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

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Introduction/Problem: Perioperative sacral pressure injuries can occur in the operating room even with the highest standards of excellence in place. In 2019, Gwynneth Jarrell, a clinical nurse in the Preoperative Department advocated to include the use of a prophylactic sacral foam dressing for surgical cases greater than 4 hours.

Purpose: Using a collaborative approach to patient care, the purpose of this project was to evaluate several different foam dressings in order to prevent sacral pressure injuries and standardize care.

Targeted Goal: Decrease the rate of sacral ulcer pressure injuries in the perioperative patient to zero.

Methods: Two products were identified for use in perioperative patient population. Samples were obtained from the vendors. The patient population used in the performance improvement project was limited to surgical-oncology cases posted for four hours or greater. Education and training of device utilization and placement was provided to nursing staff. The shared governance practice committee decided to apply the product in the preoperative area. After use, a survey was distributed to the nurses to evaluate their satisfaction with the product including the quality, innovation, and how likely they would be to recommend the trial product. Each was trialed for 3 months.

Outcomes: Thirty two patients used the products. Nursing feedback showed a slight preference in ease of application and reapplication of the Mepilex product. A five point likert scale analysis of surveyed feedback demonstrated nurses' perception of better quality 4.14/5 for Mepilex, compared to 4.0/5 for an alternative foam dressing.

Discussion: A recommendation to purchase this product was made to hospital Value Analysis Committee by Gwynneth Jarrell. After discussion with all disciplines, the hospital approved to add the product to the inventory. Education and product was distributed throughout the other units within the Nursing Division. This nurse driven practice change has brought an increased awareness to the need for sacral ulcer prevention. The organization has not had any pressure injuries on patients who used the Mepilex dressing. This improvement project has led to a nurse driven research study that is currently ongoing.

Conclusion: Implementation of a foam sacral dressing in the Preoperative phase of care, can reduce the risk of sacral injuries for patients with procedure times 4 hours or greater. Organizations that embrace and encourage nurses to consider evidence and change practice can have a positive impact on patient care outcomes. Providing the appropriate resources, support and guidance is necessary to be successful.

References:

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