

National Pressure Ulcer Advisory Panel

Registered Nurse Competency-based Curriculum: Pressure Ulcer Prevention

Revision of the 2001 Registered Nurse Competency-based Curriculum: Pressure Ulcer Prevention

Barbara Pieper, PhD, RN & Catherine Ratliff, PhD, RN

Based on: National Pressure Ulcer Advisory Panel and European Pressure Ulcer Advisory Panel. *Prevention and treatment of pressure ulcers: Clinical practice guideline*. Washington DC: National Pressure Ulcer Advisory Panel; 2009

July 28, 2010

Major Competencies/Objectives	Examples: Content Objective(s)	Examples: Content Topic	Examples: Teaching Method	Possible references in addition to the NPUAP /EPUAP <i>Prevention and treatment of pressure ulcers: Clinical practice guideline</i> , 2009. Many of the references match more than one objective, but are listed in this document one time only.
Identify etiologic factors contributing to pressure ulcer occurrence.	Identify risk factors for pressure ulcer development.	Impaired mobility Impaired activity Nutritional indicators (measures of nutritional intake; food/fluid intake; weight status; anemia; hemoglobin) Factors affecting perfusion and	Lecture Independent learning modules Case studies Develop games based on content Poster with risk factors	Baranoski S. Raising awareness of pressure ulcer prevention and treatment. <i>Adv Skin Wound Care</i> . 2006;19:398-407. Cakmak SK, Gul U, et al. Risk factors for pressure

		<p>oxygenation (diabetes; cardiovascular instability/norepinephrine use; low blood pressure; ankle brachial index; oxygen use; smoking) Skin moisture Advanced age Shear Sensory perception General health status</p>	<p>ulcers. <i>Adv Skin Wound Care</i>. 2009;22;412-415.</p> <p>Fogerty MD, Abumrad NN, et al. Risk factors for pressure ulcers in acute care hospitals. <i>Wound Rep Reg</i>. 2008;16:11-18.</p> <p>Fogerty MD, Guy J, et al. African Americans show increased risk for pressure ulcers: a retrospective analysis of acute care hospitals in America. <i>Wound Rep Reg</i>. 2009;17:678-684.</p> <p>Stechmiller JK, Cowan L, et al. Guidelines for the prevention of pressure ulcers. <i>Wound Rep Reg</i>. 2008;16:151-168.</p> <p>VanGilder C, Amlung S, et al. Results of the 2008-2009 international pressure ulcer prevalence survey and a 3-year, acute care, unit-specific analysis. <i>Ostomy Wound</i></p>
--	--	--	---

				<p><i>Manage.</i> 2009;55:39-45.</p> <p>Wound Ostomy and Continence Nurses Society. <i>Guideline for prevention and treatment of pressure ulcers.</i> Mount Laurel, NJ, 2010.</p>
<p>Conduct a structured risk assessment on admission, and repeat as regularly and as frequently as required by patient acuity and setting.</p>	<p>Select a risk assessment method or tool appropriate to the population (e.g., Braden Scale, Braden Q, & Norton Scale). Use a structured approach to risk assessment to identify individuals at risk of developing pressure ulcers. Calculate an individual's pressure ulcer risk assessment score. Interpret the significance of the pressure ulcer risk score. Use professional judgment in evaluating risk assessment scores and individual risk factors in the context of the individual's goals and needs.</p>	<p>Braden Scale Braden Q Scale Norton Scale</p>	<p>Lecture Independent learning modules Case studies DVD showing patient to rate for pressure ulcer risk. Discussion of difficulties in using a risk assessment tool. Develop decision tree on how to respond to risk assessment tool's findings Poster showing risk assessment tool Observation and evaluation of clinical use of risk assessment tool</p>	<p>Baharestani MM, Ratliff CR. Pressure ulcers in neonates and children: an NPUAP White Paper. <i>Adv Skin Wound Care.</i> 2007;20:2008-220.</p> <p>Bolton L. Which pressure ulcer risk assessment scales are valid for use in clinical settings. <i>JWOCN.</i> 2007;34:368-381.</p> <p>Langemo DK, Black J, et al. Pressure ulcers in individuals receiving palliative care: a National Pressure Ulcer Advisory Panel White Paper. <i>Adv Skin Wound Care.</i> 2010;23:59-72.</p> <p>Magnan MA, Maklebust</p>

	Reassess pressure ulcer risk as significant changes occur in a patient's health status.			<p>J. Braden Scale risk assessments and pressure ulcer prevention planning. <i>JWOCN</i>. 2009;36:622-634.</p> <p>Maklebust J, Sieggreen MY, et al. Computer-based testing of the Braden Scale for Predicting Pressure Sore Risk. <i>Ostomy Wound Manage</i>. 2005;51:40-52.</p> <p>Denby A, Rowlands A. Stop them at the door – should a pressure ulcer prevention protocol be implemented in the emergency department. <i>J WOCN</i>. 2010;37:35-38.</p> <p>Reddy M. Skin and wound care: important considerations in the older adult. <i>Adv Skin Wound Care</i>. 2008;21:424-438.</p>
Ensure that a complete skin assessment is part of	Conduct a thorough skin assessment.	Body areas critical for assessment	Lecture Independent learning	Roberson S, Ayello EA, et al. Classification of

<p>the risk assessment screening policy in place in all health care settings.</p>	<p>Assess skin on admission and routinely thereafter. Inspect skin at bony prominences and other areas of exposure to etiologic factors. Able to identify blanching response, localized heat, edema, and induration. Identify issues in the skin assessment of individuals with darkly pigmented skin. Ask individuals to identify areas of discomfort or pain that could be attributed to pressure ulcer damage. Observe skin for pressure damage by mechanical devices. Know pressure ulcer stages: Stages I – IV, unstageable, suspected deep tissue injury. Document all skin assessment.</p>	<p>Blanching Edema Induration Color and darkly pigmented skin Pain tools Pressure ulcer stages Documentation of skin and pressure ulcers</p>	<p>modules Pictures showing pressure changes on light and darkly pigmented skin. DVD of risk assessment Clinical practice Pictures showing pressure damage by mechanical devices Role play skin assessment and documentation</p>	<p>pressure ulcer staging in long-term care under MDS 2.0. <i>Adv Skin Wound Care</i>. 2010;23:206-210.</p> <p>Black J, Baharestani M, et al. An overview of tissue types in pressure ulcers: a consensus panel recommendation. <i>Ostomy Wound Manage</i>. 2010;56:28-44.</p> <p>Patton RM. Is diagnosis of pressure ulcers within an RN's scope of practice? <i>Am Nurse Today</i>. 2010;5:20.</p>
<p>Develop and implement an individualized program of skin care.</p>	<p>Discuss “do not turn” the individual onto a body surface that is still reddened from a previous episode of pressure</p>	<p>Repositioning/turning Massage Skin emollients Barrier products Incontinence care</p>	<p>Lecture Independent learning modules DVD/video showing skin care</p>	<p>Armstrong DG, Ayello EA, et al. New opportunities to improve pressure ulcer prevention and treatment:</p>

	<p>loading. Discuss “do not use massage” for pressure ulcer prevention. Discuss “do not vigorously rub” skin that is at risk for pressure ulceration. Use skin emollients to hydrate dry skin in order to reduce risk of skin damage. Identify individualized schedule of skin cleansing. Identify protection of the skin from exposure to excessive moisture with a barrier product to reduce the risk of pressure damage. For the individual with incontinence, consider frequency and methods of cleaning, skin protection (barriers, products), and management strategies/evaluation for incontinence. Consider end of life care as it affects the skin care protocol.</p>	<p>protocols End of life</p>	<p>Observation and evaluation of clinical practice Evaluation of medical record notations Product posters, forms, demonstrations, etc. of available skin care products in the institution Decision tree tools as to skin hydration and damage and products to use. Teaching materials about a skin care program for families</p>	<p>implications of the CMS inpatient hospital care present on admission indicators/hospital-acquired conditions policy. A consensus paper from the International Wound Care Advisory Panel. <i>Adv Skin Wound Care</i>. 2008;21:469-478.</p> <p>Aronovitch SA. Intraoperatively acquired pressure ulcers: are there common risk factors? <i>Ostomy Wound Manage</i>. 2007;53:57-69.</p> <p>Dealey C. Skin care and pressure ulcers. <i>Adv Skin Wound Care</i>. 2009;22:421-430.</p> <p>Fowler E, Scott-Williams S, et al. Practice recommendations for preventing heel pressure ulcers. <i>Ostomy Wound Manage</i>. 2008;54:42-57.</p> <p>Inge GP, Halfens RJG, et</p>
--	--	----------------------------------	--	---

				<p>al. The effects of massage as a method to prevent pressure ulcers: a review of the literature. <i>Ostomy Wound Manage.</i> 2005;51:70-80.</p> <p>Keast DH, Parslow N, et al. Best practice recommendations for the prevention and treatment of pressure ulcers: Update 2006. <i>Adv Skin Wound Care.</i> 2007;20:447-462.</p> <p>Orsted HL, Rosenthal S, et al. Pressure ulcer awareness and prevention program. <i>JWOCN.</i> 2009;36:178-183.</p> <p>Sibbald RG, Krasner DL, et al. SCALE: skin changes at life's end: final consensus statement: October 1, 2009. <i>Adv Skin Wound Care.</i> 2010;23:225-235.</p> <p>Stoelting J, McKenna L, et al. Prevention of</p>
--	--	--	--	--

				nosocomial pressure ulcers. <i>JWOCN</i> . 2007;34:382-388.
Demonstrate proper positioning/repositioning for pressure ulcer prevention/treatment.	<p>Consider the use of repositioning in all at-risk individuals.</p> <p>Understand repositioning frequency will be determined by the individual's tissue tolerance, level of activity and mobility, general medical condition, overall treatment objectives, and assessment of the skin.</p> <p>Practice proper positioning to off set load (e.g. sitting, lying, height of bed).</p> <p>Use transfer aids to reduce friction and shear.</p> <p>Understand and demonstrate repositioning should be undertaken using the 30-degree tilted side-lying position, back, and prone as tolerated.</p> <p>Know to avoid, if possible, head-of-the bed elevation and a slouched position that places pressure and shear on the sacrum and coccyx.</p>	<p>Repositioning techniques and schedules</p> <p>Positioning techniques and timing</p> <p>Documentation</p>	<p>Lecture</p> <p>Independent learning modules</p> <p>DVD/video showing positioning/repositioning</p> <p>Practice in a simulation laboratory proper positioning</p> <p>Demonstration/return demonstration of positioning techniques by physical therapists</p> <p>Observation and evaluation of clinical practice</p> <p>Evaluation of medical record notations</p> <p>Product posters, forms, demonstrations, etc. of repositioning products available in the institution</p> <p>Teaching materials about repositioning for families</p>	<p>Krapfl LA, Gray M. Does regular repositioning prevent pressure ulcers? <i>JWOCN</i>. 208;35:571-577.</p> <p>Reddy M, Gill SS, et al. Preventing pressure ulcers: a systematic review. <i>JAMA</i>. 2006;296:974-984.</p> <p>Vanderwee K, Grypdonck MH, et al. Effectiveness of turning with unequal time intervals on the incidence of pressure ulcer lesions. <i>J Adv Nurs</i>. 2007;57:59-68.</p>

	<p>Understand the limit the time an individual spends seated in a chair without pressure relief.</p> <p>Demonstrate appropriate recording of repositioning regimes.</p>			
<p>Choose appropriate support surface for a patient based on risk and the patient's attributes.</p>	<p>Select support surfaces based on level of pressure ulcer risk, pressure ulcer stage, level of mobility, comfort, and place and circumstances of care provision.</p> <p>Know uses/attributes of various support surfaces.</p> <p>Demonstrate protection of heels with elevation of the heels off the surface.</p> <p>Understand use of support surfaces to prevent pressure ulcers while seated.</p> <p>Understand to avoid use of synthetic sheepskin pads; cutout, ring, or donut-type devices; and water filled gloves.</p> <p>Consider use of pressure redistribution products in the operating room.</p> <p>Understand safe application</p>	<p>Support surfaces for bed and chair</p> <p>Heel elevation and products</p> <p>Support surfaces in multiple inpatient departments such as emergency and operating room.</p>	<p>Lecture</p> <p>DVD/video showing support surface types, attributes, uses, etc.</p> <p>Include physical/occupational therapist in teaching content</p> <p>Product posters, forms, demonstrations, etc. of support surfaces available in the institution</p> <p>Decision tree tool as to how to select a support surface</p> <p>Teaching materials about support surfaces for families</p>	<p>Junkin J, Gray M. Are pressure redistribution surfaces or heel protection devices effective for preventing heel pressure ulcers? <i>JWOCN</i>. 2009;36:602-608.</p> <p>Lyman V. Successful heel pressure ulcer prevention program in a long-term care setting. <i>JWOCN</i>. 2009;36:616-621.</p> <p>Reger SI, Ranganathan VK, et al. Support surface interface pressure, microenvironment, and the prevalence of pressure ulcers: an analysis of the literature. <i>Ostomy Wound Manage</i>. 2007;53:50-58.</p> <p>Turnage-Carrier C,</p>

	and maintenance of support surfaces.			<p>McLane KM et al. Interface pressure comparison of healthy premature infants with various neonatal bed surfaces. <i>Adv Neonatal Care</i>. 2008;8:176-184.</p> <p>Wall S, Hunter K, et al. Development of an evidenced-based specialty support surface decision tool. <i>Ostomy Wound Manage</i>. 2005;51:80-86.</p>
Implement nutritional interventions as appropriate to prevent pressure ulcers.	<p>Using a valid/reliable tool, screen the nutritional status of every individual at risk of pressure ulcers. Refer individuals with nutritional risk to a registered dietitian and/or nutritional team for a comprehensive nutrition assessment.</p> <p>Understand the importance of nutrition, hydration, oral nutrition supplements, vitamins and minerals, and feeding methods (i.e., oral,</p>	<p>Nutrition screening using a validated tool to determine under-nutrition and/or malnutrition such as change in food intake, appetite, weight, etc. Factors to consider when implementing a nutrition plan designed by the registered dietitian/nutrition team which may include supplementation (calories, protein, fluids, vitamins, minerals per</p>	<p>Lectures include dietitian Validated nutrition screening tools such as Mini-Nutritional Assessment (MNA) Short Form, Malnutrition Universal Screening Tool, Short Nutritional Assessment Questionnaire Nutrient fact sheets Decision tree as to when to consult dietitian Case studies Develop games based on nutrition information</p>	<p>Collins N. Nutrition PEARLS: the latest nutrition hot topics. <i>Ostomy Wound Manage</i>. 2010;56:14-18.</p> <p>Dorner B, Posthauer ME, et al. The role of nutrition in pressure ulcer prevention and treatment: National Pressure Ulcer Advisory Panel white paper. <i>Adv Skin Wound Care</i>. 2009;22:212-221.</p>

	<p>enteral, parenteral) Know clinical signs of under-nutrition (e.g., unintended weight loss, physical signs, laboratory data etc.). Know the goals of nutrition therapy for an individual.</p>	<p>registered dietitian's assessment). Feeding strategies. Laboratory values regarding nutrition, if appropriate. Referral criteria to dietitian, speech language pathologist, and/or occupational therapist.</p>	<p>Pictures/posters showing clinical signs/symptoms of nutritional deficiencies</p>	<p>Posthauer ME. The value of nutritional screening and assessment. <i>Adv Skin Wound Care</i>. 2006;19:388-390.</p> <p>Rodriguez-Key M, Alonzi A. Nutrition, skin integrity, and pressure ulcer healing in chronically ill children: an overview. <i>Ostomy Wound Manage</i>. 2007;53:56-66.</p>
<p>Accurately document results of risk assessment, skin assessment, and prevention strategies.</p>	<p>Know documentation needed for risk assessment, skin assessment, interventions, and prevention strategies. Interprets/records the individual's response to interventions. Practices the agency's frequency/method of documentation including initial and periodic reevaluation.</p>	<p>Documentation</p>	<p>Lecture Guest speakers: attorney; insurance regulator Practice with risk assessment tool and recording findings Mock/practice charting sessions Case reports Peer review of charting</p>	<p>Ayello EA, Capitulo KL, et al. Legal issues in the care of pressure ulcer patients: key concepts for healthcare providers. A consensus paper from the International Expert Wound Care Advisory Panel. <i>JWCETN</i>. 2009;29:8-22.</p> <p>Wound Ostomy and Continence Society Position Paper. Avoidable versus unavoidable pressure ulcers. <i>JWOCN</i>. 2009;36:378-381.</p>
<p>Apply critical thinking</p>	<p>Demonstrate critical</p>	<p>Critical thinking</p>	<p>Case studies to</p>	<p>Fore J. A review of skin</p>

<p>skills to clinical decision making regarding the impact of changes in the individual's condition on pressure ulcer risk.</p>	<p>thinking in pressure ulcer risk assessment. Demonstrates critical thinking by accurately interpreting changes in patient's status and its influence on plan of care to prevent pressure ulcers. Identification of patient triggers that require changes in plan of care.</p>		<p>demonstrate mastery of content about pressure ulcer risk, change in patient's status, etc. Peer review of practice and charting</p>	<p>and the effects of aging on skin structure and function. <i>Ostomy Wound Manage.</i> 2006;52:24-35.</p> <p>Lyder CH, Ayello EA. Annual check-up: the CMS pressure ulcer present-on-admission indicator. <i>Adv Skin Wound Care.</i> 2009;22:476-86.</p> <p>Schubert JR, Hilgart M, et al. Pressure ulcer prevention and management in spinal cord-injured adults: analysis of educational needs. <i>Adv Skin Wound Care.</i> 2008;21:322-329.</p>
<p>Make referrals to other health care professionals based on client assessment.</p>	<p>Knows role of health team members in pressure ulcer prevention/treatment. Knows how to initiate home care referral properly.</p>	<p>Role of nurse, physician, dietitian, physical therapist, etc. in pressure ulcer prevention</p>	<p>Lecture Panel discussion presented by various pressure ulcer prevention/treatment team members</p>	<p>Tully S, Ganson C, et al. Implementing a wound care resource nurse program. <i>Ostomy Wound Manage.</i> 2007;53:46-53.</p>