Compliance with Pressure Ulcer Guidelines

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A Review of Compliance Measures
Assess skin on day one of admission, and immediately implement care planning for any resident at risk for pressure ulcer. Correctly identify the type and stage of pressure ulcer, and describe well. Include repositioning and nutritional interventions in care planning. Track the healing progress of pressure ulcers, and alter the plan of care and treatment when needed. Implement facility forms and policies to assure comprehensive documentation and monitoring of skin status. Write care plans interventions for residents who need cues, reminders, and teaching on repositioning.

Skin Care Recommendations
The surveyor guidelines refer to several clinical resources for recognized standards of practice for the prevention and management of pressure ulcers. Here are some highlights from NGC – National Guideline Clearinghouse, Guideline Title: Pressure Ulcers in Adults: Prediction and Prevention:
All individuals at risk for pressure ulcers should have a systematic skin inspection at least once a day. Avoid massage over bony prominences. When the side-lying position is used in bed, avoid positioning directly on the trochanter. Maintain the head of the bed at the lowest degree of elevation consistent with medical conditions and other restrictions. Limit the amount of time the head of the bed is elevated. Any person at risk for developing a pressure ulcer should avoid uninterrupted sitting in a chair or wheelchair. The individual should be repositioned, shifting the points under pressure at least every hour or be put back to bed if consistent with overall patient management goals. Individuals who are able should be taught to shift weight every 15 minutes.

Current Standards of Care
Current standards of care and the new surveyor guidelines are focusing more on repositioning and shifting of pressure loads. The facility will need to take a closer look at residents who are somewhat independent but may need minimal assistance or reminding to shift weight. This needs to be care planned for all these types of residents, and all of the staff must be aware of the care planning interventions. Residents may also need knowledge deficit care plans for teaching about the importance of repositioning.
Pressure Ulcer Treatment
The National Guideline Clearinghouse is very specific about pressure ulcer treatment, and here are some highlights of the recommendations from Guideline Title: Treatment of Pressure Ulcers, 2002:
Do not clean ulcer wounds with skin cleansers or antiseptic agents.
Use normal saline for cleansing most pressure ulcers.
Choose a dressing that keeps the surrounding intact skin dry while keeping the ulcer bed moist.
Choose a dressing that controls exudates but does not desiccate the ulcer bed.

Quality Assurance Department
The Quality Assurance nurse can help a great deal by tracking the number of residents in the facility who have skin breakdown.
She should closely examine the Quality Indicator data each month. The Quality Indicator for Pressure Ulcers reflects data from the MDS section M0200-M0500, Stage 1 to 4 pressure ulcer. This is designated as a Sentinel Event if the resident is low risk for pressure ulcers. The facility is expected to have few or no Sentinel Events.
Tracking is important. The Quality Assurance department should track each month how many pressure ulcers are in the facility and whether they were there on admission or developed in the facility.
For existing pressure ulcers, the healing progress should be closely monitored. These reports should be examined by the Director of Nursing and taken to the care plan meetings for the residents involved.