Case Study Evaluation of the Results of Incorporating the Use of an Adhesive Sacral Foam* Dressing with a Sodium Carboxymethylcellulose Wound Contact Layer in a Hospital’s Pressure Ulcer Prevention Program

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Purpose
To understand the performance of a foam dressing including a Sodium Carboxymethylcellulose wound contact layer with a border when used in the sacral area as part of a comprehensive pressure ulcer prevention protocol to care for intact skin against skin breakdown (Chart 1).

Objectives:
- Describe the dressing performance related to protection of the sacral area on at risk patients.
- Describe the ability of the dressing to conform to the sacral area.
- Describe the nurse response to ease of dressing application and removal.

Abstract
The prevention of pressure ulcers has become a national focus since they are both high-cost and high volume adverse events. CSM has named this a preventable hospital acquired condition and no longer reimburses acute care facilities for this event. This can be financially devastating to the hospital. Pressure ulcer incidence is also included as a national indicator of excellence in nursing. Patient satisfaction scores will affect the reputation of the facility. Devastating to the hospital. Pressure ulcer incidence is also included as a national indicator of excellence in nursing. Patient satisfaction scores will affect the reputation of the facility.

Recent studies have been done to show prevention of pressure ulcers to the sacrum with prophylactic use of a product applied to the sacrum to prevent pressure related injury. It is crucial to success of dressing adhesion. Careful removal of barrier ointment was crucial to success of dressing adhesion.

The nurse response to the dressing application and removal as well as patient response during wear time was positive. Therefore our facility will move forward with incorporating this practice as part of our Pressure Ulcer Prevention program.

Conclusion
The dressing performed well in conforming to the sacrum and being resistant to minor fecal ointment residue.

Case Example
Middle aged African American woman with uncontrollable DM, severe neuropathy to lower legs was admitted to the facility. She was bed bound and had both urinary and fecal incontinence. Scattered partial thickness skin loss due to moisture effects was noted on admission.

On admission
Note open skin due to incontinence. Patient was increasingly immobile so the use of an adhesive sacral foam dressing with a Sodium Carboxymethylcellulose contact layer was initiated after thorough cleansing of the skin to remove barrier ointment residue.

1st application
Note off-center application to accommodate the surrounding skin is intact and protected.

Day 4
Dressing was removed and epithelialization of all open areas is progressing. In addition, the surrounding skin is intact and protected.

Day 4
The dressing was changed and a 7" x 7" square was used. We found both sizes worked well to cover and protect the area. The wound went on to heal completely.

References

Health First

Palm Bay Hospital: Wound, Skin and Risk Assessment Algorithm on Admission

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<tr>
<th>EMERGENCY DEPARTMENT</th>
<th>ALL PATIENT UNITS</th>
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