

The Johns Hopkins Hospital (JHH) Perioperative Pressure Injury Prevention Program

Purpose: To assess JHH patient's risk for pressure injury during surgical procedures by using the Scott Triggers Tool and to decrease the incidence of injury by instituting a plan of care designed to bundle interventions based on surgical position.

Process: Preoperative Skin Assessment

- The preoperative RN will complete a basic skin assessment of the patient, inclusive of the surgical site.
- During the intraoperative RN interview, the patient's visible skin will be assessed, verbal confirmation of skin alterations will be noted, and any additional information pertinent to skin integrity will be documented in the EMR.
- Both the pre-op RN and the OR RN will view the Scott Trigger Risk Assessment in the electronic record and create an updated plan of care based on the results.
- A face-to-face hand off will occur between the Preoperative RN and the OR RN.

Intraoperative Skin Assessment and Intervention

- Utilize safe patient handling devices to move the patient to and from the OR table.
- While positioning on the transfer device, perform a "safe skin scan."
- All disciplines will perform the check and communicate any alterations to the OR RN for documentation.
- In the PNDS field, document the risk for Perioperative Positioning Injury
 - Scott Trigger score
 - Position
 - Interventions
 - Additional pertinent information
- Initiate the positioning bundle if applicable
 - Supine
 - Prone
 - Lateral/Park Bench
- Utilize gel pads for positioning aids as appropriate
 - Eliminate the use of eggcrate if possible.
 - Notify charge nurse/nurse manager if additional resources are needed for positioning aids.
- Position with appropriate amount of team members

- 4-6 based on patient size
- Utilize transfer devices if indicated/appropriate
 - Slide/Roll board
 - Lateral transfer device
- When the procedure is completed, assess patient's skin integrity utilizing the "safe skin scan" while placing the patient on a transfer device and document findings in the post op skin screen.
- If any alterations in skin integrity occur, a report must be placed
 - Initiate the report.
 - Complete the demographic information.
 - Document your name as the recorder.
 - Gather the pertinent information.
 - Comorbidities
 - Alterations to preoperative skin assessment
 - Newly developed alterations in skin integrity
 - Description of the area
 - Type
 - Size
 - Color
 - Drainage
 - Action taken
 - Recommendation

Postoperative Skin Assessment

- A face-to-face hand off will occur between the Intraoperative RN and the postoperative RN.
- The preoperative, intraoperative, and postoperative skin assessment will be shared.
- If the alteration in skin integrity is greater than 1 (skin tear or more), the postoperative RN will document the site on the wound flowsheet.
- The documentation on the wound flowsheet will assist in the continuum of care during the patient's hospital encounter.
- If the patient's postoperative destination is the intensive care unit, the ICU RN should notify their specific wound care nurse for assessment and follow up.

POSITIONING BUNDLES

Supine—HIGH-RISK SURGICAL PATIENT

- Vulnerable anatomy
 - Occiput
 - Scapulae
 - Arms
 - Elbows
 - Thoracic vertebrae
 - Lumbar area
 - Sacrum/coccyx
 - Heels
- Description
 - On back
 - Ankles uncrossed
 - Arms
 - At side in neutral position
 - If tucked, the draw sheet should be tucked under the patient and palms should face the body.
 - On arm boards at less than 90 degree with palms up
 - Head and body alignment
 - Pillow under knees
 - Heels elevated
 - Safety strap should be 2" above the knee and have a blanket/sheet between it and the patient.
- Positioning Aids
 - Gel donut for head if applicable
 - Gel padding for torso
 - Gel padding for arm boards/arm cradle
 - Prophylactic Foam Dressing
 - Pillow for under knees

Prone—HIGH-RISK PATIENT

- Vulnerable Anatomy
 - Forehead, eyes, ears, and chin
 - Anterior shoulders
 - Breasts
 - Iliac Crest
 - Genitalia
 - Knees

- Shins
- Dorsum of feet
- Toes
- Description
 - Patient is induced in the supine position.
 - After induction, the patient is log rolled/lifted into prone position.
 - Patient may be placed on a positioning device/specialty table.
 - Head may be placed on headrest/specialty device.
 - Head and Cervical alignment
 - Arms
 - At side in neutral position
 - If tucked, the draw sheet should be tucked under the patient and palms should face the body and hands/wrist in normal alignment.
 - On arm boards at less than 90 degree with elbows flexed and palms down
 - Chest rolls from clavicle to iliac crest
 - Specialty table pads
 - Toes free and padding under shins
- Positioning Aids
 - Foam/gel headrest
 - Eyes
 - Chin
 - Forehead
 - Gel Chest Rolls
 - Gel padding for arms boards/arm cradle
 - Gel padding under knees
 - Pillows and gel overlay for shins
 - Assessment of genitalia and breast post positioning
 - Breasts moved toward midline with lateral support
 - Male genitalia free from pressure
 - Specialty Table interventions
 - As above
 - Table padding kit
 - Prophylactic Foam Dressing—8 x 20 for chest protection
 - Prophylactic Foam Dressing—8 x 8 for groin protection
 - Prophylactic Dressing—4 x 4 for knees

Lateral/Park Bench—HIGH-RISK PATIENT

- Vulnerable anatomy
 - Dependent side of face and ear
 - Dependent shoulder
 - Arms
 - Dependent axilla
 - Dependent hip
 - Legs
 - Dependent knee
 - Ankles
 - Feet
- Description
 - Patient begins in supine position.
 - Patient is log rolled onto the non-operative side.
 - Solid positioning devices (eg, bean bags) should be avoided, as they increase the risk of pressure injury due to compromise of the circulatory system and overall effect of gravity on the body.
 - Note—this is going to be a learning experience and change of practice for our surgeons.
 - Will begin to investigate other options.
 - Patients dependent leg is flexed and the top leg straight.
 - Spinal alignment
 - Pillow/specialty headrest for head
 - Dependent arm on arm board
 - Upper arm supported with padded arm board, pillows, or padding
- Positioning Aids
 - Gel under head/specialty headrest
 - Gel axillary roll
 - Gel padding for arm boards/arm cradle
 - Pillow between arms
 - Pillow between legs
 - Gel bump for front/back
 - Gel overlay on bean bag
 - Gel padding under knee, ankle and foot
 - Prophylactic foam dressing
 - various sizes to protect bony prominences
- Park Bench considerations

Lithotomy

- Vulnerable Anatomy
 - Occiput
 - Scapulae
 - Arms
 - Elbows
 - Thoracic vertebrae
 - Lumbar area
 - Sacrum/coccyx
 - Heels
 - Nerve injury
 - Common Peroneal
 - Femoral
 - Obturator
- Description
 - Begin in the Supine Position.
 - Legs will be placed in one of 5 positions depending on the procedural needs
 - Low
 - Standard
 - Hemi—only one leg in lithotomy
 - High
 - Exaggerated
 - Place in the lowest position possible for procedural needs.
 - The legs will be placed in stirrups.
 - Candy Cane
 - Boot-type
 - Secure stirrups firmly to the bed.
 - Position legs into the stirrups evenly and at the same time.
 - Remove legs from the stirrups evenly and at the same time.
- Positioning Aids
 - Gel donut for head if applicable
 - Gel padding for torso
 - Gel padding for arm boards/arm cradle
 - Prophylactic Foam Dressing
 - Gel padding in Stirrups
 - Gel padding for ankle/feet in candy cane stirrups

© The Johns Hopkins Hospital and Johns Hopkins University. All rights reserved.

Reprinted with permission from John Hopkins Hospital. Copyright © 2019 The Johns Hopkins Hospital and Johns Hopkins University. All rights reserved.