

## Abstract

*Background:* Literature identified the most basic intervention for preventing pressure injury as the offloading of pressure by repositioning. Hemodynamic instability was a barrier to repositioning unstable pediatric patients.

*Objective:* The purpose of the quality improvement project was to reduce the number of hospital acquired pressure injuries in the pediatric intensive care unit by implementation of repositioning guidelines for hemodynamically unstable pediatric patients 0 to 36 months of age at risk for developing a pressure injury.

*Methods:* This quality improvement project used a pretest-posttest design. An expert consensus panel developed and implemented guidelines. Pressure injury incidence for the target population was compared for 22 weeks, pre and post implementation. A flexible structure allowed nurses to reposition every 2 hours with 3 techniques: full turn (30 degrees), partial turn (15 degrees) or unable to turn due to hemodynamic instability. Documentation of repositioning was maintained by the base nurse. A pretest-posttest survey supported the guidelines.

*Results:* The reduction of pressure injury was achieved by attaining 90.4% (pre  $n = 19$ ; post  $n = 2$ ). Groups were compared by Fisher's exact test ( $p < .01$ ) and results were significant ( $p = .0003$ , two-sided). Nonadherence to the guidelines was 1.31%. The survey did not show significant change in areas measured.

*Conclusion:* The structural flexibility of the guidelines provided 2 additional options for adherence; partial turn and unable to turn due to hemodynamic instability. The detailed documentation provided by the base nurse allowed establishment of a baseline for adherence that could be used post implementation as standard for measuring patient quality of care. Repositioning patients to avoid pressure injury results in their reduction, if attempts are made at a regular 2 hour interval. The repositioning guidelines were a facilitator for the bedside nurse.

