NPUAP Mission

The National Pressure Ulcer Advisory Panel (NPUAP) is the nation’s leading scientific expert on pressure injury prevention and treatment. Our goal is to insure improved patient health, and to advance public policy, education and research.
Reduced Price for the International Guideline!

NPUAP in collaboration with the European Pressure Ulcer Advisory Panel (EPUAP) and the Pan Pacific Pressure Injury Alliance (PPPIA) has worked to develop a pressure injury prevention and treatment the Clinical Practice Guideline and Quick Reference Guide. The price of these books have recently been reduced.

Purchase your copy today at www.npuap.org

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NEW E-Versions of the International Guideline!

The Clinical Practice Guideline and various chapters within the Guideline are now available as downloadable publications! Some of the chapters include bariatric individuals, critically ill patients and more!

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NPUAP Monograph

Released in November 2012, the 254-page, 24 chapter monograph, Pressure Ulcers: Prevalence, Incidence and Implications for the Future was authored by 27 experts from NPUAP and invited authorities and edited by NPUAP Alumna Dr. Barbara Pieper.

The monograph focuses on pressure ulcer rates from all clinical settings and populations; rates in special populations; a review of pressure ulcer prevention programs; and a discussion of the state of pressure ulcers in America over the last decade.

Purchase the monograph today at www.npuap.org

• E-version $49
• Individual Chapters $19

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• Prevention of Pressure Injury
• Treatment of Pressure Injury

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Faculty Disclosures

• Debra L. Fawcett: None

• Ann N. Tescher: None

Planning Committee Disclosures

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The planning committee members have listed no financial interest/arrangements that would be considered a conflict of interest.
Objectives

- Discuss Operating Room patient positioning as it relates to Pressure Injury prevention, and perioperative assessment
- Name and describe at least two OR positioning devices used in the Operating Room that may contribute to the risk of Pressure Injury

NPUAP OR Task Force

- Ann Tescher APRN CNS, PhD and Debra Fawcett PhD, RN are Co-Chairs
- Formed in 2016 as a sub-group of NPUAP Research Committee
- Membership includes representatives from Nursing, Medicine, Physical Therapy, and Industry
- Current projects
  - Examining current evidence of OR related Pressure Injury
  - Examining current evidence related to OR support surfaces
  - Examining current best practices related to Root Cause Analysis of OR related Pressure Injury
Positioning

- Positioning can take many forms in the OR.
- The key is to allow best access and visual for the surgical team and to protect the patient as much as possible.
- Once the procedure is started, the patient should not be repositioned, except in controlled instances.
- Support surfaces in the OR comes in a large variety of shapes sizes.

Types of OR Support Surfaces

- Standard foam
- Viscoelastic
- 2”, 3” 4” and bariatric
- Some static air overlays.
- Some alternating air overlays
- Often depends on the degree of concern by leadership.
Information

- Survey – Fawcett & Graling- 2014
- **Most OR’s do not do a risk/or skin assessment**
- If so, many will use the Braden Scale which was not designed for use with a surgical patient
- Communication was the biggest issues identified, only about 55 reported the position the patient was in during the procedure
- No reports to units on position or length of surgery

Types of Pressure Injury

- Tissue injury/PU
- Nerves injuries
- **DVT’s**
- Eye injuries
Standard Operating Room

Have all devices in the room as needed prior to positioning the surgical patient. Patients cannot tell you if devices or bed is comfortable.
Jackson Flat

500 lbs-Weight limit
Must lock all for bed to be completely locked:
  Floor locks x 4 wheels
  Both blue buttons lit at head of bed
  Lever must be in lock position
  T-pins completely inserted in H-frame

Spine Table

Wilson Frame

Hip Pads

Chest Pad

Thigh Pads
Fracture Table

Utilized for multiple positions and procedures. Often parts of anatomy are hanging free, increasing load on others.

Neuro Spine

Safety Belt

Used to secure patient to bed, keep from rolling. Prone or supine, not padded. Must have a hand depth between patient and strap. Across thighs. Never over knees.

Typical OR Bed

OR bed made for utility. Consists of three parts. Head, trunk, foot armboards added as needed. Is flexible in all parts. Parts can be removed or added.

Steep trendelenberg, reverse trendelenberg, Lithotomy, turn right or left.
Yellow Fins

Used for lithotomy positions. Multiple Moving parts. Sits on side rail of bed. Foot of bed removed. (see further pictures). Arms usually tucked at side. Allows for better access.
Tip: Ulnar nerve injury is the one most often brought to court after surgery. Often due to pressure. Watch where you place arms.

Yellow Fins

Once in position the top is covered to hold legs in place. These were ergonomically designed. Hold up to 200 LBS. Very mobile, always a potential for allowing the leg to slide. Shearing can occur when moving down to bottom of the bed.
As patient is placed on the bed in lithotomy position, the buttocks is placed at the bottom of the cut-out. Is positioned after anesthesia is started. Great potential for pressure injury along the sacrum.
Another Angle

Be aware of pressure to obturator nerve and peroneal nerve in this position.

Bump
Head - Neck

Fluidized Positioner
Please remember when we place the patient this positioner is Completely smooth.
More Beans

As the air is sucked out the bean bag hardens allowing the patient to be stable in the desired position.

Face Plate

Prone positions

Padding for face plate
**Horseshoe**

Prone position  
Short procedures  
Allows good access  
Easy with tubes  

Attaches to HOB  
Patient is placed in face plate after induction  
At least 6 people to turn and move

**Face Plate**

Same issues as in all prone positions
Wilson Frame

Other Devices
Donut

Used in supine position. Allows for stability of head. Anesthesia can reposition head as needed.

Doggie Dish

Short duration procedures

Similarities
Foam

Use of egg crate can be hot for the patient and provides very little protection from pressure.

Eggcrate does not prevent injury for long cases

Mayo Stand

- Not a positioning device
- Can add pressure to toes
- Heels off loaded
Equipment

Ready Supply
Summary

- Anytime a person has surgery they are at risk for a pressure injury, from the equipment, the team, and their own internal risk factors.
- It is the responsibility of the OR team to protect the patient through proper use of equipment, knowledge of the position, and clear understanding of where the pressure may develop.
- Pertinent positioning information should be included in the post-operative handoff to aid in assessment.

Questions
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