Classification: Patient Care

YALE NEW HAVEN HEALTH SYSTEM POLICIES & PROCEDURES

Title: Pressure Ulcer Assessment, Prevention and Management

Date Approved: 03/13/2015 **Approved by:** System Quality Council

Distribution: Communicated to providers and nurses via skin champions, Tips & Tricks, In-services and Huddles, MCN Policy Manager

Policy Type (I or II): Type I

Supersedes:

Bridgeport Hospital: Patient Care Services - Pressure Ulcer, Incontinence and Skin Alteration in the Adult Patient, revised 4/14

Bridgeport Hospital: Dept. of Nursing - Braden Pressure Ulcer Risk Assessment and Pressure Ulcer Prevention Interventions, revised 4/14

Bridgeport Hospital: Dept. of Nursing – Assessment and Documentation of Skin Alterations and Pressure Ulcers, revised 4/14

Greenwich Hospital: Patient Care Division - Pressure Ulcer Assessment, Prevention and Management, issued 10/13

YNHH: Clinical Practice Manual, Pressure Ulcer Prevention and Treatment, revised 12/13

YNHH: Clinical Practice Manual, Maintaining Skin Health, Effective 6/13

PURPOSE

To provide guidelines for the assessment, prevention and management of the patient at risk for and with pressure ulcers.

APPLICABILITY

This policy applies to Yale New Haven Health System (YNHHS), and each of the affiliated entities controlled directly or indirectly by YNHHS, including each affiliated Delivery Network and its subsidiary entities.

POLICY

- 1. Pressure Ulcer Risk is assessed and documented with the age appropriate Braden Risk Scale or Neonatal Skin Condition Score:
 - on admission
 - weekly
 - with any change in condition
 - as clinically relevant

- 2. Pressure Ulcers are assessed and documented:
 - on admission
 - on initial finding
 - weekly
 - as clinically relevant

PROCEDURE

Pressure Ulcer Risk Assessment:

- 1. Implement and document prevention interventions for Braden Risk Scale Score less than or equal to 18, a Braden Q Risk Score less than or equal to 16 and Neonatal Skin Condition Score > 3.
- 2. Add the Clinical Practice Guideline for pressure ulcer risk to the plan of care.

Pressure Ulcer Assessment:

- 1. Implement and document interventions as clinically relevant.
- 2. Documentation may include the following:
 - a. Date of initial observation
 - b. Anatomic location
 - c. Stage
 - d. Presence on admission
 - e. Wound Base (color, presence of granulation tissue, slough or necrosis)
 - f. Measurements including length, width and depth
 - g. Peri-wound area
 - h. Tunneling/undermining
 - i. Drainage color, amount and odor
- 3. Add the Clinical Practice Guideline for pressure ulcer to the plan of care.
- 4. Consult the wound care nurse for stage 3, stage 4 and unstageable, or suspected deep tissue injury pressure ulcer.
- 5. Notify the Licensed Independent Practitioner for hospital acquired stage 3, stage 4 and unstageable pressure ulcers.

For information on related procedures see:

Mosby's Skills- see links above for:

• Pressure Ulcer: Risk Assessment and Prevention

• Pressure Ulcer: Treatment

• Assessment: Wound

Note: Mosby's Skills is to be used for reference only and does not replace hospital policy.

Elsevier, Clinical Practice Guidelines- see link above for:

- Pressure Ulcer
- Pressure Ulcer Risk (Using Braden and Braden Q Scales) (Pediatric)
- Pressure Ulcer Risk (Using Braden Scale) (Adult)

REFERENCES

- European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel. (2014). Prevention and treatment of pressure ulcers: Clinical practice guideline. Retrieved September 15, 2014, from http://www.guideline.gov/content.aspx?id=48864
- 2. Lund CH, Kuller J, Raines DA, Ecklund S, Archambault ME, O'Flaherty P. Neonatal Skin Care. 2nd Ed. Evidence-Based Clinical Practice Guideline. Washington, DC: Association of Women's Health, Obstetric and Neonatal Nurses; 2007.

RELATED POLICIES

N/A

ATTACHMENTS- see links above for:

YNHHS Pressure Ulcer (PU) and Wound Topical Treatment Guidelines for Adults YNHHS Pressure Ulcer (PU) and Wound Topical Treatment Guidelines for Neonatal ICU