

NU 395
Sacred Heart University
Davis and Henley College of Nursing
Transition into Professional Nursing Practice

Student Project Topic Outline

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Title of Project Topic: The Prevention of Pressure Injuries in Pediatric Patients Through the Implementation of a Uniform Turning Schedule.

Brief Description of Clinical Project: This project involves the implementation of a uniform turning schedule, in the form of a clock denoting which position (right lying, left lying, supine) a patient should be in at certain times, with the goal to decrease the incidence of pressure injuries on a pediatric medical-surgical unit.

Project Outline

Introduction/Background of the Project: The Medical-Surgical 6 (MS6) unit at Connecticut Children’s Medical Center specializes in gastrointestinal, eating, renal, and neuromuscular disorders. These patients are among the most susceptible to developing pressure injuries due to impaired nutrition, movement restrictions, immobility, and hemodynamic instability (Aghazadeh et al., 2021). Therefore, many of these patients have ordered turns every two or four hours. However, the staff have asserted that miscommunication between members of the interdisciplinary team, and lack of uniformity in the turning schedule have led to patients developing pressure injuries. Additionally, this lack of uniformity has made turning audits difficult, as the patients are positioned differently across the unit. This is an obstacle for the auditing team, as well as for nurses and patient care technicians, when trying to determine if patient repositioning was completed at the appropriate times. The implementation of a uniform turning schedule, in the form of a clock denoting specific positions at each time, will help ensure that turning is being done, and will therefore, decrease the rate of pressure injuries. The patient will be positioned according to the time, and the clock hand will be turned to that time, representing that the turn was completed (Briggs Healthcare, n.d.). When one of the members of the healthcare team moves the clock hand, they are taking responsibility that the turn was completed and this will be reflected in their documentation; this adds a degree of accountability. My version of the turn clock is included at the bottom of this outline. Additionally, this creates uniformity in the Epic documentation system, as nurses and patient care technicians will be expected to document the turn under the appropriate time. For example, for 0800, the documentation will be “turned, right-lying”; this also assists with turning audits, as each nurse’s documentation will be uniform across the unit.

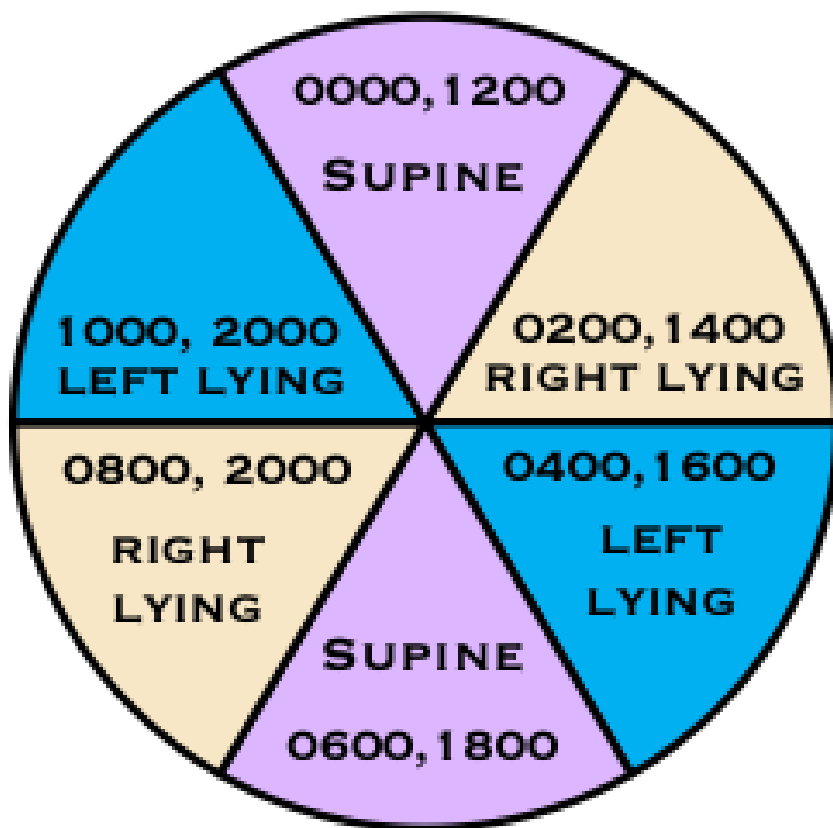
Evidence-Based: The articles cited below demonstrate how scheduled turning decreases the rate of pressure injuries, the consequences of pressure injuries, and why this intervention is pertinent to the patient population of MS6.

1. *Assessing effectiveness of regular repositioning in preventing pressure ulcers in children*
 - a. This study is comprised of a quasi-experimental pre-test and nonequivalent control group post-test (Andayani et al., 2020). The evidence from this study demonstrated how scheduled, regular turns (every 2 hours) decreased the incidence of pressure injuries by 14% and improved each patient's Braden Q scores (Andayani et al., 2020).
2. *Incidence and prevalence of pressure injuries in children patients: A systematic review and meta-analysis*
 - a. This study is a systematic review and meta-analysis, which concluded that pediatric patients are at a much higher risk of developing pressure injuries compared to adult patients (Zhang et al., 2022). This finding demonstrates the purpose of this project. This study also identifies many of the factors that contribute to pressure injuries, including electrolyte imbalances, perfusion disturbances, malnutrition, and immobilization, all of which are common features in the patient population of MS6 (Zhang et al., 2022).
3. *Pressure Injuries in the Pediatric Population: A National Pressure Ulcer Advisory Panel White Paper*
 - a. This article identifies how pressure injuries increase a patient's risk for complications and mortality, as well as the length of their hospital stay (Delmore et al., 2019). Additionally, pressure injuries are non-refundable, as they are considered preventable harm, and cost thousands of dollars to effectively treat once they have developed (Delmore et al., 2019). For instance, "In patients between 1 and 4 years of age, the average cost was \$85,853" (Delmore et al., 2019, p.1). This is significant because MS6 is frequently filled with children less than 4 years old. This article also identifies how critical turning and repositioning is to preventing pressure injury formation and identifies the success of a bundle in which scheduled repositioning is the primary prevention method (Delmore et al., 2019). Additionally, this article discusses a study that identified orthopedic patients as having a high pressure injury risk, which is one of the specialties of MS6 (Delmore et al., 2019).

Purpose: The purpose of this project is to decrease the rates of pressure injuries on MS6 at Connecticut Children's Medical Center through the implementation of a uniform turning schedule (Delmore et al., 2019).

Project Format: The project is in the form of a clock that will be laminated (allows for cleaning with disinfectant products), with a clock hand attached. A demonstration will be provided to nursing staff to explain how the clock works.

Project Implementation: Time clocks will be presented to the nursing staff with the intention of having one placed in every patient room.



References

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- Briggs Healthcare. (n.d.). *Turning Clock*. Retrieved February 7, 2024, from <https://www.briggshealthcare.com/Wound-Care-Label-Turning-Clock>
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- Zhang, H., Ma, Y., Wang, Q., Zhang, X., & Han, L. (2022). *Incidence and prevalence of pressure injuries in children patients: A systematic review and meta-analysis*. *Journal of Tissue Viability*, 31(1), 142–151. <https://doi.org/10.1016/j.jtv.2021.07.003>