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

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July 28, 2010

<table>
<thead>
<tr>
<th>Major Competencies/Objectives</th>
<th>Examples: Content Objective(s)</th>
<th>Examples: Content Topic(s)</th>
<th>Examples: Teaching Method</th>
<th>Possible references in addition to the NPUAP /EPUAP Prevention and treatment of pressure ulcers: Clinical practice guideline, 2009. Many of the references match more than one objective, but are listed in this document one time only.</th>
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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


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. *Ostomy Wound*
Conduct a structured risk assessment on admission, and repeat as regularly and as frequently as required by patient acuity and setting.

| Conduct a structured risk assessment on admission, and repeat as regularly and as frequently as required by patient acuity and setting. | 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. | Braden Scale, Braden Q Scale, Norton Scale | 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 |

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<th>Task</th>
<th>Description</th>
<th>Source</th>
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<tbody>
<tr>
<td>Ensure that a complete skin assessment is part of</td>
<td>Conduct a thorough skin assessment.</td>
<td>Denby A, Rowlands A. Stop them at the door – should a pressure ulcer prevention protocol be implemented in the emergency department. <em>J WOCN</em>. 2010;37:35-38.</td>
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<tr>
<td></td>
<td>Lecture</td>
<td>Roberson S, Ayello EA, et al. Classification of</td>
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the risk assessment screening policy in place in all health care settings.

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<td>Develop and implement an individualized program of skin care.</td>
<td>Discuss “do not turn” the individual onto a body surface that is still reddened from a previous episode of pressure</td>
<td>Repositioning/turning Massage Skin emollients Barrier products Incontinence care</td>
<td>Armstrong DG, Ayello EA, et al. New opportunities to improve pressure ulcer prevention and treatment:</td>
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</tbody>
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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.

protocols
End of life

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


Inge GP, Halfens RJG, et


Stoelting J, McKenna L, et al. Prevention of
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<td>Choose appropriate support surface for a patient based on risk and the patient’s attributes.</td>
<td>Select support surfaces based on level of pressure ulcer risk, pressure ulcer stage, level of mobility, comfort, and place and circumstances of care provision. Know uses/attributes of various support surfaces. Demonstrate protection of heels with elevation of the heels off the surface. Understand use of support surfaces to prevent pressure ulcers while seated. Understand to avoid use of synthetic sheepskin pads; cutout, ring, or donut-type devices; and water filled gloves. Consider use of pressure redistribution products in the operating room. Understand safe application</td>
<td>Support surfaces in multiple inpatient departments such as emergency and operating room.</td>
<td>Lyman V. Successful heel pressure ulcer prevention program in a long-term care setting. <em>JWOCN</em>. 2009;36:616-621.</td>
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Turnage-Carrier C,
and maintenance of support surfaces.

| Implement nutritional interventions as appropriate to prevent pressure ulcers. | 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. Understand the importance of nutrition, hydration, oral nutrition supplements, vitamins and minerals, and feeding methods (i.e., oral, | 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 | 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 | Collins N. Nutrition PEARLS: the latest nutrition hot topics. Ostomy Wound Manage. 2010;56:14-18. Dorner B, Posthauer ME, et al. The role of nutrition in pressure ulcer prevention and treatment: National Pressure Ulcer Advisory Panel white paper. Adv Skin Wound Care. 2009;22:212-221. |
Know the goals of nutrition therapy for an individual.

Know clinical signs of under-nutrition (e.g., unintended weight loss, physical signs, laboratory data etc.).

Registered dietitian’s assessment).

Feeding strategies.

Laboratory values regarding nutrition, if appropriate.

Referral criteria to dietitian, speech language pathologist, and/or occupational therapist.

Pictures/posters showing clinical signs/symptoms of nutritional deficiencies


Accurately document results of risk assessment, skin assessment, and prevention strategies.

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.

Know documentation

Accurately document results of risk assessment, skin assessment, and prevention strategies.

Know the goals of nutrition therapy for an individual.

Registered dietitian’s assessment.

Feeding strategies.

Laboratory values regarding nutrition, if appropriate.

Referral criteria to dietitian, speech language pathologist, and/or occupational therapist.

Pictures/posters showing clinical signs/symptoms of nutritional deficiencies
