Every Patient with SCI Deserves a “turn”: How, When, and Why!

Joycelyn Craig, BSN, RN, CRRN
joycelyn_craig@shepherd.org
Disclosure of PI-RRTC Grant

• James S. Krause, PhD, Holly Wise, PhD; PT, and Emily Johnson, MHA have disclosed a research grant with the National Institute of Disability and Rehabilitation Research.

• The contents of this presentation were developed with support from an educational grant from the Department of Education, NIDRR grant number H133B090005. However, those contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government.
Accreditation

• The Medical University of South Carolina is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Medical University of South Carolina designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

• In accordance with the ACCME Essentials & Standards, anyone involved in planning or presenting this educational activity will be required to disclose any relevant financial relationships with commercial interests in the healthcare industry. This information is listed below. Speakers who incorporate information about off-label or investigational use of drugs or devices will be asked to disclose that information at the beginning of their presentation.

• The Center for Professional Development is an approved provider of the continuing nursing education by the South Carolina Nurses Association an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation
Disclosure of Presenter

• Joycelyn Craig, BSN, RN, CRRN SCI has disclosed a research grant with the National Institute of Disability and Rehabilitation Research
Every Patient with SCI Deserves a “Turn”: How, When & Why!

Objectives:
1. List at least 3 ways that turning benefits the patient.
2. Recognize proper padding and positioning.
3. Defend turns, padding & positioning despite the use of specialty mattresses or beds.
When are patients at risk?

- Initial trauma
- Acute care
- Thru rehabilitation
- Post discharge
- Upon return to home
- In the community
- Rehospitalizations
Pressure Ulcers – what exactly are they??

• Due to unrelieved pressure on bony prominence
• Loss of bloodflow and death of tissue occurs at the muscle level – well under the skin.
• Initially appears as only a discolored spot over a bony prominence.
• Usually circular wound although may have elongation if shearing also involved.
• Takes 2 to 4 weeks to visualize damage done!
$20,000 Minor ulcers

$70,000 Complex full-thickness ulcers

$1.5 billion annually
Risk Factors

- Hospital settings
- Long-term care
- Home-care
- Immobility
- Hypoalbuminemia
- Incontinence
- Fractures
- Respiratory issues
- Substance abuse
- Employment status
- Pilonydal cysts
- Age
- Hypotension
- Fevers
- Neuro impairment
- Dry skin
- Smoking
- Inactivity
- Altered sensation
- Nutrition
- Recreational activities
- Skin MRSA
Mechanical & biochemical factors

- Neuro impairment
- Collagen degradation
- Compression
- Ischemia
- Muscle Atrophy
- AA content of skin
- Slower reflow rate
- Sacrum < gluteus occlusion
As the SCI individual ages:

- Decreased muscle mass
- Decreased collagen
- Altered elastin
- Increased comorbidities

...all increase the risk for pressure ulcers.
The Obvious

…the need for prevention and ongoing assessment throughout the SCI continuum…
Prevention

Since its inception, Smokey’s cut burned acres from 22 million to 4 million.
Turning

Lift to turn

- Prevent shear
- Prevent friction
- Do not slide or drag
Turning

Address Pain

Find comfortable positioning
Inspect skin with every turn, repositioning, OOB & back to bed
Specialty beds & mattresses don’t inspect the skin!

- Padding & positioning
- Friction
- Shearing
- Inspection
- Repositioning
Turning

- Log roll to turn
Inspection: intact skin
Inspection

ACT here

OR get here
Visual Inspection

- Head-to-Toe
- Skin & wound assessment
- Bony prominences
- Changes in skin color
  - Blanch
Tactile Inspection

- Head-to-Toe
- Skin & wound assessment
- Bony prominences
- Touch
- Temperature
- Texture
- Boggy-Firm-Indurated

Moisture
Padding and Positioning

- Protect the skin
- Prevent contractures
- Prevent painful shoulders
- Decrease respiratory complications
Shearing & Friction

- Slumping in wheelchairs
- Sliding over a surface
- Spasms
- Not using draw sheet
- Rotating beds
Frog-leg Positioning

Groin
- Moisture
- Rash
- Fungal
- Incontinence
cheek & collar bones, shoulder, breasts, hips, penis, knees, shins, toes

ankle knee hips shoulder side bone
Avoid positioning individuals directly on the trochanter.

Greatest Troch interface pressure @ 90 angle to bed.

Side-lying at a 30 degree angle is preferable.
Padding & Positioning
Side-lying Shoulder Positioning

Prevent Subluxations & Contractures
Avoid positioning directly on a pressure ulcer.

- Bridging
- Hand-check
- Avoid cut-out cushions
Prevent contact at & between bony prominences.
Limit the amount of time HOB is elevated.

- HOB angle
- Posture
- Eating
- Leisure activities
Respiratory positioning

• Side to side
• 4 hour max
• HOB
• OOB
Respiratory

Opens anterior chest wall
Respiratory

Opens posterior chest wall
“NEVERS”
Bedpans
Heating pads
Sliding
Underpads
Diapers
Patient “declined turns”
Delay interventions

ALWAYS
Lift to turn
Visually verify turns
Inspect on every turn
Schedule Turns—
  anticipate next turn
time & position