sacral HAPIs occurred in this patient population

Outcomes/Results

- ❑ Nursing staff rated the Mepilex product highest in quality and ease of use
- ❑ Value analysis determined the Mepilex product was cost-effective
- ❑ HAPIs were reduced to zero after implementation of the product in 2019

Results Data



Conclusion

Implementation of a sacral foam dressing in the preoperative unit has been proven to reduce the sacral HAPIs in the perioperative patient. Nursing lead projects result in evidenced based practice and best outcomes for patients. When organizations empower nurses by providing the appropriate resources, support, and guidance necessary for nurses to conduct quality improvement projects successfully, nursing satisfaction is improved, patients receive the highest quality of care, and the organization advances.

Implications for Perianesthesia Nurses & Future Research

The nursing preferred product was chosen for utilization within the organization. Sacral foam dressing implementation has branched out into other patient populations, including vascular patients, nursing home patients, and other patients that are at highest risk of HAPIs.

- ❑ The operating room has initiated a trial to utilize the product for heel protection
- ❑ An Internal Review Board (IRB) study was completed for use on the vascular patient population and is now in data analysis
- ❑ When nurses are empowered to use evidence based processes to make practice changes, the result can be very positive for patient outcomes.

Special Acknowledgements

The MMC Wound Ostomy Continence Nurses
The Perioperative Nursing Staff

References

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