Prevention of Perioperative Pressure Injury Tool kit

Case Scenarios

Case Scenario 1

Preoperative Assessment

A 45-year-old man with a 25 pack-year history of cigarette smoking is scheduled for a lung resection to remove a malignant tumor under general anesthesia at 7 AM. He is 5 ft 10 inches, 250 lb (body mass index [BMI] 35.9), and has a sedentary lifestyle. His medical history includes type 1 diabetes mellitus and chronic renal insufficiency. When he arrives in the preoperative unit 2 hours in advance of the surgery, he states that his weight has remained constant for the past 5 years and that he has been NPO since 10 PM the previous night. His baseline vital signs are assessed, and his blood pressure is 148/90 mmHg. The anesthesia professional determines the patient to be an American Society of Anesthesiologists (ASA) physical status classification III. The patient is taken to the OR at the scheduled time.

Intraoperative Assessment

After induction of general anesthesia, the patient is placed in the lateral position with warming blankets over his legs and upper body. The patient maintains normothermia throughout the procedure. His baseline systolic blood pressure is 148 mmHg and is recorded by the anesthesia professional to be as low as 135 mmHg during the surgery. The patient's position remains stationary throughout the 4 hour surgical procedure. After the surgical drapes are removed, the patient's skin appears dry and the perioperative team members do not observe any moisture. The anesthesia professional extubates the patient, and the patient is transferred to a gurney for transport to the postanesthesia care unit (PACU). The patient's estimated blood loss for the procedure is recorded at 200 mL.

Postoperative Assessment

The patient is transported to the PACU and remains in the PACU for 1 hour before being transferred to the cardiothoracic intensive care unit (CTICU). A chest tube placed intraoperatively is noted to have 50 mL of sanguineous fluid in the collection chamber before the patient is transported to the CTICU.

Case Scenario 2

Preoperative Assessment

A 75-year-old man who is a patient at a skilled nursing facility is admitted to the hospital for a low anterior bowel resection for an adenocarcinoma of the sigmoid colon. His past medical history includes type 2 diabetes and inflammatory bowel disease with associated chronic diarrhea. He has been bed-ridden for the past year and presents with a Stage III pressure ulcer on his sacrum. He has not eaten in the last 2 days because of abdominal pain. He is 5 ft 6 inches, 175 lb, and his BMI is 28. His weight was 10 lb higher 30 days earlier. He arrives in the preoperative unit 1 hour before the scheduled surgery time and waits an additional 1.5 hours because of an unexpected delay. His baseline blood pressure is 120/80 mmHg. The anesthesia professional determines the patient to be ASA class II.

Intraoperative Assessment

After induction of general anesthesia, the patient is positioned in the lithotomy position. A warming blanket is placed over his upper body. Throughout the surgery his temperature fluctuates between 36.6° C and 37.4° C (97.9° F and 99.3° F). The lowest intraoperative recording of his systolic blood pressure is 90 mmHg. The surgeon asks for the patient to be positioned in Trendelenburg while the surgery is underway, and the patient is returned to a level position while maintaining a lithotomy position. The entire tumor is removed, and there are no complications. The estimated blood loss for the procedure is recorded at 300 mL. Two drains are placed. There is a pool of diarrhea under the patient after surgery. The perioperative team members clean and dry the patient's skin before transporting him to the PACU. The total time in the OR suite is 3.5 hours.

Postoperative Assessment

While the patient is in the PACU, the drains are emptied of 50 mL serosanguinous fluid and no frank bleeding is noted. His recovery time is 1 hour; however, the inpatient unit room is not available and his departure from the unit is delayed by 45 minutes.