

Pressure Ulcer Prevention

PUP Begs for Communication

February 2013

PUP can save your skin



More than three in 20 people – between 17 and 35 percent – are admitted to a nursing home with a pressure ulcer. There's a reason for this: When people transfer from one care setting to another, it's likely because they are getting sicker and need additional care.

A good way to start doing this is to **communicate with caregivers from the place where the resident last stayed**. Information from residents' last care setting is essential when developing an appropriate plan of care.

In the opposite situation – when your home is sending a resident to a different care setting – the head-to-toe skin assessment is equally important. Pressure ulcers can form very quickly. Your fellow caregivers need an accurate description of residents' skin and any risk factors related to their skin condition.

Transitions of care is a hot topic in the medical community. This is the time to take advantage of this opportunity to improve patient health and invite hospital staff to the table and find ways everyone can contribute to the solution.

Action Steps:

1. Review your home's policies. Ensure those policies are current and include completion of a skin assessment upon admission.
2. Conduct routine audits on a sampling of charts. Ensure skin assessments are completed on admission and before discharge. Look to see whether findings are passed on to the appropriate parties, in and outside of your home.
3. Working with your medical director and other physicians, develop protocols for reporting risk factors and initiating treatment or preventative interventions quickly.
4. Give your nurses the chance to practice their skin assessment skills. Report their findings to nurses and physicians from other settings. Practicing skin assessments helps nurses gain confidence in their skills.

For more information, contact a MO LANE Planning Committee Member:

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