



SAVING OUR SKIN: DEVELOPMENT OF A UNIT BASED PEDIATRIC CARDIAC INTENSIVE CARE NURSING SKINCARE COMMITTEE

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Background

Pediatric cardiac Intensive care (PCICU) patients are at a high risk for developing pressure injuries (PIs) related to decreased mobility and perfusion, poor nutrition, altered mental status and medical devices. Pain, infection, and prolonged hospitalization are also associated with development of PI's. Depending on the stage and severity, treatment can cost between \$2,000 and \$20,000.(1)

Objective

Develop a unit based nurse led committee to promote evidence based practices on preventing pressure injuries (PI) in the pediatric cardiac intensive care (PCICU) population.

Methods

A kick off meeting was held to recruit members of the skin committee and Wound Ostomy Care RN.

Pressure injury unit data was presented to the staff.

Evidenced based practice literature reviewed by newly formed committee.

The following initiatives were created:

- Monthly Meetings
- Committee Email
- Skin Fair
- Skin Audit Tool
- High Risk Bedside Tool
- Skin Survey
- Skin Care Cart
- Skin Care Corner

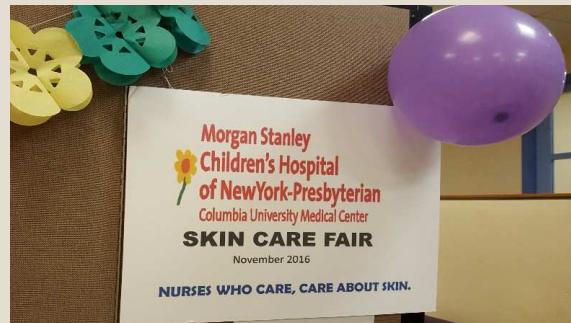
Monthly Meetings. Meetings are held among members of the skin committee and WOCN RN to disseminate information regarding PI prevalence, initiatives, and product availability.

Committee Email. An email account has served as a mode of communication between the committee and staff to provide care updates/alerts and allow for questions and consultations.

9TSkinsavers@nyp.org



Skin Fair. An annual fair is held to inform all staff of current evidence based practice on PI prevention and provide education regarding documentation, skin impairments and treatments.



Skin Audit Tool. An audit is performed weekly to determine patients at high risk for skin breakdown. Factors leading to decreased mobility, altered perfusion/nutrition, and utilization of preventative strategies are assessed.

[illegible]

High Risk Bedside Tool. This form is placed at the bedside of patients at high risk for skin breakdown. It alerts staff of high risk criteria and pertinent strategies to prevent PI development.

THE 9T SKIN TEAM IDENTIFIED THIS PATIENT

AS HIGH RISK FOR SKIN BREAKDOWN BASED ON THE FOLLOWING CRITERIA:

(CHECK ALL THAT APPLY)

- ☐ BRADEN Q SCORE LESS THAN 25
- ☐ BRADEN SCORE LESS THAN 18
- ☐ DECREASED MOBILITY
- ☐ PROLONGED STAY
- ☐ ECMO CONSULT
- ☐ OTHER: _____

PLEASE EMAIL 9TSKINSAVERS@NYP.ORG WITH ANY NEWLY DEVELOPED SKIN IMPAIRMENTS AND/OR PRESSURE ULCERS.

9T SKIN TEAM ENCOURAGES THE FOLLOWING INTERVENTIONS:

- ✦ REPOSITION Q 2 HOURS; TURN AS TOLERATED
- ✦ CHECK BONY PROMINENCES AND PRESSURE POINTS WITH REPOSITIONING
- ✦ OFFLOAD PRESSURE AREAS WHERE APPLICABLE (e.g. heels, elbows, ears)
- ✦ USE SKIN PROTECTANTS/PREP WITH DRESSING CHANGES (NO STING SKIN PREP, CAVILON, OR MARATHON)
- ✦ USE BARRIER CREAMS FOR INCONTINENT PATIENTS
- ✦ USE ADHESIVE REMOVERS WHERE APPLICABLE (SENSICARE)
- ✦ OPTIMIZE NUTRITION (VIA TPN, PPN, OR ENTERAL)
- ✦ EXAMINE THE NEED FOR A SPECIALTY BED (TOTAL CARE, KIN AIR, OR CITADEL)
- ✦ USE OF POSITIONING AIDE (Z FLO, PILLOWS, TORTOISE)
- ✦ AVOID MULTIPLE LAYERS OF PADDING ON BED
- ✦ MINIMIZE USE OF ADHESIVES WHERE APPLICABLE (INSTEAD USE KERLIX, TEFLA, OR CONSIDER KIND BLUE TAPE OR MEPITAC)

SKIN SURVEY COMPLETED: _____

ADDITIONAL INTERVENTIONS:

DATE: _____

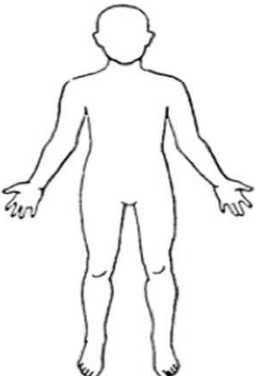
SKIN TEAM INITIALS: _____

Skin Survey. Head to toe skin assessments are completed for patients identified as high risk. Preventative strategies and treatments are viewed with the patient/family and care team.

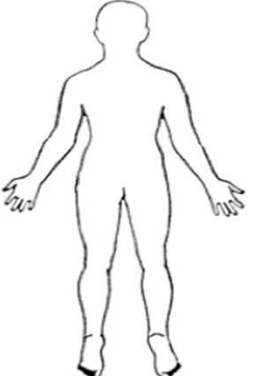
INITIALS	SIGNATURE

Patient initials:
Room:

WEEKLY SKIN SURVEY: Please note any bruising or wounds with dated entry & Initials. Please sign and initial table.



front



back

Skin Care Cart. The cart is kept on the unit and is stocked with skin protecting materials for high risks patients. It can be taken to the bedside.



Skin Care Corner:

- Displays the product of the month for all PCICU nurses to learn about.
- Updated monthly by an assigned committee member.

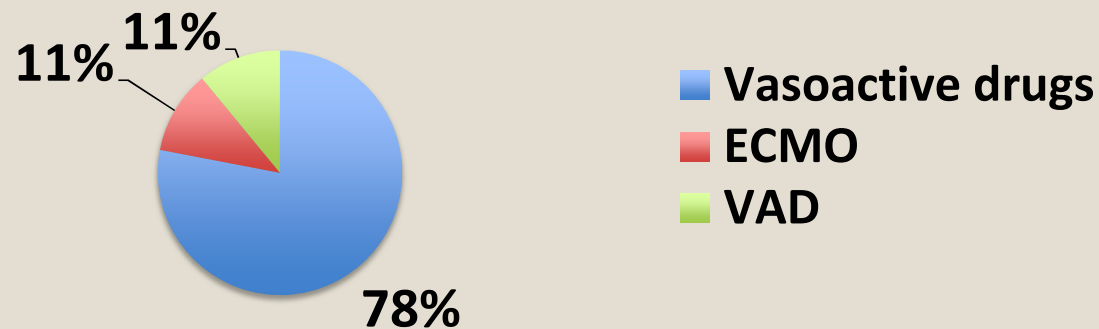


Results

During the months of January 2017-June 2017, 82 patients were surveyed by the PCICU skin team members.

16% of the patients (20) surveyed met criteria for high risk.

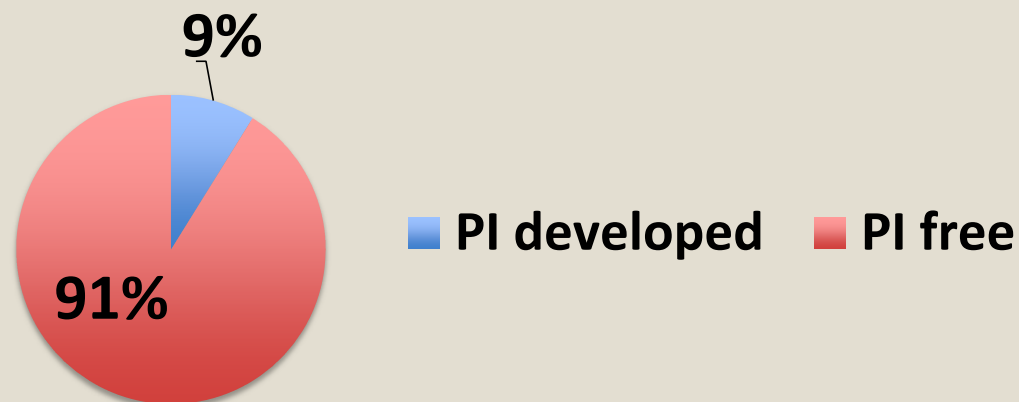
The high risk identifiers included patients receiving therapy with vasoactive drugs (78%) and who were on Ventricular Assist Devices (11%) and Extra Corporeal Membrane Oxygenation (11%).



Results

9% of the high risk patients (2) developed a pressure injury.

91 % of the high risk patients (18) surveyed remained free of developing a PI.



Conclusion

Infants and children that are at risk for pressure injuries can be identified from documentation and skin surveys.

Interventions implemented early may prevent the development or progression of a pressure injury.

Collaborative efforts led by the PCICU skin care committee demonstrated improvement of pressure injury prevention and treatment.

Acknowledgements

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Questions?