"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 to 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/nursehdbk.

The purpose of this descriptive, experimental study was to determine nurses' adherence to guidelines of care prior to and after a pressure ulcer education. The theoretical framework was based on The Quality Assurance Model Utilizing Research (QAMUR) (Watson, Bulechek, & McCloskey, 1987). The data collection process utilized a retrospective medical record review of two randomly selected 80 record samples. A mandatory competency based education program consisting of interactive computerized learning modules and a test. The study occurred at a
192 bed community hospital. The findings revealed an increase in documentation on the wound care flow sheet, admission skin assessment, and referrals to the WOCN and Dietician. However, a decrease in the skin assessment documentation every shift was noted. Overall, based on an increase in hospital acquired pressure ulcers incidence during the post education period, the education program did not significantly influence the nurses' adherence to pressure ulcer prevention guidelines.

In this report, “Care and compassion?” the Health Service Ombudsman says the NHS is failing to treat older people with care, compassion, dignity and respect. The report is based on the findings of ten independent investigations into complaints about NHS care for people over the age of 65 across England. It serves to illuminate the gulf between the principles and values of the NHS Constitution and the felt reality of being an older person in the care of the NHS in England. The Ombudsman’s findings show how ten older patients suffered unnecessary pain, indignity and distress while in the care of the NHS. Her investigations highlight common failures in pain control, discharge arrangements, communication with patients and their relatives and ensuring adequate nutrition. These are not isolated cases. Of the nearly 9,000 properly made complaints to the Ombudsman about the NHS last year, 18 per cent were about the care of older people. The Ombudsman accepted twice as many cases for investigation about older people as for all other age groups put together. The findings reveal an attitude - both personal and institutional - which fails to recognise the humanity and individuality of the people concerned and to respond to them with sensitivity, compassion and professionalism. These accounts present a picture of NHS provision that is failing to meet even the most basic standards of care. The NHS must close the gap between the promise of care and compassion outlined in its Constitution and the injustice that many older people experience.

These guidelines have been approved by the four organizations that make up the Cooperating Parties for the ICD-10-CM: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), CMS, and NCHS. These guidelines are a set of rules that have been developed to accompany and complement the official conventions and instructions provided within the ICD-10-CM itself. The instructions and conventions of the classification take precedence over guidelines. These guidelines are based on the coding and sequencing instructions in the Tabular List and Alphabetic Index of ICD-10-CM, but provide additional instruction. Adherence to these guidelines when assigning ICD-10-CM diagnosis codes is required under the Health Insurance Portability and Accountability Act (HIPAA). The diagnosis codes (Tabular List and Alphabetic Index) have been adopted under HIPAA for all healthcare settings. A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures. These guidelines have been developed to assist both the healthcare provider and the coder in identifying those diagnoses that are to be reported. The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation accurate coding cannot be achieved. The entire record should be reviewed to determine the specific reason for the encounter and the conditions treated.
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?
In this thoroughly updated edition, readers learn the full scope of the pressure ulcer problem to deliver quality care and educate patients and their families more expertly. Content includes skin anatomy and physiology, pressure ulcer etiology and pathophysiology, wound healing, assessment, prevention, treatment, care planning, policy and procedure development, continuum of care, patient education, continuous quality improvement, anticipating trends, and appendices, including the Norton scale, Gosnell scale, Braden scale, Bates-Jensen pressure ulcer status tool, pressure ulcer flow chart, surgical wound flow chart, peri-wound flow chart, debridement flow chart, dressings chart, admission database, pressure ulcer plan of care, and more.

The Fifth Edition of Nursing Care Plans and Documentation provides nurses with a comprehensive guide to creating care plans and effectively documenting care. This user-friendly resource presents the most likely diagnoses and collaborative problems with step-by-step guidance on nursing action, and rationales for interventions. New chapters cover moral distress in nursing, improving hospitalized patient outcomes, and nursing diagnosis risk for compromised human dignity. The book includes over 70 care plans that translate theory into clinical practice. Online Tutoring powered by Smarthinking—Free online tutoring, powered by Smarthinking, gives students access to expert nursing and allied health science educators whose mission, like yours, is to achieve success. Students can access live tutoring support, critiques of written work, and other valuable tools.

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.

This Fast Facts will assist with improving outcomes for patients with pressure ulcers and strategies for decreasing pressure ulcer occurrence within a facility. 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. It includes tips for care in the Fast Facts in a Nutshell feature format. Pressure ulcers can be devastating not only for the patient but those caring for them. Sometimes with even the best of care, pressure ulcers occur, but what about those that can be prevented? The author, with the help of nursing staff at all levels, achieved pressure ulcers reduction in her facility by 54% over a one year period through implementation of an ulcer reduction program. This book will cover pressure ulcer risk assessment (important to include in the initial patient assessment), incidence, underlying causative factors, factors to eliminate when planning patient care, equipment that can help prevent ‘pressure’ on susceptible patient tissues, issues concerning dressings and treatments, benefits of creating a skin care team, how to document to insure higher reimbursement, and lastly, working with outpatients. Additionally, nurses studying for certification as a Wound, Ostomy Continence Nurse (WOCN) will find support material related to identifying, preventing, and resolving pressure ulcers that
Where To Download Pressure Ulcer Documentation

is difficult to access in other publications. Key Features of this Book in Bullet-Point Format: Succinct Fast Facts Reference style provides easy access to important Pressure Ulcer Facts Includes the Fast Facts in a Nutshell tips that help guide nursing staff towards improving assessment, treatment, and documenting skills Provides care delivery parameters and documentation required for optimal Medicare & Medicaid reimbursement Delivers frequently-used guidelines for on assessing, measuring, and grading pressure ulcers, and documenting the findings Presents strategies for establishing an ulcer prevention program Authored by a coordinator of a successful wound ostomy program in a facility that has reduced pressure ulcer occurrence by 54% in one year

This book provides strategies to help long-term care nurses assess, prevent, and treat pressure ulcers in accordance with NPUAP and CMS guidelines. With this resource, not only will staff be able to overcome documentation problems and understand how to assess wounds and infections, but it provides good practices to help your facility achieve a high Quality Measure rating and accurately code Section M on the MDS 3.0. With Pressure Ulcers: Long-Term Care Clinical Manual you will: *Employ prevention strategies to reduce the risk of a deficiency under F314 *Get simplified, step-by-step instructions for proper wound assessment that comply with NPUAP and CMS guidelines *Individualize resident care plans in less time with improved accuracy using time-tested care plan approaches *Customize the CD-ROM packed with more than 50 forms and resources to save time in clinical practice and staff education

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

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.
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.

The proceedings of the 10th International Nursing Informatics Congress (NI2009) offers a wide range of scientific knowledge to be disseminated among nurses, administrators, physicians or informaticians irrespective of whether they are clinicians, teachers, researchers or students. The variation of papers follow the advances in health information technology, although certain important topics such as ethics, education, management and clinical practice applications remain. The proceedings follows the ten themes of the conference programme: clinical workflow and human interface; consumer health informatics and personal health records; health information technology; terminology, standards and NMDS’s; patient preferences and quality of care; patient safety; evidence based practice and decision support; consumer and professional education; strategies and methods for HIT training and national eHealth initiatives across the globe.

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.

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.

Pressure ulcers are a problem in all health care settings. The prevalence of pressure ulcers in acute care settings is 15% and an incidence of 7% (Ayello & Braden, 2002). This study was a secondary analysis using a descriptive comparative design. The purpose of this study was to (1) describe what nursing diagnoses, interventions, and outcomes were added to the plan of care when the Braden Scale indicated a potential risk for pressure ulcer development before and after documentation changes were implemented, and (2) examine the differences in the frequency of nursing diagnoses, outcomes, and interventions added to the plan of care when the Braden Scale indicated a potential risk before and after the...
This useful resource will help both clinicians and institutions deliver wound care that's both appropriate for patient needs and cost-effective for the institution. Featuring important new information on documentation regulations, including helpful checklists, and offering take-away highlights in every chapter, this useful resource also provides new content on lymphedema management guidelines, negative pressure wound therapy, and capturing data using today's media capabilities. Part 1 covers the fundamentals of skin and wound care, including assessment, treatment, prevention, nutrition, and documentation. Part 2 offers profiles and photos of hundreds of skin and wound care products, all categorized and alphabetized for easy reference. The book also includes a full-color wound photo section, wound checklists, and much more.

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.

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.


A pressure ulcer is a localized area of ischemic tissue caused by pressure, shearing, or friction. Pressure ulcers occur usually over a bony prominence. There are many risk factors that place patients at risk for pressure ulcer development such as: poor nutrition, diabetes, obesity, edema, advanced age, incontinence, immobility, and poor hygiene. Pressure ulcers can have negative effects on patients, they can impact their hospital stay, and they can be very costly. A study was conducted to identify patients who are at risk for pressure ulcers. A sample of 5,633 patients were reviewed. Results of the study estimated that pressure ulcers can vary from $1,214 to $14,108 to treat depending on the severity of the pressure ulcer (Watret & Middler, 2012). It costs more to treat a pressure ulcer than to prevent one. Another study was conducted and data was collected on 3,198 patients, 75 years old and above. This study took place in a 1,350 bed hospital. The results indicated that 7.1% of the patients had an ulcer develop while in the hospital. The length of hospital stay was increased to 19 days as opposed to 9.9 days spent in the hospital (Theisen, Drabik, & Stock, 2012). Based on the research gathered the author of this paper identified pressure ulcer occurrences as a problem that is significant to healthcare. The author chose this topic because pressure ulcers can be prevented. Despite preventative measures some patients will develop pressure ulcers, but prevention can be used as a quality indicator of nursing care (Sprakes, & Tyrer, 2010). To achieve this goal the author of this paper would implement two pressure ulcer protocols (see Appendix A). It is required to perform a Braden risk assessment and an initial skin assessment on all patients admitted to the hospital. This paper contains a solution that suggests making the Braden risk assessment and the skin assessment be completed within four hours of admission and the proper pressure ulcer protocol be implemented based on the results of these two assessments. The pressure ulcer protocols will be in the computer system and will prompt the medical staff what protocol to choose. These
protocols are not yet in practice but they can be implemented for a 30 day trial and the results can be reviewed after this trial. At this time the minor details will be worked out and the administration and management of the acute hospitals can decide if the protocols are worth implementing in their facility.

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.

Designed for health care professionals in multiple disciplines and clinical settings, this comprehensive, evidence-based wound care text provides basic and advanced information on wound healing and therapies and emphasizes clinical decision-making. The text integrates the latest scientific findings with principles of good wound care and provides a complete set of current, evidence-based practices. This edition features a new chapter on wound pain management and a chapter showing how to use negative pressure therapy on many types of hard-to-heal wounds. Technological advances covered include ultrasound for wound debridement, laser treatments, and a single-patient-use disposable device for delivering pulsed radio frequency.

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.

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.

Within the health care setting nurses occupy a crucial role in the assessment, management and documentation of patient care. In order to provide
adequate patient care, one of the techniques nurses have developed is documentation as a means of communication. Hence, a quality improvement project was undertaken in a nursing unit to explore if nursing documentation and nursing care are congruent. The purpose of this study is to compare whether nursing staff accurately document a patient's pressure ulcer (PU) risk score, and whether this score leads to the implementation of the five preventative strategies of PU management, as indicated on the nursing care plan. Secondly, to assess if there are any workplace factors that influence nursing staff in the implementation of the preventative strategies for PU management.