University of Washington Medical Center Perioperative Pressure Ulcer Prevention Bundle/Program

Note: The information below is the Nursing Standard of Care in the OR at University of Washington Medical Center

1. Pre-op/Post-op Skin Assessment!

➤ A skin assessment is done by every circulating nurse, before and after the procedure and is documented

2. Is your patient at HIGH risk for a pressure ulcer?

➤ See Handout "ACAPULCO" and document any preexisting conditions on the Perioperative Handoff sheet: Front/Back patient outline on back of sheet

3. Document All Skin Assessments in HSM.

➤ Document in the "Procedure Skin Assessment" Section of HSM
➤ Intra-op assessments may also be indicated/completed and charted

Specific Interventions to Use in the OR

4. Prevention!

A. **Foam dressing (e.g. Mepilex)/coccyx dressing**: Apply PRE-Operatively If:
   a. The case is in the Supine/ Lithotomy/Trendelenburg position for more than **4 hours**, or
   b. **All** cardiac, or transplant case, or
   c. ALREADY pre-existing sacral/coccyx skin breakdown or
   d. Patient has extremely fragile skin. **This is a nursing decision**.
B. **Apply foam dressings to other high risk pressure points**
   a. Lateral Position: trochanter /hip region/flank region
   b. Prone Position: iliac crests, thighs, chest, or other obvious pressure points. (chin/forehead)

5. Heels

A. Place off-loading boot (e.g. **Sage boots)** on ALL patients BEFORE All lung and liver transplant patients and all flap cases.
B. **For all other patients, please float heels**!!! You can use pillows, rolled gel pads, gel wedges, if the legs will be in the surgical field, you can still put something on the bed that when covered with the sterile drape, will allow the heel to float. If nothing else, you can put the smallest foam dressing on each heel as a prevention strategy. (this can also be done by the scrub as foam dressing come in sterile packages).
C. Use pillows for patients going to ICU who do not have Off-Loading boots on. The determination of whether or not boots are needed will be made by the ICU nurse after transfer to that unit.

Prevention of Perioperative Pressure Injury Tool kit

5. HEAD: Gel Head Positioner (e.g. Oasis Elite) or Foam Donut

A. Use Gel Head Positioner (e.g. Oasis Elite) or White Foam Donut for supine cases over 4 hours, or for high risk patients (i.e. cardiac, thoracic, transplant). If you don't have one, call your HA! NOTE: Oto and Cranial procedures may not use this because they are moving the head, or using the Mayfield Headrest or attachments.

B. Remember, anesthesia providers may want something different during intubation. That's fine, once the airway is secured, the Gel Head Positioner (e.g. Oasis Elite) or White Foam Donut can be slipped under the head.

C. For supine cases less than 4 hours, use: the **blue foam donut**. Extended studies showed that after 4 hours, the foam starts to collapse… probably more or less depending on the patient's head size/weight. The white donuts were tested & are the same as the blue ones.

6. **Bundle of Pressure Ulcer Prevention Measures for ICU patients**

A. **Mepilex**: Leave sacral Mepilex in place for patients remaining intubated or unable to move.

B**. Low Air Loss (LAL) Bed**: Make sure pt has a LAL (low air loss) ICU bed for post op care. (LAL is written on the side of bed or side-rails).

C. **Ultrasorb Pad**: Postop LAL bed should have an Ultrasorb pad on the bed (instead of a regular blue pad)

D. **Off Loading Pillow/Waffle Cushion**: The LAL bed should have a "Off Load" (waffle) pillow on it for the head and shoulders! (important to place under **both head and shoulders**). This is relatively flat. If there is no "Off Load" pillow on the bed, ask your HA to get you one from our stock.

E. **Patient Transfer Sheet (e.g. Maxislide).** Please use either device to decrease friction/shear when transporting patients into and out of the OR

ALL of these elements are important for preventing Pressure Injuries!! Your nursing care is what makes the difference for every patient.

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