

Controlling Things We Can to Prevent HAPUs

Julie Lientz BSN, RN, WCC, CWON
Wound/Ostomy Nurse, John Muir Medical Center, Concord Campus
Email: julie.lientz@johnmuirhealth.com

Background: Pressure ulcers are under scrutiny now more than before. Medicare is not paying for hospital acquired pressure ulcers (HAPU). We have significantly decreased our prevalence and incidence since 2007, but have noticed that we still have some problems with lengthy surgeries and critically ill patients.

Objective: To help prevent HAPUs, improve patient care and decrease the cost of caring for these patients. The purpose is to help prevent shear, friction, and moisture with the application of a silicone dressing over the coccyx.

Setting: The trial is being conducted in the critical care units and on cardiovascular surgery patients.

Participants: All cardiovascular patients with surgeries lasting four or more hours and critical care patients that meet at least three of the inclusion criteria.

Method: We replicated a trial that was done in 800 ICUs across the country. A soft silicone dressing is applied to the sacrum to any patient that meets the inclusion criteria. Daily skin assessments are done by lifting the dressing and then replacing after inspection. The dressing is changed every 3 days.

Results: The trial is still in progress, but so far there have been no HAPUs in patients that protocol was followed. There were two patients that the nurse took off the dressings due to diarrhea and did not reapply it. One of those patients did get a stage II pressure ulcer and the other developed incontinent dermatitis.

Conclusion: The use of the soft silicone dressing can help prevent HAPUs by reducing shear, friction and moisture.