



Risk Assessment using the Munro Pressure Ulcer Risk Assessment Scale For Perioperative Patients

Prevention of Perioperative Pressure Ulcers
Tool Kit

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Disclosure Information

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Cassandra A. Munro MSN, RN,CNOR

- Cassandra A. Munro, MSN, RN, CNOR, is the Magnet and Professional Practice Manager at Providence Saint John's Health Center (PSJHC) in Santa Monica California. Her nursing career began 22 years ago. Cassandra received her associate degree from Quinnipiac College, her bachelor's degree in business and administration from the University of Redlands and her master's in nursing from Mount Saint Mary's College.

Cassandra has been a perioperative nurse for over 19 years and a member of AORN for over 16 years. At PSJHC she has served in the roles of clinical coordinator for hip and pelvis, clinical nurse specialist, financial coordinator and perioperative educator for the department of surgery. Throughout her perioperative career she has independently functioned in the role of registered nurse first assistant and is a qualified expert witness.

Cassandra has presented at AORN Conference and Expo several times at concurrent sessions and has provided education for AORN specialty assembly and AORN chapter members. She has served as a member of AORN Steering Committee and AORN Pressure Ulcer Prevention Task Force. Cassandra has authored articles in the AORN Journal. She is the creator of the Munro Pressure Ulcer Risk Assessment Scale for Perioperative Patients and is currently partnering with AORN on further development.

Objectives

- Identify risk factors for pressure ulcer development in patients undergoing operative or other invasive procedures.
- Describe the development of a pressure ulcer risk assessment tool unique to the perioperative patient population.
- Describe how a perioperative professional can perform a patient risk assessment using the Munro Pressure Ulcer Risk Assessment Scale for Perioperative Patients.

Why Perform A Pressure Ulcer (PU) Risk Assessment?

Risk assessment is the initial step in PU prevention

Prevention is dependent on identifying
those at risk

Assess and periodically reassess
so you can take action

Why Perform A Pressure Ulcer (PU) Risk Assessment?

All patients are considered at risk
in the perioperative setting

Risk factors existing and introduced
in the perioperative setting

Risk assessment is the standard of care for all patients

Purpose of the Munro Scale

Identify to Prevent

Specific to Perioperative Patients

Standardized

Improve Patient Outcomes

Literature Support: Identify

The best treatment for a pressure ulcer is PREVENTION.

- Prevention is more effective and less costly than treatment of PU once they develop (Reddy, Gill, & Kalkar, 2008)
- All patients included in risk assessment (Leijon, Bergh, & Terstappen, 2013)
- All surgical patients should be considered at risk of development of pressure ulcers (Walton-Greer, 2009)

Literature Support: Specific

Need identified for the Munro Scale

- No standardized tools available for surgical patients (Armstrong et al. 2001)
- Current scales insufficient for periop (Scott & Buckland, 2005)
- “...despite the existence of multiple validated PU risk assessment tools, none has been validated for assessment of intraoperative risk.” (Brindle & Wegelin, 2012)
- Perioperative tool for surgical patients (Tschannen, Bates Taksama, & Gou, 2012)

Literature Support: Standardize

Nursing Knowledge

- Nursing assessment solely relied on nurses unique clinical experience
- Impacts the outcomes of patients in the perioperative setting (Connor et al. 2010)
- Contributes significantly to the occurrence or worsening; insufficient to demonstrate competency in prevention (Qaddumi & Khawaldeh, 2014)

Literature Support: Improve

Need identified for the Munro Scale

- Include a risk assessment instrument (Leijon, Bergh, & Terstappen, 2013)
- Enhance communication among clinicians, define a common language and standardize assessment (Ardnt & Kelechi, 2014)
- Provide a structured support for risk assessment and avoid inter-examiner variability (Garcia-Fernandez & Pancorbo-Hidalgo, 2014)
- First step in path to prevention is assessment; current guidelines recommend use of a tool (Garcia-Fernandez & Pancorbo-Hidalgo, 2014)

How does the Munro Scale work

- Assessment tool for level of risk
 - Preoperative phase
 - Intraoperative phase
 - Postoperative phase
- Documentation tool for level of risk
- Communication tool for level of risk
 - Throughout the perioperative
 - Transfer to the units

Preoperative Risk Factors

- Mobility
- Nutritional State
- BMI
- Weight Loss
- Age

Preoperative Risk Factors continued

- Co-morbidities
 - Smoking
 - Hypertension
 - Vascular/renal Failure/Cardio-vascular/Peripheral-vascular Diseases
 - Asthma/Pulmonary/Respiratory Diseases
 - Prior History of Pressure Ulcer/Existing Pressure Ulcer
 - Diabetes/IDDM

Intraoperative Risk Factors

- Physical Status/ASA
- Anesthesia
- Body Temperature
- Hypotension
- Moisture
- Surface
- Position

Postoperative Risk Factors

- Length of perioperative duration
- Blood loss

The Munro Scale

- Identifies risk factors for pressure ulcer development
- Specific for perioperative patients
- Standardization of risk assessment
- Increases the frequency of risk assessments
- Documentation tool for risk score for pressure ulcer development
- Communication tool for risk score for pressure ulcer development

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The End

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