



Heads Up! Interventions to Avoid Branding of the Occiput

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Purpose

The purpose of this process improvement project was to decrease occipital hospital-acquired pressure ulcer (HAPU) rates in supine cardiothoracic surgical cases lasting greater than 4 hours by using a fluidized positioning device (FPD).

Relevance/Significance

HAPUs are a patient safety issue.¹ In the US, national estimates of the incidence of HAPUs in surgical patients is reported as high as 66%.^{2,3} Supine cardiothoracic surgical cases at a Midwest Academic Medical Center main operating room (OR) account for approximately 400 cases per year and in FY 2014 there were 15 reported occipital HAPU injuries among these patients. These ranged from blanchable erythema to deep tissue injury. More importantly, all of these 15 occipital HAPU progressed to full thickness injuries with resultant permanent hair loss and disfigurement for these patients.

Team Members

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Strategy and Implementation

Because there is a lack of evidence-based practices available to prevent HAPUs in OR patients, an interdisciplinary workgroup was formed to search for and trial interventions. In addition, funding was made available from administration for products to use for interventions to prevent OR related injuries which included utilizing FDP for all supine cardiothoracic surgical cases scheduled for 4 hours or greater. In addition, standardized required educational content for all OR staff involved in implementing prevention interventions for patients was created, and consultation of the Wound/Ostomy service became a requirement for all skin injuries.

Occipital Offloading

Choose a positioner that (when flat) is slightly more broad than the shoulders. Place a pillow case or covering over the device. Place the fluidized positioner flat under the neck and back of head.

Gently press in from the perimeter until cervical curve is filled with the fluidized positioner. This will offload the occiput.

Be sure the patient's head and neck are in proper alignment.



Evaluation

We plan is to continue to monitor for the reduction of occipital HAPU in the supine cardiothoracic cases. Data will be obtained via chart abstraction, incident reports of HAPU and Wound/Ostomy consultation review. Thus far, since implementation of these interventions there have not been any reported HAPUs for the supine cardiothoracic surgical cases.

Footnotes

1. Agency for Healthcare Research and Quality (October 1, 2013). Healthcare cost and utilization project. U.S. Department of Health & Human Services. Retrieved from <http://hcupnet.ahrq.gov>.
2. Primiano, M., Friend, M., McClure, C., Nardi, S., Fix, L., Schafer, M., ... McNett, M. (2011). Pressure ulcer prevalence and risk factors during prolonged surgical procedures. AORN, 94 (6), 555-566.
3. Brennan, M. R., Laconti, D. & Gilchrist, R. (2014). Using conformational positioning to reduce hospital-acquired pressure ulcers. Journal of Nursing Care Quality, 29(2), 182-187. doi:10.1097/NCQ.0b013e3182a79ca9
4. Sundance Enterprises, Inc., Fluidized Positioner, 79 Primrose Street, White Plains, NY 10606, <http://sundancesolutions.com>

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