

Trauma 2018: Protocol of nursing care for early detection and prevention of pressure ulcer among critically ill patients - Hend M El-Azazay - King Saud Bin Abdulaziz University for Health Sciences, KSA

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Pressure ulcers (PU) are a common problem across all health care settings and the incidence is one of the quality signs of health centers. Critically ill patients are at a high risk for pressure ulcer than are patients in general care areas. The protocol of nursing care provides the intensive care unit (ICU) staff with a decision-making structure that allows immediate response to patients identified as at high risk for pressure ulcers. The study aimed to evaluate the effect of protocol of nursing care for early detection and prevention of pressure ulcer in ICU. The study was carried out in Anesthesia Care Unit at Tanta Emergency Hospital. A convenient sample of 40 adult critically ill patients meeting the inclusion criteria were selected and divided into two equal groups. The control group consisted of 20 critically ill patients undergoing routine care of the unit. Another 20 critically ill patients in the study group were undergoing the protocol of nursing care for pressure ulcer prediction and prevention applied by the researchers. Three tools were used for data collection. Tool-1: Patient assessment tool. It consists of three parts: (1) includes bio-socio-

demographic data, (2) includes patient's medical and nutritional history and (3) includes assessment of critically ill patients related to level of consciousness, level of mobility and skin assessment. Tool-2: Braden Scale risk assessment tool that identifies patients at risk for pressure ulcer development. Tool-3: Ulcer development evaluation. The main result of this study showed that 30% of the control group undergoing routine care of ICU developed pressure ulcer stage-1 at the 7th day of admission and 60% of them developed stage-2 pressure ulcer at the 15th day of admission. On the other hand, it was observed that only 10% of study group developed pressure ulcer grade 1 at 15th day of admission and none of them developed stage-2 pressure ulcer at any time of the study period. It is recommended that periodic clinical assessment of critically ill patients at risk for ulcer development should become a routine for Intensive Care Unit by using Braden scale. Also, the protocol of nursing care for early detection and prevention of pressure ulcer should be generalized at ICUs and other acute care setting.