

INSIDE

SPRING 2011

the NPUAP

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**PRESSURE ULCER
PHOTOS AND
NPUAP-EPUAP
GUIDELINES NOW
AVAILABLE!** (see p.3)



National Pressure Ulcer Advisory Panel (NPUAP) is the authoritative voice for improved patient outcomes in pressure ulcer prevention and treatment through public policy, education and research. Learn more about pressure ulcers and NPUAP at www.npuap.org

Pressure Ulcers: Avoidable or Unavoidable? Results of the NPUAP Consensus Conference

In 2010 the National Pressure Ulcer Advisory Panel (NPUAP) hosted a multidisciplinary conference to establish consensus on whether there are individuals in whom pressure ulcer development may be unavoidable and whether a difference exists between end-of-life skin changes and pressure ulcers.

Consensus was achieved for the following statements: most pressure ulcers are avoidable; not all pressure ulcers are avoidable; there are situations that render pressure ulcer development unavoidable, including hemodynamic instability that is worsened with physical movement and inability to maintain nutrition and hydration status and the presence of an advanced directive prohibiting artificial nutrition/hydration; pressure redistribution surfaces cannot replace turning and repositioning; and if enough pressure was removed from the external body the skin cannot always survive.

Consensus was not obtained on the practicality or standard of turning patients every two hours nor on concerns surrounding the use of medical devices vis-à-vis their potential to cause skin damage.

Research is needed to examine these issues, refine preventive practices in challenging situations, and identify the limits of prevention. ■

Read the entire article: *Ostomy Wound Management* 2011; 57(2):24-37

Awards Presented at NPUAP Biennial Conference

At its 12th Biennial Conference, NPUAP recognized two individuals and one group by awarding them with the Kosiak, Stewart Founder's and Roberta Abruzzese awards.

KOSIAK AWARD

This award is presented at each biennial conference to recognize persons making significant contributions to the prevention and/or treatment of pressure ulcers through their leadership in the fields of, research, education and/or patient care.

The 2011 recipient of the Kosiak Award is **Janet Cuddigan, PhD, RN, CWCN, CCCN**. Dr. Cuddigan has been both an at-large director and an officer of

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President McNichol (left) recognizes Kosiak Award recipient Dr. Janet Cuddigan.



PRESIDENT'S MESSAGE

Laurie McNichol,
MSN, RN, GNP, CWCN

Greetings! The Panel has been very busy since the Winter Newsletter was published! You will read in this issue about the successful **12th Biennial Conference** held February 25-26, 2011, at Caesars Palace in Las Vegas, Nevada, and the many activities and awards that made that event one of the best educational programs ever offered by NPUAP.

My personal thanks to Conference Chair **Dr. Catherine Ratliff**, who spearheaded the eighteen-month planning process and whose tireless coordination and attention to detail made this conference a pleasure to execute. In addition to Dr. Ratliff, I would like to recognize the efforts of the Chairs of the Best Practice Conference, **Dr. Aimée Garcia** and **Dr. Barbara Pieper**, as well as the Chairs of the Consensus Conference, **Dr. Janet Cuddigan** and **Dr. Barbara Braden**, for their vision and project planning skills. Finally, to the staff and other volunteers for the Panel, including those representing our Collaborating, Corporate, Alumni and Provider Advisory Councils, my sincere thanks for your work on behalf our nearly 500 attendees. Plans are already underway for the **13th Biennial Conference** to be offered in **Houston, TX, February 22-23, 2013**. Mark your calendars now to attend!

In other NPUAP news:

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PRESIDENT'S MESSAGE

Continued from page 1

- The Panel is beginning work on an updated Monograph, *Pressure Ulcers in America: Prevalence, Incidence and Implications for the Future*, under the direction of Editor in Chief, **Barbara Pieper, PhD, RN, CWOCN**.
- The Executive Committee is working on some process and infrastructure improvements that include, but are not limited to, the review and revision of our Bylaws, Policies and Procedures and meeting materials, implementing the use of project planning concepts and timelines in our subgroup activities and exploring methods for improved communication to ensure our ability to be nimble.
- The Education Committee will be hosting our first educational webinar this spring on the topic of *Avoidable vs. Unavoidable Pressure Ulcers*.
- Our website is undergoing some updating of content and cosmetic changes under the direction of Past President **Laura Edsberg, PhD**.
- The Board is preparing for their next strategic planning session (to be held in August), which will direct our activities for the next two years.

In short, there is a steady stream of activity. I am invigorated and inspired by my association with this dedicated group of volunteer leaders in the field of pressure ulcers. I look forward to providing you another update on their activities in the next issue of this publication. ■



Laurie McNichol, MSN, RN, GNP, CWOCN
NPUAP President



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NPUAP BIENNIAL CONFERENCE AWARDS

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the Board of Directors of the NPUAP. As an officer, she served as both Treasurer and Vice President. She was the project manager for the AHCPR's Pressure Ulcer Clinical Practice Guidelines, served as Editor in Chief of the NPUAP Monograph, *Pressure Ulcers in America: Prevalence, Incidence and Implications for the Future* and was a member of the NPUAP task force that developed the PUSH tool. Dr. Cuddigan has worked with others to execute several of the NPUAP Biennial Conferences and has over 15 articles on pressure ulcers published in peer-reviewed journals. Her most recent achievement has been to serve as Co-Chair and Editor-in-Chief of the NPUAP/EPUAP International Guideline on Pressure Ulcer Prevention and Treatment.

Dr. Cuddigan epitomizes the health care professional for whom the Kosiak Award was designed. Her dedication to increasing the knowledge and increasing the evidenced based care provided to patients with pressure ulcers have been long-standing and far-reaching.

STEWART FOUNDER'S AWARD

This award is presented at each biennial conference to honor persons who have made significant contributions to the field of pressure ulcer prevention and treatment, particularly relating to public policy. This prestigious award reflects NPUAP's ongoing commitment to positively impact public policy to improve pressure ulcer prevention, treatment, education and patient care.

The 2011 recipient of the Stewart Founder's Award is the **CMS MDS 3.0 Team**, guided by **Shari M. Ling, MD**, Medical Officer, CMS. The team's ceaseless energy around revising the previous data collection tool used in the long-term care setting will improve care for millions of beneficiaries. The Panel applauds the team's willingness to collaborate with others and to review evidence based materials from many sources so that the revised tool reflects the most recent evidence and terminology.

Continued on next page ►



President McNichol (at left) recognizes Stewart Founder's Award recipient CMS MDS 3.0 Team, represented by Ellen Berry.

Save the date!

NPUAP 13th National Biennial Conference

2013

February 22-23, 2013 ★ Houston, Texas

We look forward to seeing you there!

Some of the significant revisions include:

- Reverse staging is now prohibited
- Risk assessment is not required (M0100, M0150)
- Present on admission pressure ulcer data is now captured for all stages
- Pressure ulcer staging is now consistent with the 2007 NPUAP staging definitions, as, in addition to stages I-IV (M0300A-D), there is now a separate coding section for Unstageable pressure ulcers due to eschar (M0300G). Pressure ulcers that present as blisters are in accordance with NPUAP staging definitions as those filled with serum are coded as Stage II and those with blood are now coded as deep tissue injury.
- Important characteristics of pressure ulcers that NPUAP pioneered on the PUSH tool are now mandatory. There is a subsection for the measurement of the largest pressure ulcer that follows NPUAP recommendations. The scale for the tissue type is exactly the same as that found in the PUSH tool.

Work of this scope and magnitude is recognized and deeply appreciated by all the wound care community.



President McNichol (at left) recognizes Abruzzese Award recipient Dr. Yi-Ting Tzen.

ROBERTA ABRUZZESE AWARD

This award provides biennial conference travel funds to a student showing interest and promise in the field of pressure ulcer research, treatment and prevention or education. The award, sponsored by Stryker, is named in honor of Dr. Roberta Abruzzese for her vision, leadership, and support in promoting educational endeavors in relation to pressure ulcer management.

This year's recipient, **Yi-Ting Tzen, PhD**, impressed the selection committee with her impressive vitae; she has seven publications in peer reviewed journals, five podium presentations and numerous awards, including being a poster finalist at the NPUAP's 2009 Biennial Conference. Her 2010 dissertation work, entitled "Effectiveness of local cooling on enhancing tissue ischemia tolerance in people with spinal cord injury", has great implications for people with spinal cord injuries in the prevention of pressure ulcers.

Dr. Tzen has served as a Graduate Mentor and a Teaching Assistant at the University of Pittsburg since 2008, and has been continuously certified in Rehabilitation Technology since 2006. We look forward to the continued scientific contributions of this fine recipient. ■

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AHRQ Introduces New Pressure Ulcer Prevention Toolkit

Need help in improving your pressure ulcer preventive practices? Guidelines on best practices for pressure ulcer prevention have long been available and have been updated by NPUAP in 2009. Yet implementing these best practices in the hospital environment can often be difficult. A new toolkit that can guide you through the step-by-step process of a quality improvement initiative has just been released by AHRQ. The toolkit, *Preventing Pressure Ulcers in Hospitals*, has been developed by past NPUAP members under the auspices of AHRQ and is available at www.ahrq.gov/research/lrc/pressureulcertoolkit/. ■

NOW AVAILABLE AT THE NPUAP ONLINE STORE

Pressure Ulcer Photo Gallery

High-resolution pressure ulcer photos are now available at the NPUAP Online Store! Images from the NPUAP Photo Gallery may be purchased for \$5 each for personal or self-presentation use; or \$25 each for professional use, such as text books, saleable presentations or industry. These photographs are reprinted with permission of the copyright holder, Gordian Medical, Inc. dba American Medical Technologies. www.npuap.org

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This document provides evidence-based recommendations on a full range of topics related to pressure ulcers.

PRESSURE ULCER PREVENTION & TREATMENT CLINICAL PRACTICE GUIDELINE (CPG): \$85 +S&H

This larger document expands on the QRG by providing a summary of the research supporting each recommendation.



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Three Researchers Receive "Best Poster" Prizes at NPUAP's Biennial Conference in Las Vegas

Research and Development are the lifeblood of our progress toward improving pressure ulcer prevention and care. In an effort to promote the work and recognize the people behind it NPUAP sponsors a poster abstract award competition at its Biennial Conference. This year a total of 136 abstracts were presented at the conference. A panel of judges reviewed the posters and selected the best submissions in each of three categories. The winners are **Jeremy Honaker** for best contribution to the field; **Gina Berg** for best submission from a new investigator; and **Matthew Peterson** for best submission from a young investigator. They each received a \$500 prize from NPUAP.



David Brienza (pictured at right) recognizes Jeremy Honaker for **Best Contribution to the Field Poster**

Effect of Non-Contact Low Frequency Ultrasound Treatment on Suspected Deep Tissue Injury Healing

Jeremy Honaker

Central Baptist Hospital, Lexington, KY

PURPOSE

The purpose of this study was to assess the effectiveness of non-contact low frequency ultrasound (NLFU) on the healing of Suspected Deep Tissue Injury (SDTI). Participants were adults ranging in age from 28 to 93, with multiple diagnoses including anemia, diabetes mellitus, and hypertension. Given the dearth of literature on SDTI, evidence regarding optimal treatment is not available.^{1,2,3}

METHODS

Data were examined retrospectively on 85 patients (intervention group = 43, non-intervention group = 42) with 127 SDTIs (intervention group = 63, non-intervention group = 64). Participants in both groups received standard of care for treating pressure ulcers. The Honaker Severity Scale was used to assess SDTI severity before treatment and healing/progression after treatment. This scale measures surface area, wound color/tissue assessment, and skin integrity with potential scores of 3 to 18 (higher scores indicate greater severity). Inferential and descriptive statistics were used to describe the population and examine the effect of the intervention.

RESULTS

Results showed that NLFU was effective in promoting healing of SDTIs. A significant difference in changes in wound severity was found ($t = 5.67, p < .000$). Difference in mean change scores was 2.52 on the 3–18 severity scale. The decrease in wound severity for the intervention group was 1.06. Severity in the non-intervention group increased by 1.45.

The final pressure ulcer stage after the SDTI evolved

	Non-intervention	Intervention
Unstageable	40%	9%
Stage 4	2%	1%
Stage 3	6%	5%
SDTI	30%	5%
Stage 2	21%	62%
Spontaneously Resolved	2%	18%

CONCLUSION

This exploratory study of the effect of the NLFU provides initial findings that support its use with SDTIs. A funded prospective study is planned to add to the body of knowledge regarding this intervention.

- Berlowitz D, Brienza D. Are all pressure ulcers the result of deep tissue injury? *Ostomy Wound Management*. 2007; 53(10):34-38.
- Black J. Deep tissue injury: an evolving science. *Ostomy Wound Management*. 2009; 55(2):4.
- Fleck, C. Suspected deep tissue injury. *Advances in Skin and Wound Care*. 2007; 20(7):413-415.

Near Infrared Spectroscopy Measurement of Sacral Tissue Oxygen Saturation (STO₂) in Healthy Volunteers Immobilized on Rigid Spine Boards

Gina M. Berg, PhD 1,3; Sue Nyberg, MHS, PA-C 2;

Jessica Baumchen, MPA, PA-C 2; Erin Gurss, MPA, PA-C 2;

Emily Hennes, MPA, PA-C 2; Paul Harrison, MD 3

1-KU School of Medicine-Wichita; 2-Wichita State University; 3-Wesley Medical Center

INTRODUCTION

Immobilization of patients utilizing rigid spine boards (RSB) is standard practice in the management of trauma patients. Pressure ulcers (PU) have been associated with prolonged immobilization and the possibility exists that formation may begin when the patient is initially immobilized on the RSB. The effects may not be fully recognized because of limited research on the direct tissue effects of prolonged immobiliza-

tion. Near-infrared spectroscopy is an emerging tool to measure peripheral tissue oxygenation (StO₂). The purpose of this research was to study the effects of prolonged spinal immobilization on an RSB on sacral tissue oxygenation of healthy volunteers.

METHODS

This cross-sectional study measured StO₂ in healthy volunteers at baseline and again after 30 minutes of immobilization on an RSB at two sites: sacral area (intervention) and 8-10 cm above sacral area (control). Tissue oxygenation was measured with the InSpectra™ Tissue Oxygenation Monitor (Hutchinson Technology®) by placing the probe at the measurement site and waiting for 15 seconds for equilibration prior to recording StO₂. Data were analyzed utilizing mixed-model and within-subjects ANOVA, chi-square, and t-tests.

RESULTS

Seventy-three participants were included in the analysis. Participants were primarily female (55%), average age 38 years, average height 170 cm, and average weight 81 kg. There was a significant increase in the StO₂ percentage at the sacral (intervention) area following immobilization, $p < .001$, $rpb = .48$. Significant changes in oxygenation were not noted at the control site.

CONCLUSION

An increase in sacral tissue oxygenation following immobilization was a finding consistent with other research. This is likely a result of initial, rapid tissue reperfusion at the time of pressure release. Rapid reperfusion indicates that a period of previous hypoperfusion has occurred. This suggests that pressure ulcer formation may begin prior to hospital admission with immobilization on an RSB.



David Brienza (at right) recognizes Matthew Peterson for **Best Poster from a Young Investigator**



Laurie McNichol (left) recognizes Gina Berg for **Best Poster from a New Investigator**

Patient Repositioning and Pressure Ulcer Risk: Monitoring Interface Pressures

Matthew J. Peterson, PhD; Nikolaus Gravenstein, MD; Wilhelm K. Schwab, PhD; Johannes H. van Oostrom, PhD; Lawrence J. Caruso, MD

HSR&D/RR&D Center of Excellence: Maximizing Rehabilitation Outcomes, James A. Haley VA Medical Center, Tampa, Florida; Department of Anesthesiology, University of Florida College of Medicine, Gainesville, Florida; J. Crayton Pruitt Family Department of Biomedical Engineering, University of Florida College of Engineering, Gainesville, Florida

PURPOSE

Turning patients regularly to prevent pressure ulcers and reduce interface pressures is a standard of care; yet, this practice has failed to decrease the incidence of pressure ulcers in several studies. Our prior work revealed that standard, lateral turning did not unload all areas of high, peri-sacral, skin-bed interface pressures in healthy volunteers. Therefore, this study was conducted to assess the effect of routine repositioning on the peri-sacral skin-bed interface pressures and its effectiveness in relieving at-risk tissue of patients at-risk for pressure ulcer formation.

METHODS

A descriptive, observational study was conducted at a university-affiliated hospital. A convenience sample of 23 bedridden, predominantly ICU patients at risk for pressure ulcer formation (Braden score <18) provided informed consent. Peri-sacral skin-bed interface pressure measurements were recorded from patients receiving routine repositioning care for 4-6 hours. Interface pressures were recorded every 30 seconds using an XSENSOR pressure-mapping system.

RESULTS

All 23 patients exhibited specific areas of skin ($206 \pm 182 \text{ cm}^2$) that were subjected to interface pressures $>32 \text{ mmHg}$ for $>95\%$ of the total observation period. Of the 13 patients observed in all 3 positions (supine, turned left, turned right), all exhibited specific areas of skin ($166 \pm 184 \text{ cm}^2$) $>32 \text{ mmHg}$ for $>95\%$ of the total observation period.

CONCLUSION

Bedridden patients at risk for pressure ulcers exhibit areas of skin that always appear at risk throughout the duration of their hospital stay despite routine repositioning care. Healthcare providers are unaware of the actual tissue-relieving effectiveness (or lack thereof) of their repositioning interventions, which may help explain why pressure ulcer mitigation strategies are not as successful as one might imagine. Additionally, ICU patients experienced higher peak interface pressures and larger skin areas subjected to pressures $>32 \text{ mmHg}$ than previously studied healthy adults. Further study is needed in patient repositioning techniques to improve skin-bed interface pressure relief. ■

NPUAP Welcomes Four New Directors

In January 2011, four new Directors began their terms on the NPUAP Board, **Joyce Black**, **Aamir Siddiqui**, **Mary Sieggreen**, and **Joyce Stechmiller** (Dr. Black returns to the Board for another term following her previous service from 1999–2009.). NPUAP is very excited to have them participate in Board activities and we look forward to their collective and individual contributions.

■ **Joyce Black, PhD, RN**, is an Associate Professor in the College of Nursing at the University of Nebraska Medical Center in Omaha, Nebraska. She teaches junior and senior level nursing students in medical-surgical and intensive care nursing. Dr. Black also teaches advanced pathophysiology and supervises research activities of graduate students. Her current funded research is in the area of pressure ulcers, deep tissue injury and intertriginous dermatitis. Dr. Black has had years of clinical experience as a medical surgical nurse at Saint Mary's Hospital in Rochester Minnesota, affiliated with the Mayo Clinic. Her clinical practice has been in orthopedics, critical care, burn care, respiratory diseases, wound care and plastic surgery. She is certified by the American Society of Plastic Surgical Nurses and the Wound, Ostomy and Continence Nurses. Dr. Black is also a Fellow with the American Academy of Nursing. She serves as lead editor of *Medical Surgical Nursing*, a textbook for undergraduate nursing students. She also is a Past President of the National Pressure Ulcer Advisory Panel. Dr. Black served as the co-chair of the task force to define deep tissue injury and the chair of the task force to update the definitions of the stages of pressure ulcers.

■ **Aamir Siddiqui, MD**, received his undergraduate BA in English from Johns Hopkins University and his MD from Northwestern University. Dr. Siddiqui specialized in General Surgery at Northwestern University and did two years of wound healing research at Northwestern University. Dr. Siddiqui participated in a Plastic Surgery fellowship at the University of Minnesota as well as a Hand Surgery fellowship at Kleinert Institute in Louisville, KY. He has been a Senior Staff member at Henry Ford Hospital since 1999, and became Division Head of Plastic Surgery at Henry Ford Hospital in 2007. Dr. Siddiqui also is an assistant professor of Surgery at Wayne State School of Medicine and is Board certified in Plastic Surgery and Hand Surgery. Dr. Siddiqui has authored over 30 orig-

inal research articles and is a participant and industry sponsored and federal grant research. Dr. Siddiqui was raised in the Chicago area and currently lives in Grosse Point, Michigan with his spouse and three children.

■ **Mary Sieggreen, MSN, CNS, NP, CUA**, is a Nurse Practitioner in Vascular Surgery and Vascular Nursing at Harper Hospital in the Detroit Medical Center. She has been interested in pressure ulcers for many years. In the 1980's she was looking at process improvement and, from a concern over issues that nurses got "blamed" for, she created the first Pressure Ulcer Committee in the Detroit Medical Center 30 years ago. With colleagues, she authored "Pressure Sore Guidelines: Nursing Diagnosis and Management" (1984, 1986), a document used to guide nurses in making treatment decisions. She became interested and participated in research to examine pressure support characteristics of support surfaces. She coauthored several articles related to this subject. She also coauthored the book "Pressure Ulcers: Guidelines for Prevention and Nursing Management" which became "Pressure Ulcers: Guidelines for Prevention and Management" in the third edition. Mary was one of the authors of the nursing diagnosis, Impaired Tissue Integrity, for the North American Nursing Diagnosis Association.

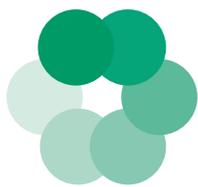
Ms. Sieggreen has presented at multiple national and international conferences on the topics of wound care, pressure ulcers, pressure ulcer development and prevention guidelines, and pressure ulcers in special populations, such as end of life and surgical patients. She was chairperson at a pilot review site on Pressure Ulcers in Adults: Prediction and Prevention, (1991) and Pressure Ulcers in Adults (1993) programs to evaluate the guidelines created by the Agency for Health Care Policy and Research. Mary also participated in a research project involving computer based testing of the Braden Scale for Predicting Pressure Sore Risk. She is a member of the Advisory Board for the National Database for Nursing Quality

Indicators (NDNQI) for the Pressure Ulcer Module.

Ms. Sieggreen works with inpatients and outpatients with all types of vascular problems including cerebral vascular disease, peripheral arterial disease, and venous disease. She is a clinical associate professor of nursing at Wayne State University in Detroit. She has served on the American Nurses Credentialing Center as an Expert Content Panel member between the Society for Vascular Nursing and the American Nurses Credentialing Center.

■ **Joyce Stechmiller, PhD, ACNP-BC, FAAN**, is a graduate of University of Maryland (BSN), University of Maryland (MSN) and University of Florida (PhD). Currently, Dr. Stechmiller is an Associate Professor at University of Florida College of Nursing and Acting Chair of the Department of Adult and Elderly Nursing. Dr. Stechmiller has a program of research that focuses on chronic wound healing, nutrition, diabetes, immune function and health outcomes among older adults, issues that are critically important to the aging population. Dr. Stechmiller's research has been funded by a variety of sources, including NINR to examine the effect of arginine on immune status in elders with pressure ulcers; NINR to study the effect of topical doxycycline on wound healing of diabetic ulcers and industry (KCI, Inc.) examining the biochemical changes in chronic wounds treated with the V.A.C.; and (Ross Laboratories) examining nutrition and immune enhancement in adults 65 years of age and older. Dr. Stechmiller serves on the Wound Healing Society Board of Directors. Her nutritional research has been cited by the National Pressure Ulcer Advisory Council's white paper on nutrition and pressure ulcer prevention. ■

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- 2 International NPUAP-EPUAP Pressure Ulcer Classification (31 slides)
- 3 Cleansing and Debridement of Pressure Ulcers (18 slides)
- 4 Dressings for the Treatment of Pressure Ulcers (29 slides)
- 5 Nutrition Guidelines for Pressure Ulcer Prevention and Healing (47 slides)
- 6 Assessment and Treatment of Infection (22 slides)
- 7 Pain Assessment and Management (24 slides)
- 8 Assessing and Monitoring Healing (21 slides)
- 9 Repositioning and Support Surfaces for Pressure Ulcer Prevention and Treatment (55 slides)
- 10 Surgery for Pressure Ulcers (27 slides)

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NATIONAL
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ONE-DAY PROGRAM

Turning the Tide on Pressure Ulcers

WEDNESDAY, MAY 25, 2011 | NORFOLK, VIRGINIA

Don't miss this one-day program, bringing together some of the leading professionals from the National Pressure Ulcer Advisory Panel (NPUAP) to discuss the latest guidelines in pressure ulcer care, including: **risk assessment, staging challenges, nutrition, treatment with antibiotics/antiseptics, and end of life care.** In addition, you will be networking with colleagues and seeing the latest industry products and services in our Exhibitors Hall.

Conference Agenda

7:00 - 7:50AM	Continental Breakfast / Registration / Exhibitors
7:50 - 8:00AM	Welcome
8:00 - 8:30AM	People, Processes, and Technology • Melissa Fitzpatrick, RN, MSN, FAAN
8:30 - 9:30AM	Pressure Ulcer Staging Challenges • Diane Langemo, PhD, RN, FAPN
9:30 - 10:00AM	Break with Exhibitors
10:00 - 11:00AM	Risk Assessment Across Care Settings • Joyce Black, PhD, RN, CWCN, CPSN
11:00 - 12:00PM	Antibiotics/Antiseptics: When, Why, What • Aamir Siddiqui, MD, FACS
12:00 - 1:15PM	Lunch (on your own) / Exhibit Hall Open
1:15 - 2:15PM	Nutrition: Unintended Weight Loss and Nutritional Care of the Obese Individual • Mary Ellen Posthauer, RD, CD, LD
2:15 - 2:30PM	Break with Exhibitors
2:30 - 3:30PM	Avoidable/Unavoidable Pressure Ulcers: Case Studies • Joyce Black, PhD, RN, CWCN, CPSN
3:30 - 4:30PM	Pressure Ulcer Care at End of Life • Diane Langemo, PhD, RN, FAPN
4:30 - 5:00PM	Wrap-up/Evaluation

CONFERENCE OBJECTIVES

EXAMINE pressure ulcer assessment and risk across settings and populations

APPRAISE pressure ulcer prevention and treatment in light of current evidence and international guidelines

DISCUSS methods to determine if pressure ulcers are avoidable or unavoidable

General Information

Conference Location

The conference sessions will be held at the **Norfolk Waterside Marriott Hotel**, which is only 11 miles from Norfolk International Airport (ORF) and conveniently located in downtown Norfolk.

Accommodations

Sheraton Norfolk Waterside Hotel

777 Waterside Drive
Norfolk, Virginia, 23510
(757) 622-6664

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Conference Fees & Registration Details

Advance registration is required. Continental Breakfast will be provided. Lunch will be on your own. A list of local eateries will be provided.

- **Sentara Employees** Free
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Conference Questions?

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