

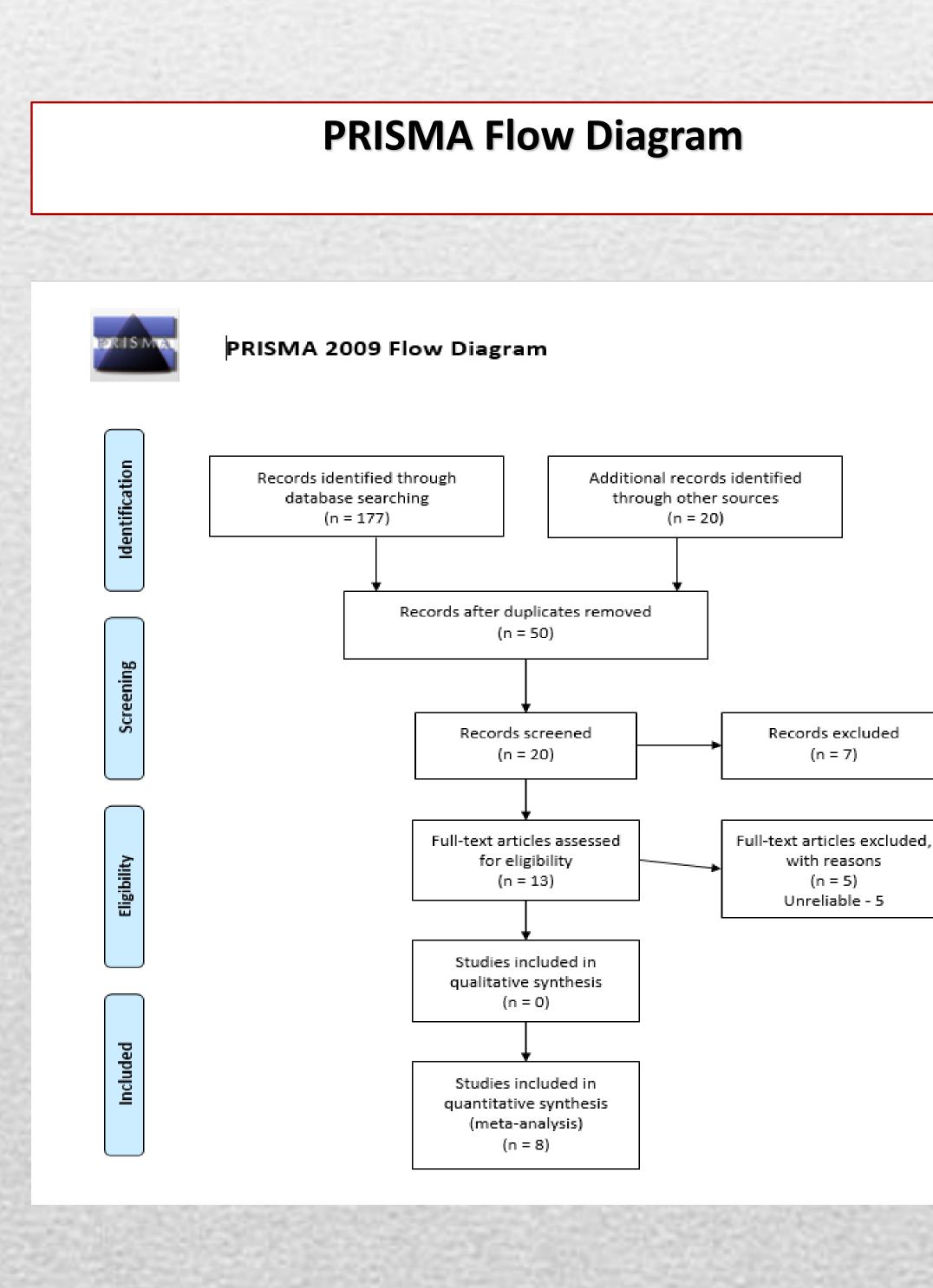


BACKGROUND AND PURPOSE

Background: Pressure ulcers are reported to exceed 28% prevalence rate in patients, especially in older adults (Magri & Larcher Caliri, 2017).

This is occurring with the use of risk assessment tools. <u>Purpose</u>: To effectively minimize the formation of pressure ulcers by looking into risk assessments and practice

- protocols for prevention of skin breakdown.
- Research question: In older adults, what is the effect of efficient skin care on reducing the risk of pressure ulcer development?



Reducing the Risk of Pressure Ulcers in Older Adults

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Results of Literature Review

- Multiple patient risk factor assessment tools are present in research, limited to: Braden scale risk assessment and the Cubbin and Jackson scale for risk assessment (Konstantinos, 2017).
- The Braden Score of all patients was less than or equal to 18.5, indicating low or no risk of pressure ulcer formation; yet, the review revealed a mean of 40% of patients developed a pressure ulcer (0-75%) (Magri & Larcher Caliri, 2017)
- In addition to this, a very strong correlation between the length of stay of a patient and the age was found. The older the patient and the longer the length of stay in the facility, there was an exponentially higher likelihood that pressure ulcer formation would result (Konstantinos, 2017).



(Tong, June 2016)

(Striker Corporation, 2018)

IF NURSES DON'T

PATIENTS CAN SUFFER THROUGH

PRACTICE GUIDELINES RECOMMENDATIONS

- hospital (Konstantinos, 2017).
- (Potter & Perry, 2017).
- Larcher Caliri, 2017).

- Do not use strong soaps
- Use daily moisturizer

- (Konstantinos, 2016)

- of nursing (9th ed.). (p. 1187)
- and Therapy, 2(3).

Braden Scale risk assessment or Cubbin and Jackson Scale should be implemented upon first admission and then reassess every 2 hours throughout duration of stay in

Based on the research findings, there should be a change made to the Braden Scale scoring system; specifically in regards to the scores for low to no risk.

These should be lowered as they are not effectively assessing at the way the scoring system is currently set. Educating patients and staff on regular turn schedule for patients every two hours at most and more often if needed

Assessing risk scale in correlation with duration of patient hospitalization. Frequency of risk assessment should increase with increased length of hospital stay (Magri &

Implementing effective skin care:

• When washing, use a soft sponge or cloth

• Keep skin clean and dry

Drink plenty of water if not contraindicated

Eat regular meals and snacks for good nutrition

• Using devices and pillows to alleviate pressure points

where skin breakdown most commonly happens

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• Striker Corporation. Turning patient [Digital image]. (2018). Retrieved from https://patientcare.stryker.com/en/products/surfaces/powered-surfaces/positionpro • Tong, S.-F. (2016, June 30). Figure 1: The healing of the heel ulcer of this elderly individual continues to date. Hong Kong, China: Journal of Dermatology Research