GOAL IS ZERO PRESSURE ULCERS

G — GET RESIDENTS UP AND MOVING
Assist with ambulation and repositioning if resident is unable. Reposition at least every two hours or more based on condition and tolerance. Consult PT/OT, restorative.

O — OBSERVATION OF SKIN ON A DAILY BASIS
Daily skin inspections by anyone who assists with bathing, toileting, changing and soiling. Do not massage over bony prominences.

A — ASSESS NUTRITION, PROTEIN, HYDRATION INTAKE
Increase protein intake, use supplement when meals are missed, RD consult. Determine barriers for poor intake. Provide assistance with eating.

L — LIFT, DO NOT DRAG SKIN
Use lift sheet or trapeze when indicated. Keep head of bed below 30 degrees.

I — INCREASE TOILETING INTERVALS TO DECREASE MOISTURE
Control moisture and increase toileting intervals. Use moisture barrier, absorbent pads that wick and hold moisture. Remove at intervals to let skin breathe.

S — SUPPORT SURFACES FOR PRESSURE REDISTRIBUTION
Check for over-inflated cushions and mattresses and assess if resident is bottoming-out. Do not use donut devices. Use pressure reducing cushions for prolonged periods of time in wheelchair. Conduct OT assessment for proper wheelchair seating/fit.

Z — ZERO TOLERANCE FOR IN-HOUSE ACQUIRED PRESSURE ULCERS
Pressure ulcer prevention is everyone's responsibility.

E — ELEVATE HEELS
Float heels off the bed with foam wedges or pillows. Heel protectors are for comfort not relief.

R — RISK ASSESSMENT AND REASSESSMENT
Use validated tools such as the Braden or Norton scales upon admission, weekly for four weeks, and then quarterly with MDS or when physical condition changes. Care plan based on risk assessment.

O — OPTIMIZE ROUTINE ACTIVITIES WITH ULCER PREVENTION STRATEGIES
Complete multiple tasks such as repositioning, offering oral fluids and toileting while in the room every two hours. Assess for wet skin and apply moisture barrier.

IOWA FOUNDATION FOR MEDICAL CARE

This material provided by the Iowa Foundation for Medical Care, the Medicare Quality Improvement Organization for Iowa, was prepared by the Illinois Foundation for Quality Health Care, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 9SoW-IA-NHPU-08/08-010