

Positioning OR Patients to Prevent the Development of Pressure Ulcers

Prevention of Perioperative Pressure Ulcers
Tool Kit

Funded in part by grants from Sage Products, LLC and Medtronic through the AORN Foundation.

Debra L. Fawcett PhD, RN

- Debra L. Fawcett PhD, RN, is the Manager of infection prevention and control at Eskenazi Health Services, Indianapolis, Indiana, and has been a perioperative nurse for over 30 years. Dr. Fawcett received her associate and bachelor's degrees in nursing from Indiana University Kokomo, her master's degree in nursing from Ball State University Muncie, and her PhD in nursing from the University of Cincinnati, College of Nursing and Health. Dr. Fawcett focused her dissertation on pressure injuries and support surfaces in the OR. Since that time, she has authored several articles on various subjects, completed and published a chapter on surgical positioning in the OR, and presented on pressure injuries and pressure ulcers in the OR all over the world, including Kenya and Oxford, England. Dr. Fawcett has served as a panel member for National Pressure Ulcer Advisory Panel (NPUAP). As a past member of the AORN Board of Directors, Fawcett had the opportunity to present on pressure injuries and positioning to many chapters. Dr. Fawcett is active in AORN serving on several committees over the years, including membership, research, mentoring task force, and as academic liaison. She has presented at AORN Expo on pressure ulcers multiple times. She has developed classes on perioperative education, pressure injuries, positioning, and mentoring. She is a member of Sigma Theta Tau, APIC, IU Alumni Association, and a member of the Indianapolis Patient Safety Coalition where she serves on the perioperative task force.

Disclosure Information

Speaker:

Debra L. Fawcett

1. Consultant/Speaker's Bureau
EHOB, Inc.

Planning Committee:

Ellice Mellinger, MS, BSN, RN, CNOR
Senior Perioperative Education Specialist,
AORN
Discloses No Conflict

AORN's policy is that the subject matter experts for this product must disclose any financial relationship in a company providing grant funds and/or a company whose product(s) may be discussed or used during the educational activity. Financial disclosure will include the name of the company and/or product and the type of financial relationship, and includes relationships that are in place at the time of the activity or were in place in the 12 months preceding the activity. Disclosures for this activity are indicated according to the following numeric categories:

1. Consultant/Speaker's Bureau
2. Employee
3. Stockholder
4. Product Designer
5. Grant/Research Support
6. Other relationship (specify)
7. No conflict of interest

AORN IS PLEASED TO PROVIDE THIS WEBINAR ON THIS IMPORTANT TOPIC. HOWEVER, THE VIEWS EXPRESSED IN THIS WEBINAR ARE THOSE OF THE PRESENTERS AND DO NOT NECESSARILY REPRESENT THE VIEWS OF, AND SHOULD NOT BE ATTRIBUTED TO AORN.



Objectives

- Discuss what knowledge is needed to prevent pressure ulcers (PU) in the OR.

Patient Positioning

Positioning is just one aspect in the prevention of pressure ulcers that begin in the OR.

The most important factor in positioning is knowledge of the

- risks
- procedure
- position
- devices
- surfaces
- effects of anesthesia

Development of a Pressure Ulcer

- Results in:
 - Increased pain/discomfort
 - Increased hospital stays
 - Possible disfigurement
 - Increased hospital costs
 - Loss of income for the institution
 - Often the cost of treating a pressure ulcer is 2.5 times greater than prevention (Ayello & Lyder, 2007)

Development of a Pressure Ulcer

- A pressure ulcer in the OR usually results from extended periods of pressure with inability to move, inadequate pressure redistribution surfaces, incorrect use of positioning devices, or improper positioning (Fawcett. 2010)



To Position the Patient

Use forethought;

- Know the procedure
- Know the position
- Understand the effects of anesthesia
- Understand the effects of pharmacology
- Understand the skin bloodflow process
- Know the patient risks (co-morbidities)

To Position the Patient

- Plan ahead:
 - Prepare all needed materials in advance
 - Do not do workarounds (no IV bags)
 - Communicate patient risks with team ahead of the procedure
 - New surfaces – what do they do?
 - Are all devices working correctly?
 - After the patient is positioned make sure all pressure points are protected
 - Watch the team to determine if any extra weight has been placed on the patient (Mayo stands, etc)

Surfaces

- Choose surfaces that reduce relieve, or redistribute pressure
- Choose what is best for your patient population.
- Many types of surfaces out there.
- A pressure ulcer for a surgical patient may actually begin before the patient is taken to the OR.



Consideration

- All surgical patients should be considered at risk for a pressure ulcer. Many factors in the OR are uncontrollable .
- All information related to the procedure, length of procedure, risk factors, anything unusual should be reported to the PACU unit staff after the surgery so that prevention processes can be put in place.



Communication



Often communication of the patient position is not part of the hand off communication tool (e.g., SBAR report). Good communication is important.

Must report to PACU/Unit nurses:

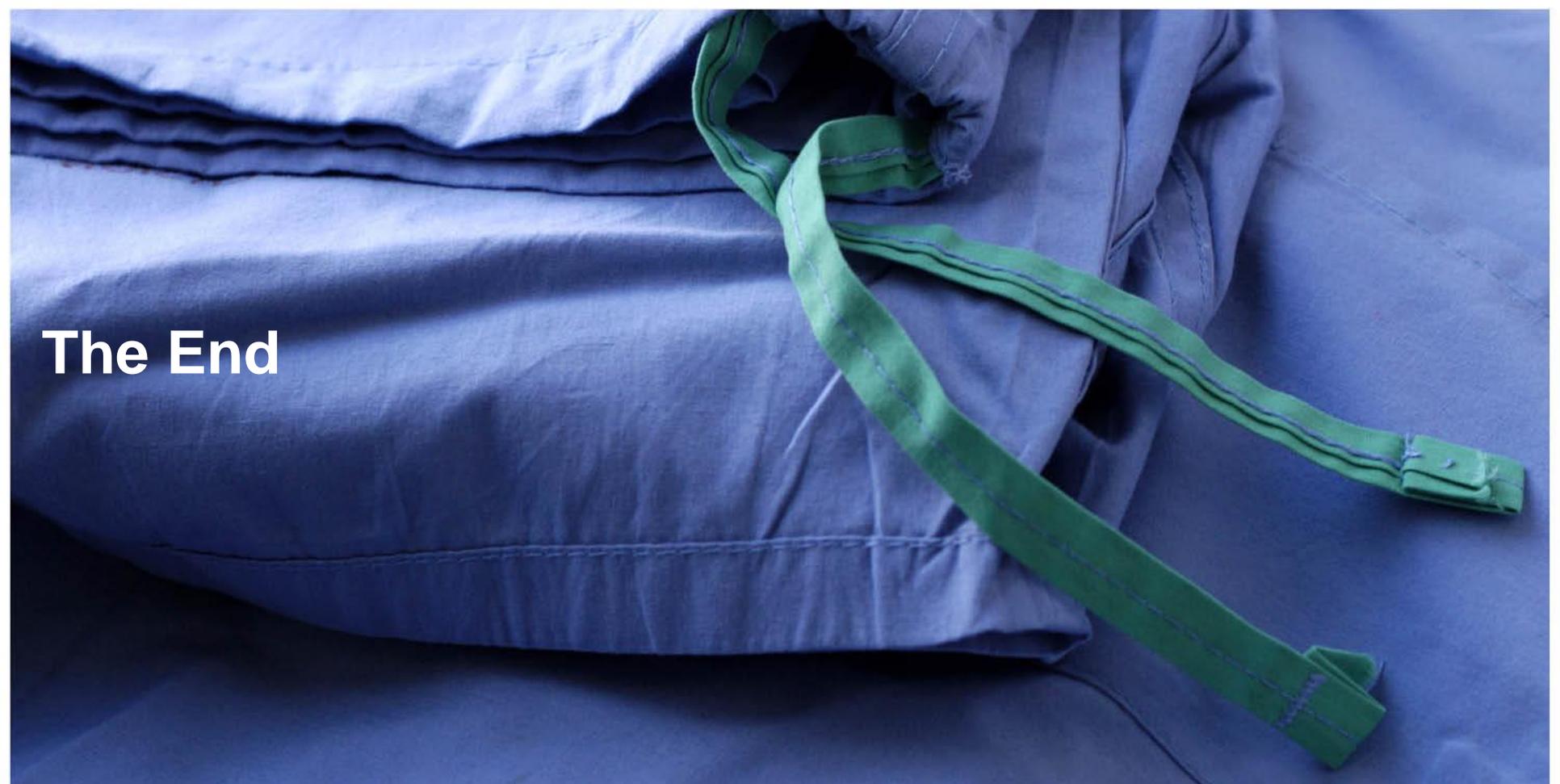
- How long the patient was in the surgical position
- How much blood the patient lost
- Whether a skin assessment done prior to transport
- Whether any special positioning devices were used
- How long was the patient in the holding/preop area
- Whether the patient immobile was prior to the surgical procedure

Communication

- Return communication
 - During a recent national questionnaire, 9 of 10 respondents stated that once the patient left the OR suite, they never knew if the patient developed a pressure ulcer.
 - Staff never knew if any pressure ulcers were attributed to the OR.
 - OR staff needs to investigate and be aware of the incidence of suspected or confirmed pressure ulcers from the OR so that they can
 - address the issues
 - identify if there was a break in process
 - educate staff
 - work to prevent additional occurrences of pressure ulcer.

References

- Ayello EA, Lyder CH. Protecting patients from harm: preventing pressure ulcers. *Nursing*. 2007;37(10):36-40.
- Black J, Fawcett D, Scott S. Ten top tips: Preventing pressure ulcers in the surgical patient. *Wounds Int*. 2014;5(4):14-18.
- Fawcett D. Prevention of positioning injuries. In: Watson DS, ed. *Perioperative Safety*. St Louis, MO: Mosby/Elsevier; 2011:167-177.
- Giachetta-Ryan D. Perioperative pressure ulcers: how can they be prevented? *OR Nurse*. 2015;9(4):22-28.
- Guideline for positioning the patient. In: *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; 2015:563-582.
- Emily Haesler, ed; National Pressure Ulcer Advisory Panel; European Pressure Ulcer Advisory Panel; and Pan Pacific Pressure Injury Alliance. *Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline*. Cambridge Media: Osborne Park, Western Australia; 2014:73-75.



The End

**Prevention of Perioperative Pressure Ulcers
Tool Kit**