

V.I.P. Very Important Prevention Rounds

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Introduction

Teamwork makes the dream work, bring on the entire Inter-Disciplinary Team (IDT) for prevention rounds. While it may be just the wound team at bedside completing wound assessments, dressing changes, and modalities, the whole team can be involved in ensuring prevention interventions are in place to help achieve the dream goal of preventing and healing pressure injuries.

The items that are reviewed are:

- 1. Mattress** may include a standard pressure redistribution mattress but may also include an air mattress. The air mattress may be powered and may have a specific setting or weight setting per order or careplan. If powered should be checked to ensure that it is plugged in and functioning.
 - 2. Wheelchair cushion.** Resident that are not ambulatory but require a wheelchair for mobility should have a wheelchair cushion in place to prevent pressure injuries. If air type cushions are used, the air amount should be verified to ensure it is adequate to support pressure relief.
 - 3. Heel support.** There are a variety of interventions that may be used, ordered, or careplanned to treat or prevent heel breakdown. These may include heel slope mattress, heel pad boots, heel suspension boot or device, foam dressings, etc. These often may become loosened and/or may not be in the correct position. The IDT review may help remind the resident and/or staff to the importance of utilizing and ensuring correct placement.
 - 4. Turned and repositioned timely.** This occurs with each care activity but an individualized turning plan may include frequently every 2-4 hours while in bed and every hour when up in chair. Individualized time specific schedules may be indicated.
 - 5. Check & Change** with skin barriers. Patients that are incontinent require absorbent products (briefs, pads, etc.) to be changed. Extra skin care management should also include cleansing the skin with a pH balanced cleansers and the application of a skin barrier product to protect the skin.
 - 6. Dressing(s)** clean, dry, and intact if ordered. Topical dressing should be changed as ordered and should also have a prn order in case the dressing becomes soiled, saturated, or dislodged. The frontline staff should report promptly to the nursing team if the dressing has become soiled, saturated, or dislodge so the prn can be utilized. Sometimes a prophylactic dressing may be used for prevention such as a foam dressing applied over a boney prominence. The additional clinical team members can review and ensure that the staff are performing treatments as ordered and reporting that any need for prn is promptly implemented.
 - 7. Other Interventions: pillows, wedges, etc.** In addition to pillows and wedges, other equipment may include foam tubing to O2 nasal cannulas, urinary catheter and feeding tube securement devices, padded splints/braces, and many more. A variety of intervention equipment can meet special needs, but they will only work if they are properly utilized. Frontline staff should observe skin with each opportunity of care, bathing, dressing, changing, etc.. Any changes in skin or concerns should be reported to nursing for additional assessment and implementing any needed treatment plans.
- It takes a team to prevent pressure injuries and preventative interventions also aid in the healing of current pressure injuries. The more team members involved increases the efforts and awareness for PIP (pressure injury prevention).

Methodology

Developing the IDT (Interdisciplinary Team) bedside round is an opportunity for additional staff to greet the patient and make observations. The assigned IDT members can be primarily clinical but can include RDs, social services, activities, and others to make basic observations. More in-depth clinical observation of wound care dressings, incontinent needs, and skin integrity can be reserved for the nursing and therapy team members.

Results

A worksheet is provided to the IDT members to support prevention efforts as part of the QAPI (quality assurance performance improvement) process. In addition to encouraging compliance at bedside, it brings recognition to the need for and importance of pressure injury prevention not only to the floor staff but to the patient too. The worksheet guides the IDT members for bedside observations including air mattresses, wheelchair cushions, heel support, timely turning and repositioning, incontinent management, wound care dressing, and other special interventions.

Prevention Rounds

Room #/ Resident	Mattress	Wheelchair Cushion	Heel Support	Turned & Repositioned Timely	Check and Change with Skin Barriers	Dressing Clean, Dry, Intact, as ordered	Other Interventions: pillows, wedges, Medical devices: splints/braces, etc.



Conclusion

It takes a team to prevent pressure injuries and preventive interventions also aid in the healing of current pressure injuries. The more team members involved increases the efforts and awareness for PIP (pressure injury prevention). VIP: Very Important Pressure Injury Prevention (P.I.P.) Rounds takes a TEAM, IDT (Interdisciplinary Team)= Nursing + Therapy + Assistants + Others. TEAM WORK MAKES THE DREAM WORK!

References

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