

[EP339] PREVENTION OF DIABETIC FOOT ULCERS IN LONG TERM CARE

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E-poster session: Prevention 2

Aim: To establish a heel ulcer prevention protocol for diabetic residents in long term care facilities.

Method: Baseline:

- Risk assessment PURS/ Braden
- Inlow's 60 sec Diabetic Foot Screen
- Prevalence of existing lower extremity Diabetic foot ulcers (DFUs)
- Costs of diabetic heel ulcers (current & prevention)

Resident Exclusions:

- Non-diabetic Residents
- End of life stage Residents
- Ambulating independently

Resident Inclusion:

An offloading suspension boot was provided to all Residents who meet criteria:

- Insulin Dependent
- Non-insulin Dependent

Results / Discussion: 30 Residents participated.

Quantitative:

Monitor/document incidences of:

- Development of diabetic foot ulcers 3 & 6 months
- Healing progress of existing DFUs (compared wound measurements overtime)
- Calculate cost of prevention strategies

Qualitative:

- Resident questionnaire regarding comfort
- Staff feedback regarding ease of use and application

Conclusion:

- No incidents of DFUs noted in the observed period of 3 & 6 months
- Improvement of existing DFUs
- Prevention cost are less than treatment cost
- Residents stated offloading suspension boot was comfortable, no pain
- Staff stated ease of use and application and the importance of availability of product on resident admission

[EP340] UTILISING CLINICAL AUDIT TO MONITOR THE IMPLEMENTATION STAGE OF A SKIN CARE PATHWAY FOR MOISTURE LESIONS

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E-poster session: Prevention 2

Aim: To monitor the effective implementation of the skin care pathway for continence related moisture lesions through clinical audit.

Method: The nursing staff across two wards, supported by their Tissue Viability Link Nurses, assessed all patients, those with continence needs were included within this clinical audit. The patient needs were reported as Type 1) urinary incontinent, Type 2) faecal incontinent or Type 3) urine and faecal incontinent combined. The skin integrity stages were categorized as: A) at risk with intact skin, B) moisture damage with intact skin, C) moisture damage with broken skin, D) incontinence associated dermatitis with intact skin and E) incontinence associated dermatitis with broken skin.

Dependent upon the skin integrity status barrier products were selected; barrier cream for A, B and D stages and a barrier film for C and E stages.

Results / Discussion: The outcomes highlighted

- The patient demographics represented all three types of incontinence across all skin integrity stages
- The frequency and type of the barrier product applied
- The changes to the skin integrity status
- The successful implementation of the skin care pathway by the completion of patient evaluation documentation
- The documentation of the skin integrity changes post barrier product application supported by medical illustrations wherever feasible

Conclusion: Yates (2012) suggested that preventative and treatment measures are adopted to prevent further skin deterioration. This audit demonstrated the effective implementation of the skin care pathway for moisture lesions within a standardised approach to the prevention and management of moisture lesion in-patient care.

[EP341] USE OF HYDROGEL WOUND DRESSING IN THE PREVENTION FROM RADIODERMATITIS GRADES II AND III IN PATIENT RADIOTHERAPY

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E-poster session: Prevention 2

Aim: In radiotherapy, radioisotopes are used at high doses to the deleterious effect of radioactivity on body tissues. This mechanism of action causes the radiation prevents and/or destroy the tumour cells, through damage caused by ionizing radiation in the cellular DNA. Even targeting neoplastic cells, healthy tissues are affected, justifying the skin lesions (radiodermatitis) during the course of treatment. The radiodermatitis cause pain and discomfort to patients making or limiting their normal daily activities. Besides as they compromise the extension clinical outcome of treatment.

Method: Pilot study of prospective cohort prognosis with 20 patients that aims to verify that the coverage hydrogel wound dressing is effective in preventing radiodermatitis degrees II and III, according to RTOG classification (Radiation Therapy Oncology Group) during radiotherapy. The patients were followed-up, guided and evaluated weekly by nurses about the integrity of the skin, cover enforcement and local skin care.

Results/Discussion: Of the 20 patients examined had 100% of healthy skin on the first and second weeks of treatment; 58% presented radiodermatitis RTOG grade I and grade II 9% in the third and fourth weeks; 65% grade I, grade II 25% and 10% had grade III in the fifth and final week of treatment.

Conclusion: The use of hydrogel wound coverage dressing statistically reduced the incidence of Radiodermatitis Grades II and III promoting patients increase in quality of life and treatment, enabling the completion of the same with a decrease of Comorbidities and interruptions.

[EP342] CAN PRESSURE MONITORING INFLUENCE NON-CONCORDANT PATIENTS AND CARERS IN THEIR DECISION MAKING WITH REGARDS TO REPOSITIONING AND PRESSURE ULCER PREVENTION

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E-poster session: Prevention 2

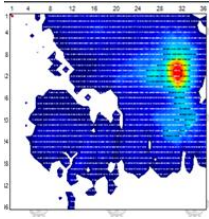
Aim: This project explored the use of pressure monitoring (PM)* in community settings where care provision is much less frequent, in order to gain insight into the everyday life of non-concordant patients.

The objectives were to see if a) pressure ulcers can be reduced following use of the pressure monitor (PM)*; b) can PM facilitate patient decision-making in avoiding specific positions; c) to identify positions which are not compatible with healing; d) to look at the ease of use, user acceptability and comfort.

Method: Patients were recruited as cases for the study who were non-concordant and at high risk of developing pressure ulcers. These patients either were refusing, reluctant to use equipment or current equipment was not effective or uncomfortable.

Results/Discussion: 10 patients were assessed during a 3 month period.

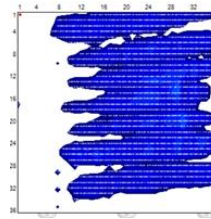
- 90% of cases showed signs of healing or healed following PM
- 90% of cases agreed to new/alternative changes to fit their social situation
- 3 cases' understanding of their turning regime improved
- 100% of patients found it useful
- 1 case found the monitor too bright at night
- 1 found the map slippery
- 1 had an increase in care costs due to mapping findings
- 1 mattress was downgraded, saving £1,000
- 2 cases kept medium risk mattresses in place instead of upgrading to high risk equipment saving £2,000



Before Intervention

Peak Pressure 256mmhg

Average Pressure 25.35mmhg



After Intervention

Peak Pressure 47.12mmhg

Average Pressure 23.96 mmhg

Conclusion: The PM device provides valuable insight into patient activity in the community, with the potential to empower and facilitate individualised care with regards to the prevention and healing of pressure ulcers. Previously non-concordant patients agreed to changes in their care which expedited a positive outcome in the majority of patients.

*SUMED Xsenor ForeSite PT system

[EP343] PRESSURE ULCER PREVENTION – A TOOLKIT FOR HEALTHCARE PROFESSIONNALS TO ENSURE SUCCESS

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E-poster session: Prevention 2

Aim: In 2009, the hospital pressure ulcer (PU) prevalence of category 1 to 4 was 19.2%. The prevention interventions were not always done by healthcare givers and not in adequacy with the latest best practices. An institutional program* has been developed and implemented in the hospital. To guarantee long term effect on PU prevalence and to ensure continued awareness of PU prevention by all healthcare professionals, which clinical and management tools are needed to confirm that all at risk patients benefit from adequate interventions?

Method: A literature review was made using PUBMED and Google Scholar. The keywords nursing supervision, guidelines adherence, pressure ulcer and incentive plan were selected separately and in combination. The data collected was used to establish a list of the most reliable interventions in reducing pressure ulcer prevalence.

Results / Discussion: The minimal required interventions toolkit includes Professional's responsibilities clarification, Monitoring and clinical management, Professional knowledge and training, PU Champions and Performance of nursing care indicators and communication. The professionals' non-adherence to PU guidelines may affect the quality of care provided to the patient and lead to pressure ulcer development.

Conclusion: This toolkit may be an answer to assure best practice in pressure ulcer prevention and quality care to every at risk patient hospitalized in our institution. A prevention program needs continuous clinical leadership, monitoring and adjustment to ensure long term awareness.

*"Objectif Zéro Escarre" (OZE)

[EP344] CLEAN, MOISTURIZE AND PROTECT! A STANDARDIZED APPROACH TO PREVENTING INCONTINENCE ASSOCIATED DERMATITIS

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E-poster session: Prevention 2

Aim: To evaluate the effectiveness of an evidence based incontinence care regimen on the prevention of Incontinence Associated Dermatitis (IAD) on a 16 bed adult critical care unit in a large teaching hospital.

Method: In August 2014 our incontinence cleansing protocol was standardized to include the use of an all-in-one, disposable, dimethicone-infused barrier cloth aimed to cleanse, moisturize and protect the skin following each incontinence episode. Prior to implementation, standard of care for incontinence care involved skin cleansing foam or water with liquid soap, paper basin bowel, cloth and barrier cream (barrier spray for treatment only). Staff education was provided regarding best practices for IAD and pressure ulcer prevention. Pre and post IAD rates were collected.

Results / Discussion: Pre-implementation, the IAD prevalence rate was 18.6%. Following implementation of a standardized incontinence protocol the average monthly IAD rate was 8.5%. This represents an average monthly IAD reduction of 54%.

Conclusion: The initiation of a standardized evidence-based incontinence cleansing protocol enhanced prevention and care for IAD. The change in practice enabled effective incontinence cleansing in our high-risk patient population and provided an easy and consistent method for applying a barrier with every episode of incontinence care.

[EP345] USE OF A COMPREHENSIVE PRESSURE ULCER PREVENTION PROGRAM TO REDUCE THE INCIDENCE OF HOSPITAL ACQUIRED PRESSURE ULCERS IN AN INTENSIVE CARE UNIT SETTING

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E-poster session: Prevention 2

Aim: Hospital-acquired pressure ulcers (HAPU) are a costly and largely preventable complication occurring in a variety of acute-care settings. Because they are considered preventable, stage III and IV HAPUs are not reimbursed by Medicare. The aim was to assess the effectiveness of a formal, year-long HAPU prevention program in the adult intensive care unit of our hospital, with a goal of achieving at least a 50% reduction in 2013, compared with 2011.

Method: Planning for the prevention program began in 2012, and the program was rolled out in the first quarter of 2013. Program components included use of Braden algorithm scores, a revised skin care protocol, fluidized repositioners, and a five layer, silicone adhesive quadrilobed dressings*. Efforts were made to educate and motivate staff and encourage them to be more proactive in detecting patients at risk of HAPUs.

Results / Discussion: The incidence of HAPUs in the adult ICU was reduced by 69% (n=17; 3.0% of patients in 2013 vs. n=45, 9.8% of patients in 2011) despite a 22% increase in patient load. The hospital realized a cost savings of approximately \$1 million as a result of this decrease.

Conclusion: A comprehensive, proactive, collaborative ulcer prevention program based on staff education and a focus on adherence to protocols for patient care can be an effective way to reduce the incidence of HAPUs in the ICU.

[EP346] A GLUTAMINE RICH DIET DECREASES MUCOSITIS IN PATIENTS WITH HEAD AND NECK CANCER DURING RADIATION THERAPY

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E-poster session: Prevention 2

Aim: To analyze the impact of enteral nutrition therapy in the maintenance of body weight and the need for interruption of the cancer treatment in patients with head and neck cancer treated with radiotherapy.

Methods: We retrospectively analyzed 50 patients undergoing radiotherapy from january 2014 to november 2014 period.

Results: The median age was 58.4 years. In over 85% of the cases (n=43) there was cessation of treatment ranged from 4 to 15 days, and of these, 36% (n=18) mucositis. Enteral nutritional therapy was instituted before the start of radiotherapy in 50% of the patients (n=25). A weight loss > 5 percent occurred in 55% of cases (n=27), being more prevalent in the group of patients in whom enteral nutritional therapy was not established before radiotherapy. In the comparison between groups was no significant difference in the occurrence and duration of the interruption of radiotherapy.

Conclusion: Enteral nutrition therapy showed benefits both in maintaining body weight as compared to treatment interruption justifying the implementation of a nasogastric tube passing protocol (SNE) for all patients undergoing radiotherapy for head and neck.