Introduction

Evidence Based pressure injury prevention guidelines have been in place since 1994, however, 60,000 Americans die from the complications from Pressure Injury (PI) annually. According to Chou et al., 3 million Americans are impacted annually. The cost of treating one patient with a PI is between $37,800 – 70,000.

- Emergency Department (ED) utilization has increased by over 15% from 1993 – 2006. (Schuur & Venkatesh, 2012)
- Pressure Injury may occur in 1-2 hours and patients may wait for 4-6 hours on a flat immobile surface for an inpatient bed.

Purpose

The purpose of this quality improvement project is to expand the current inpatient pressure injury prevention protocol to include the emergency department; with a focus on adult patients 80 and older admitted to a medical surgical unit, and to promote pressure injury (PI) education amongst the ED registered nursing team.

Methods

- Convenient patient and RN sample
- Power - 80% and alpha - 0.5 a priori
- Patient sample for power – 67 – therefore powered at 74 pre and post sample
- RN sample for power – 86 – therefore not powered at 51

- Implementation of PI prevention protocol a) ED skin assessment; b) application of sacral prophylactic dressing; c) Wound Ostomy Continence Nurse Consult (WOCN)

- Education of ED RNs on the PI protocol and PI prevention, classification, and identification

- Educate using National Pressure Ulcer Advisory Panel (NPUAP) power point – “Pressure Injury Definitions and Stages, 2016.”

- Test knowledge of education pre and post using 14 NPUAP PI pictures. The PI pictures are Stages I – IV, Unstageable, and Deep Tissue Injury

- Evaluate the change in PI incidence pre and post education and protocol intervention

Conclusions

Demand for ED services outweighing the capacity and a consequence is increase rate for PI.

Prevention should start with earliest possible point to healthcare – this ED

Healthcare resources must be protected

(Chen et al, 2022)