

AN OUNCE OF PREVENTION:

The Use of an Absorbent Soft Silicone Self-Adherent Bordered Foam Heel Dressing to Decrease the Incidence of Hospital-Acquired Heel Pressure Ulcers in an Acute Care Setting

INTRODUCTION

- In 2013, eighty-one hospital-acquired (HA) pressure ulcers occurred at AnMed Health, a 533-bed teaching hospital located in the southeastern United States. Thirty-three (41%) were heel pressure ulcers.
- During the first quarter of 2014, the AnMed Health Wound Care Team observed a spike in the incidence of HA heel pressure ulcers in the Coronary Care/ Cardiovascular Intensive Care Unit (CCU/CVICU).
- The Wound Care Team immediately began to evaluate interventions to decrease the number of HA heel pressure ulcers.
- A literature review was conducted to determine evidence-based practices for the prevention of heel pressure ulcers. Previous studies suggested that the use of an absorbent soft silicone self-adherent bordered foam dressing aids in the prevention of pressure ulcer development.^{1,2}
- AnMed Health had experienced success with the sacral foam dressing identified in the previous studies in reducing the occurrence of HA sacral pressure ulcers.
- Based on this success, the Wound Care Team chose to conduct a pilot project with an absorbent soft silicone self-adherent bordered foam heel dressing*.



OBJECTIVE

- To evaluate an intervention aimed at reducing friction, shear, and improving skin microclimate, thereby reducing the incidence of HA heel pressure ulcers in a high risk population.



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IMPLEMENTATION

Setting

- Our pilot project was conducted in the CCU/CVICU unit.

Subject Selection Criteria

- Included in the pilot project were all patients admitted to CCU/CVICU August 1st, 2014-October 31st, 2014 who were non-ambulatory or at high-risk for heel pressure ulcers due to diabetes mellitus, peripheral vascular disease, poor nutritional status, constant heel friction etc.

- Excluded from the project were patients not directly admitted to CCU/CVICU, ambulatory, had pre-existing heel pressure ulcers or pre-existing trauma to the heels.

Method

- In addition to standard of care pressure ulcer prevention interventions, patients who met inclusion criteria received an absorbent soft silicone self-adherent bordered foam heel dressing to both heels and dressings were reapplied as needed.

- The dressings were lifted daily to assess for skin breakdown.

- Prior to discharge from CCU/CVICU, each patient's skin was evaluated for signs and symptoms of heel pressure ulcer development.

RESULTS

- Patients in the pilot project group were compared to patients admitted to CCU/CVICU during the first quarter of 2014 (January 1st, 2014- March 31st, 2014). Patients in the control group received standard pressure ulcer prevention interventions.
- Patients in the comparison group and the study group were found to be similar based on age, BMI, and history of diabetes mellitus.
- From January 1st, 2014- March 31st, 2014, three patients in the control group developed HA heel pressure ulcers during their stay in CCU/CVICU.
- In comparison, no patients in the intervention group developed HA heel pressure ulcers during the pilot project period (August 1st, 2014- October 31st, 2014).
- Incidentally, one patient admitted to CCU/CVICU during the pilot project period met the inclusion criteria but mistakenly did not have the dressing applied. This patient subsequently developed a HA heel pressure ulcer.

CONCLUSION

- Of the thirty-one patients included in the pilot project, none developed a HA heel pressure ulcer.
- Due to the success of the project, the facility will incorporate the use of an absorbant soft silicone self-adherent bordered foam heel dressing into its skin care/wound care protocol.
- In order to validate the results using a larger sample size, the CCU/CVICU staff continued to use the foam heel dressings on high risk patients for an additional three months. No hospital acquired heel pressure ulcers occurred during this time.