

## National Pressure Ulcer Advisory Panel Support Surface

Pressure Area Care is an essential skill for nurses in every area of clinical practice. This beginner's guide assumes no prior knowledge and explores the causes of pressure ulcers, the practical skills needed to avoid them developing, and the clinical skills needed to manage them effectively when they do occur. Pressure Area Care will enable students and staff to provide effective management and care of pressure areas. It incorporates national guidelines to promote evidence based care, examines the optimal choice of pressure relieving devices and dressings, and explores the role of the nurse in planning, documenting and supervising care.

This open access book aims to provide a comprehensive but practical overview of the knowledge required for the assessment and management of the older adult with or at risk of fragility fracture. It considers this from the perspectives of all of the settings in which this group of patients receive nursing care. Globally, a fragility fracture is estimated to occur every 3 seconds. This amounts to 25 000 fractures per day or 9 million per year. The financial costs are reported to be: 32 billion EUR per year in Europe and 20 billion USD in the United States. As the population of China ages, the cost of hip fracture care there is likely to reach 1.25 billion USD by 2020 and 265 billion by 2050 (International Osteoporosis Foundation 2016). Consequently, the need for nursing for patients with fragility fracture across the world is immense. Fragility fracture is one of the foremost challenges for health care providers, and the impact of each one of those expected 9 million hip fractures is significant pain, disability, reduced quality of life, loss of independence and decreased life expectancy. There is a need for coordinated, multi-disciplinary models of care for secondary fracture prevention based on the increasing evidence that such models make a difference. There is also a need to promote and facilitate high quality, evidence-based effective care to those who suffer a fragility fracture with a focus on the best outcomes for recovery, rehabilitation and secondary prevention of further fracture. The care community has to understand better the experience of fragility fracture from the perspective of the patient so that direct improvements in care can be based on the perspectives of the users. This book supports these needs by providing a comprehensive approach to nursing practice in fragility fracture care.

Presents both current and future aspects of diagnosis and treatment. Presents evidence-based knowledge of pressure ulcer aetiology. Contains over 90 illustrations. Explores the possibilities of tissue repair using new tissue engineering strategies.

The purpose of this study was to determine if an article and the National Pressure Ulcer Advisory Panel Staging Guide was sufficient education for nurses to accurately stage pressure ulcers (PU). This was compared to a computer module designed to teach PU staging. Methodology used was sending eligible nurses the online article and staging guidelines from the NPUAP. They were asked to stage 20 pictures of pressure ulcers. Education modules on PU's were developed at the pediatric hospital. After completing the modules, participants were given the test to stage the ulcers. Statistical analysis consisted of a paired t-test ( $n=16$ ,  $t=1.956$  and  $df=15$ ); a 90% confidence interval indicated a mean difference in total scores of 0.123 to 2.252. Results indicated a significant difference in the teaching methods, with the participating nurses having better scores after education with the module and pictures designed to teach staging.

Pressure ulcers are now a universally recognized quality indicator and demand renewed attention by all clinicians. Initiatives by the Centers for Medicare and Medicaid Services (CMS) place emphasis on timely and accurate wound documentation. These policies include reimbursement guidelines for hospitals and revised surveyor guidelines for nursing homes, as well as other care settings. The interdisciplinary nature of wound care requires all levels of staff to be aware of pressure ulcer assessment across the health care continuum. This guide was developed as a basic reference tool for clinicians caring for patients who are at risk for or who have pressure ulcers. Illustrations depict typical examples encountered in clinical practice. Although the 2009 National Pressure Ulcer Advisory Panel (NPUAP), European Pressure Ulcer Advisory Panel (EPUAP) system now uses the term "category" rather than "stage," we have chosen to use "stage" for compliance with CMS terminology. This resource is designed to assist in wound identification and documentation and is not intended as a treatment guide.

Only comprehensive reference book on pressure ulcers and their management Only book in its field endorsed by the European Pressure Ulcer Advisory Panel, the leading European authority on pressure ulcers

This Clinical Practice Guideline presents recommendations and summarizes the supporting evidence for pressure ulcer prevention and treatment. The first edition was developed as a four year collaboration between the National Pressure Ulcer Advisory Panel (NPUAP) and the European Pressure Ulcer Advisory Panel (EPUAP). In this second edition of the guideline, the Pan Pacific Pressure Injury Alliance (PPPIA) has joined the NPUAP and EPUAP. This edition of the guideline has been developed over a two year period to provide an updated review of the research literature, extend the scope of the guideline and produce recommendations that reflect the most recent evidence. It provides a detailed analysis and discussion of available research, critical evaluation of the assumptions and knowledge in the field, recommendations for clinical practice, a description of the methodology used to develop the guideline and acknowledgements of the 113 experts formally involved in the development process.

The National Pressure Ulcer Advisory Panel (NPUAP) is a non-profit organization located in Reston, Virginia. NPUAP seeks to improve patient outcomes in pressure ulcer and management through education, public policy, and research. Pressure ulcers are also known as bedsores. NPUAP offers a FAQ section, as well as links to related sites.

This Clinical Practice Guideline presents recommendations and summarises the supporting evidence for pressure injury prevention and treatment. This third edition is a collaboration between the European Pressure Ulcer Advisory Panel (EPUAP), the National Pressure Ulcer Advisory Panel (NPUAP) and the Pan Pacific Pressure Injury Alliance (PPPIA).

Medical practitioners receive little, if any, formal training in the prevention, assessment and management of pressure ulcers and other chronic wounds. Pressure Ulcers in the Aging Population: A Guide for Clinicians is a resource primarily aimed at physicians interested in the fundamentals of wound care. This book is written for geriatricians, internists, general practitioners, residents and fellows who treat older patients and unlike other texts on the market addresses the specific issues of wound prevention and management in

older individuals. Pressure Ulcers in the Aging Population: A Guide for Clinicians emphasizes prevention, proper documentation and the team care process which are often overlooked in standard texts. Chapters are written by experts in their fields and include such evolving topics as deep tissue injury and the newer support surface technologies. Offers a comprehensive program for treating adults with pressure ulcers. Intended for clinicians who examine and treat individuals in all health care settings. This guideline was developed by a panel of experts and is based on the best available scientific evidence and clinical expertise. The recommended treatment program focuses on assessment of the patient and the pressure ulcer: tissue load management; ulcer care; management of bacterial colonization and infection; operative repair in selected patients with Stage III and IV pressure ulcers, and education and quality improvement.

Uninterrupted pressure exerted on the skin, soft tissue, muscle, and bone can lead to the development of localized ischemia, tissue inflammation, shearing, anoxia, and necrosis. Pressure ulcers affect up to three million adults in the U.S. Pressure ulcer healing rates—which depend on comorbidities, clinical interventions, and ulcer severity—vary considerably. Ulcer severity is assessed using a variety of different staging or grading systems, but the National Pressure Ulcer Advisory Panel (NPUAP) staging system is the most commonly used. Comorbidities predisposing toward pressure ulcer development and affecting ulcer healing include those affecting patient mobility (e.g., spinal cord injury), wound environments (e.g., incontinence), and wound healing (e.g., diabetes and vascular disease). Delayed healing can add to the length of hospitalization and impede return to full functioning. Prevalence of pressure ulcers is used as an indicator of quality for long-term care facilities, and progression of pressure ulcers in hospitalized patients is often considered an avoidable complication representing failure of inpatient management. Given the negative impact pressure ulcers have on health status and patient quality of life, as well as health care costs, treatments are needed that promote healing, shorten healing time, and minimize the risk of complications. Pressure ulcer treatment involves a variety of different approaches, including interventions to treat the conditions that give rise to pressure ulcers (support surfaces and nutritional support); interventions to protect and promote healing of the ulcer (wound dressings, topical applications, and various adjunctive therapies, including vacuum-assisted closure, ultrasound therapy, electrical stimulation, and hyperbaric oxygen therapy); and surgical repair of the ulcer. Most ulcers are treated using a combination of these approaches. The following Key Questions are the focus of our report. KQ1. In adults with pressure ulcers, what is the comparative effectiveness of treatment strategies for improved health outcomes, including but not limited to: complete wound healing, healing time, reduced wound surface area, pain, and prevention of serious complications of infection? KQ1a. Does the comparative effectiveness of treatment strategies differ according to features of the pressure ulcers, such as anatomic site or severity at baseline? KQ1b. Does the comparative effectiveness of treatment strategies differ according to patient characteristics, including but not limited to: age, race/ethnicity, body weight, specific medical comorbidities, and known risk factors for pressure ulcers, such as functional ability, nutritional status, or incontinence? KQ1c. Does the comparative effectiveness of treatment strategies differ according to patient care settings, such as home, nursing facility, or hospital, or according to features of patient care settings, including but not limited to nurse/patient staffing ratio, staff education and training in wound care, the use of wound care teams, and home caregiver support and training? KQ2. What are the harms of treatments for pressure ulcers? KQ2a. Do the harms of treatment strategies differ according to features of the pressure ulcers, such as anatomic site or severity at baseline? KQ2b. Do the harms of treatment strategies differ according to patient characteristics, including age, race/ethnicity, body weight, specific medical comorbidities, and known risk factors for pressure ulcers, such as functional ability, nutritional status, or incontinence? KQ2c. Do the harms of treatment strategies differ according to patient care settings, such as home, nursing facility, or hospital, or according to features of patient care settings, including but not limited to nurse/patient staffing ratio, staff education and training in wound care, the use of wound care teams, and home caregiver support and training?

Rev. ed. of: Acute and chronic wounds / [edited by] Ruth A. Bryant, Denise P. Nix. 3rd ed. c2007.

THE #1 Drug Guide for nurses & other clinicians...always dependable, always up to date! Look for these outstanding features: Completely updated nursing-focused drug monographs featuring 3,500 generic, brand-name, and combination drugs in an easy A-to-Z format NEW 32 brand-new FDA-approved drugs in this edition, including the COVID-19 drug remdesivir—tabbed and conveniently grouped in a handy “NEW DRUGS” section for easy retrieval NEW Thousands of clinical updates—new dosages and indications, Black Box warnings, genetic-related information, adverse reactions, nursing considerations, clinical alerts, and patient teaching information Special focus on U.S. and Canadian drug safety issues and concerns Photoguide insert with images of 439 commonly prescribed tablets and capsules

Innovations and Emerging Technologies in Wound Care is a pivotal book on the prevention and management of chronic and non-healing wounds. The book clearly presents the research and evidence that should be considered when planning care interventions to improve health related outcomes for patients. New and emerging technologies are discussed and identified, along with tactics on how they can be integrated into clinical practice. This book offers readers a bridge between biomedical engineering and medicine, with an emphasis on technological innovations. It includes contributions from engineers, scientists, clinicians and industry professionals. Users will find this resource to be a complete picture of the latest knowledge on the tolerance of human tissues to sustained mechanical and thermal loads that also provides a deeper understanding of the risk for onset and development of chronic wounds. Describes the state-of-knowledge in wound research, including tissue damage cascades and healing processes Covers all state-of-the-art technology in wound prevention, diagnosis, prognosis and treatment Discusses emerging research directions and future technology trends in the field of wound prevention and care Offers a bench-to-bedside exploration of the key issues that affect the practice of prevention and management of non-healing wounds

Despite increased attention to the pressure ulcer problem and evidence that indicates many pressure ulcers can be avoided with proper care, pressure ulcers very common in various health care settings around the world. In response to this global health care issue, the Pressure Ulcer Prevention Toolkit and accompanying CD of tools provides practical and effective tips, strategies, forms, and illustrations for preventing and mitigating pressure ulcers. Read about theoretical and practical information needed to immediately incorporate improvements to your organization's pressure ulcer prevention initiatives or develop a new program based on the following: \* Care Challenges and Prevention: Users will be able to make an informed decision and apply safer care based on informative evidence-based guidelines and recommendations for the prevention and treatment of pressure ulcers \* National Patient Safety Goal and Accreditation

Standards: Staff will learn how to become compliant with The Joint Commission's National Patient Safety Goal related to pressure ulcer care and Joint Commission International standards and requirements \* Assessment and Reassessment: Staff will become knowledgeable on care protocols to improve assessment and reassessment methods for pressure ulcers \* Sustaining Improvements: Users can create, benchmark, compare, and implement policies and procedures developed by organizations from around the world \* Educational Tools: Use the accompanying CD to develop an educational training tool for staff to immediately and effectively incorporate improvements to your organization's pressure ulcer prevention activities

Using the easy to read, quick-access Fast Facts style, the book presents guidelines for assessing, preventing and treating pressure ulcers; for establishing an ulcer reduction program and for increasing reimbursement. (Medical & Surgical)

Comprehensive, practical, evidenced-based management of the diabetic foot.

This practical handbook for clinicians covers pharmacological and non-pharmacological treatment options in neurological rehabilitation.

Find out if you are at risk for pressure ulcers or bedsores, and learn what you can do to safeguard against them. Makes specific recommendations to identify at-risk adults, lists factors placing them at risk, and gives tips on the treatment of Stage I pressure ulcers.

Written by renowned wound care experts Sharon Baranoski and Elizabeth Ayello, in collaboration with an interdisciplinary team of experts, this handbook covers all aspects of wound assessment, treatment, and care.

Pressure ulcers are defined by the National Pressure Ulcer Advisory Panel (NPUAP) as "localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction." A number of risk factors are associated with increased risk of pressure ulcer development, including older age, black race, lower body weight, physical or cognitive impairment, poor nutritional status, incontinence, and specific medical comorbidities that affect circulation such as diabetes or peripheral vascular disease. Pressure ulcers are often associated with pain and can contribute to decreased function or lead to complications such as infection. In some cases, pressure ulcers may be difficult to successfully treat despite surgical and other invasive treatments. In the inpatient setting, pressure ulcers are associated with increased length of hospitalization and delayed return to function. In addition, the presence of pressure ulcers is associated with poorer general prognosis and may contribute to mortality risk. Recommended prevention strategies for pressure ulcers generally involve use of risk assessment tools to identify people at higher risk for developing ulcers in conjunction with interventions for preventing ulcers. A variety of diverse interventions are available for the prevention of pressure ulcers. Categories of preventive interventions include support surfaces (including mattresses, integrated bed systems, overlays, and cushions), repositioning, skin care (including lotions, dressings, and management of incontinence), and nutritional support. Each of these broad categories encompasses a variety of interventions. The purpose of this report is to review the comparative clinical utility and diagnostic accuracy of risk-assessment instruments for evaluating risk of pressure ulcers and to evaluate the benefits and harms of preventive interventions for pressure ulcers in different settings and patient populations. The following Key Questions are the focus of this report: KQ1. For adults in various settings, is the use of any risk-assessment tool effective in reducing the incidence or severity of pressure ulcers compared with other risk-assessment tools, clinical judgment alone, and/or usual care? KQ1a. Do the effectiveness and comparative effectiveness of risk-assessment tools differ according to setting? KQ1b. Do the effectiveness and comparative effectiveness of risk-assessment tools differ according to patient characteristics and other known risk factors for pressure ulcers, such as nutritional status or incontinence? KQ2. How do various risk-assessment tools compare with one another in their ability to predict the incidence of pressure ulcers? KQ2a. Does the predictive validity of various risk-assessment tools differ according to setting? KQ2b. Does the predictive validity of various risk-assessment tools differ according to patient characteristics? KQ3. In patients at increased risk of developing pressure ulcers, what are the effectiveness and comparative effectiveness of preventive interventions in reducing the incidence or severity of pressure ulcers? KQ3a. Do the effectiveness and comparative effectiveness of preventive interventions differ according to risk level as determined by different risk-assessment methods and/or by particular risk factors? KQ3b. Do the effectiveness and comparative effectiveness of preventive interventions differ according to setting? KQ3c. Do the effectiveness and comparative effectiveness of preventive interventions differ according to patient characteristics? KQ4. What are the harms of interventions for the prevention of pressure ulcers? KQ4a. Do the harms of preventive interventions differ according to the type of intervention? KQ4b. Do the harms of preventive interventions differ according to setting? KQ4c. Do the harms of preventive interventions differ according to patient characteristics?

"Nurses play a vital role in improving the safety and quality of patient care -- not only in the hospital or ambulatory treatment facility, but also of community-based care and the care performed by family members. Nurses need know what proven techniques and interventions they can use to enhance patient outcomes. To address this need, the Agency for Healthcare Research and Quality (AHRQ), with additional funding from the Robert Wood Johnson Foundation, has prepared this comprehensive, 1,400-page, handbook for nurses on patient safety and quality -- Patient Safety and Quality: An Evidence-Based Handbook for Nurses. (AHRQ Publication No. 08-0043)."--Online AHRQ blurb, <http://www.ahrq.gov/qual/nurseshdbk>.

In this new edition of this informative book, discover the risk-factor assessment and prevention strategies you need to implement a successful pressure ulcer prevention program. This resource is completely updated to include the latest staging requirements and the most up-to-date treatment guidelines.

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