



# Decreasing Advanced Stage Pressure Injuries Through Intentional Rounding and Education



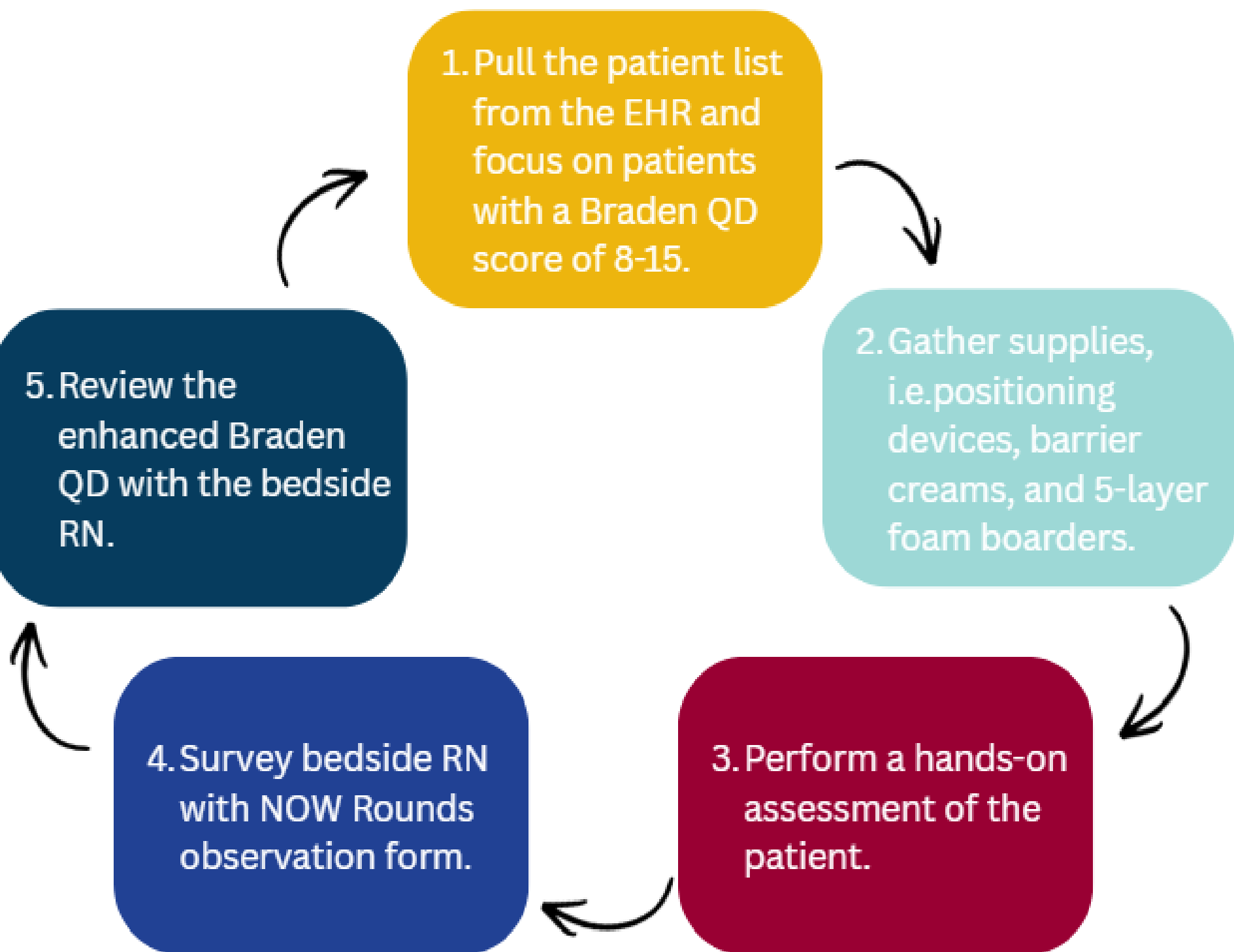
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## Background

- 34-bed PICU identified an opportunity to strengthen pressure injury prevention.
- Six advanced-stage pressure injuries occurred in FY2023. High patient acuity and device utilization increased risk. An interdisciplinary workgroup reviewed evidence and local data.
- Gaps were identified in **consistent skin surveillance. "No Wounds" (NOW Rounds)** rounding was implemented.
- NOW Rounds were embedded into the **8-Step HAPI Team** to standardize assessment, promote early detection, and strengthen shared accountability.

## Aim

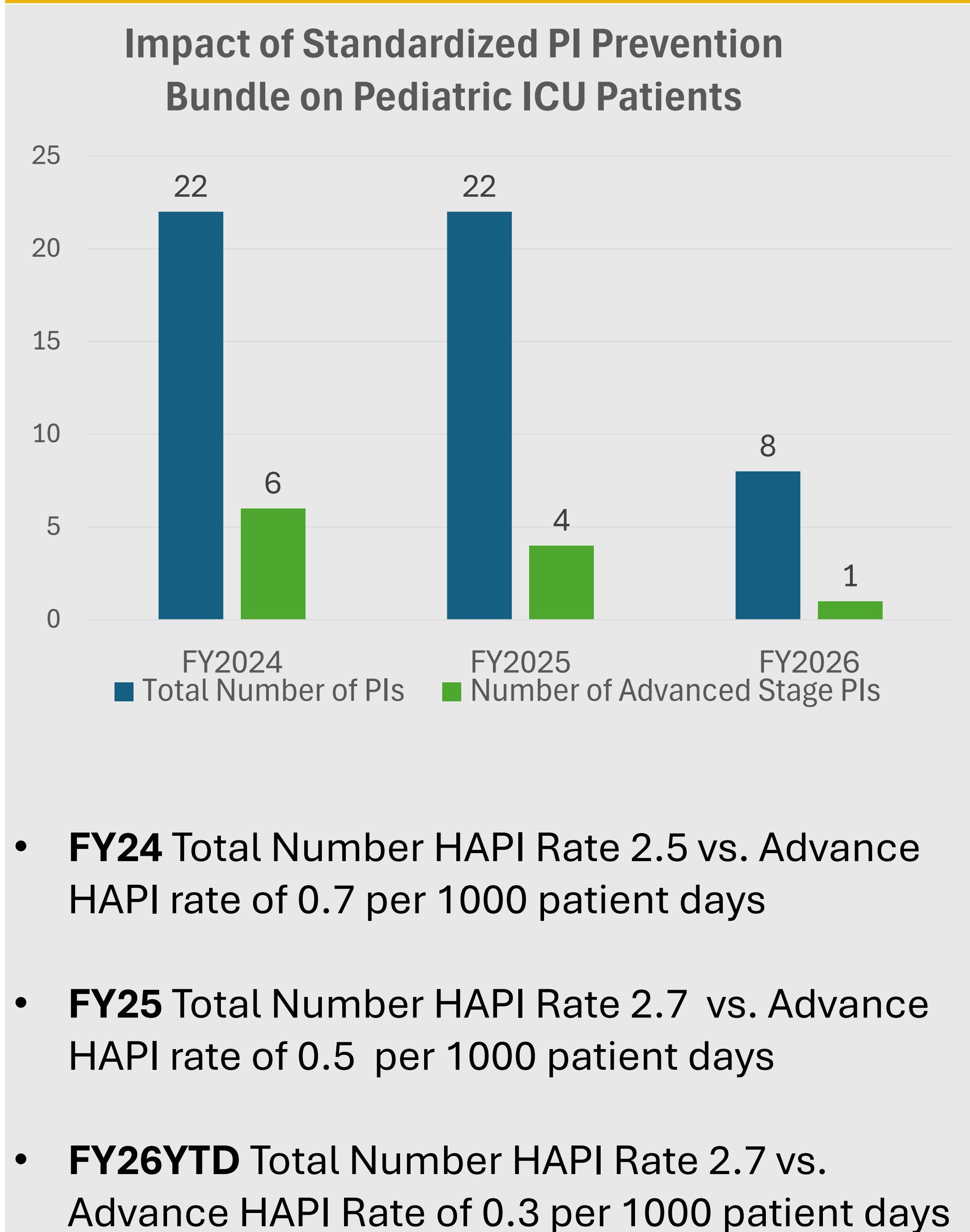
Decrease Stage 3, Stage 4, and Unstageable pressure injuries by 10% through staff education and daily structured rounding within 12 months



## Methods

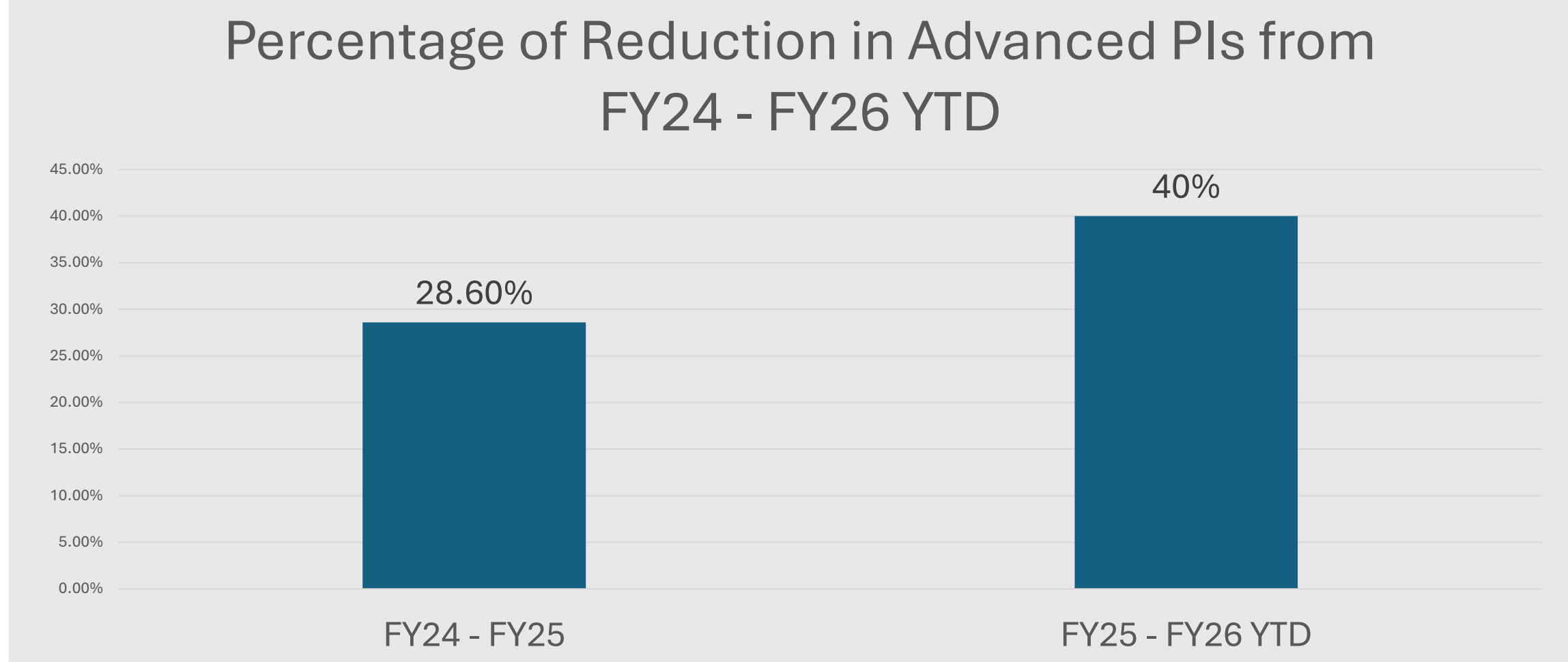
- February 2024**
  - RN auditor completed a chart review on patients with a Braden QD score of  $\geq 13$  and assessed their skin integrity, hygiene, turns, type of mattress, and nutrition.
- April 2024**
  - Observational audit and chart review conducted simultaneously once per week for patients with a Braden QD score of  $\geq 13$ .
- January 2025 – Current**
  - Daily observational audits on patients with a Braden QD score of  $\geq 8$  to identify advanced pressure injuries earlier. A new educational tool was created and used to educate bedside RNs on appropriate Braden QD documentation.

## Results and Outcomes



## Conclusions

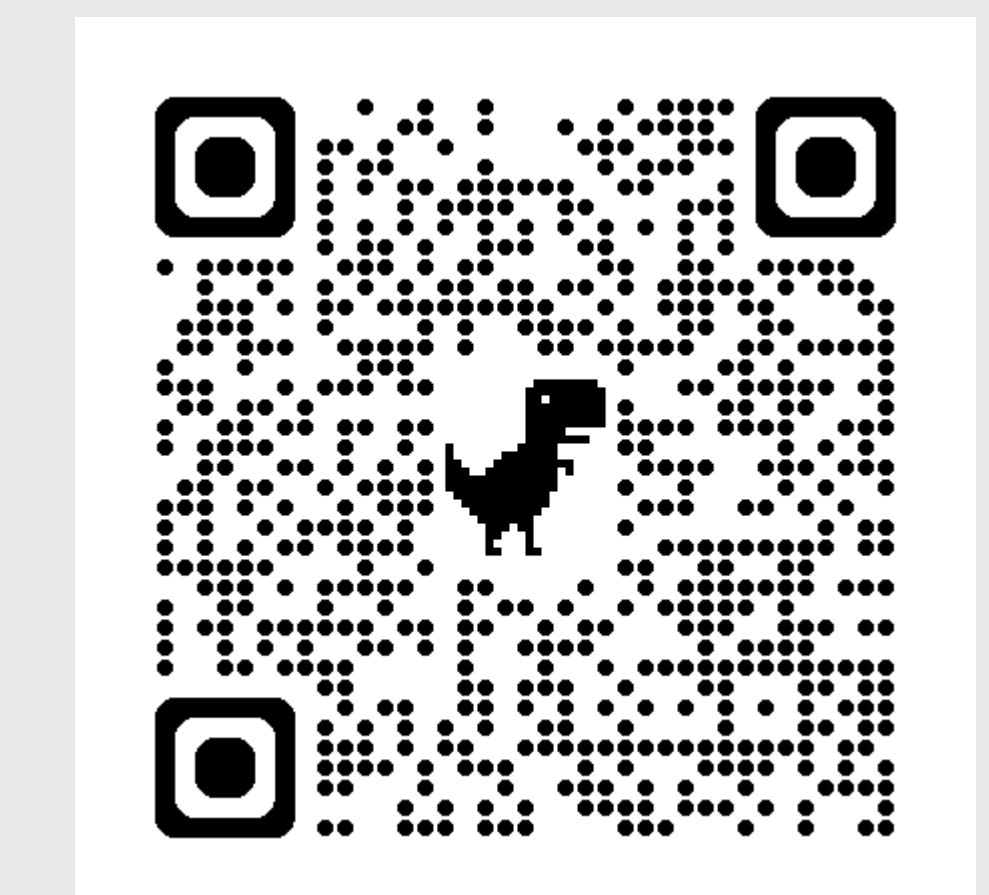
- Implementing **"No Wounds" (NOW Rounds)** with increased frequency and **just-in-time education** on the **Braden QD scale** improved patient outcomes.
- More frequent assessment of **high-risk patients (Braden QD  $\geq 13$ )** enabled skin champions to identify concerns earlier.
- Early identification supported timely intervention and **reduced progression to advanced pressure injuries.**
- Following implementation, the PICU achieved an overall **reduction in advanced pressure injuries from:**



## Lessons Learned

- **Bedside RN buy-in** is essential for successful implementation and sustainability.
- **Flexibility and adaptability** in the process helped optimize reliability and outcomes.
- **Sharing success and outcomes** with staff reinforced engagement and accountability.
- Embedding NOWW rounds into the **daily plan-of-care routine** supported consistency and long-term success.

## References



**Braden QD things to consider**

- MOBILITY** - IF THE PATIENT IS UNABLE TO ROLL INDEPENDENTLY - IF YES, SHOULD BE SCORED A 1
- SENSORY PERCEPTION** - IS THE PATIENT ABLE TO COMMUNICATE PAIN IN A VERBALLY APPROPRIATE MANNER?
- MOISTURE** - CONSIDER BY INTERFACE AND POSITIONING - IS THE HEAD OR NECK EXPOSED? - IS THERE A RISK OF FRICTION OR SHEAR OF THE PATIENT'S SKIN ON THE BED?
- NUTRITION** - IF THERE IS A KNOWN NUTRITION RISK (INDICATING INADEQUATE CALORIES AND PROTEIN, THE PATIENT IS AT RISK FOR ANOREXIA, AND IT IS NOT MANAGED). IF YES TO ANY OF THE ABOVE SCORES = 4
- PERIPHERAL VASCULAR DISEASE** - WE SHOULD CONSIDER PATIENTS REQUIRING VENTILATION - BE AWARE THAT THE VENTILATION/RESPIRATORY SUPPORT ASSISTED IN MANY PATIENTS NORMAL, GET LEVELS - CONSIDER ANY TYPE OF RESPIRATORY SUPPORT SHOULD BE SCORED A 1 OR 2
- NUMBER OF MEDICAL DEVICES** - CONSIDER ALL CONTINUOUS DEVICES (BY INTERFACE, PRIOR TO, OR ON THE SKIN) PRIOR TO, OR ON THE SKIN: NGT, DRAINS, TUBES, PVC, PICC, POLE, DRAINS, DEPENDENT WOUND AND ETC.) - ARE ANY NON-REPOSITIONABLE DEVICES PRESENT? IF YES, SHOULD BE SCORED A 2

**Braden QD score  $\geq 13$  = HIGH RISK**

**EXAMPLES OF MEDICAL DEVICES**

**WHAT IS CONSIDERED A MEDICAL DEVICE?**  
A medical device is any diagnostic or therapeutic device that is currently attached to or traverses the patient's skin or mucous membrane.

**DO NOT include:** hospital identification bracelets, personal non-medical devices, topical dressings, or wound packing.

**DO NOT count:** device tubing (unless it is secured to the skin with tape, with a grip lock or stastock, or secured onto the skin with tape).

**IMMOBILIZERS**  
Brace (Count Individually)  
Chest  
Cervical Collar  
External Fixator (Distraction)  
Orthotics (Include Heel/Leg)  
Restraints (Count each Separate)  
Spine Cast  
Traction attached to skin

**VASCULAR DEVICES**  
Arterial Line  
Central Venous Line  
CST (Hemodialysis Cath)  
ECMO Cannula (Count as 1)  
Implanted Port  
PICC Line

**SUPPORTIVE DEVICES**  
Abdominal Binder  
Belt (EGG, Ostomy, etc.)  
Halter  
Nasal Tracheostomy Tube Holder  
NIV Headgear  
Oral Endotracheal Tube Holder  
Halter  
Tracheostomy Ties  
Tube Securing Devices

**TUBES/DRAINS**  
Chest Tube  
Epiglottic Catheter  
EVD  
Intracranial Bolt  
Lumbar Drain  
Wound Vac  
Pericardial Drain  
Rectal Temp Probe  
Subdural Drain  
Urinary Catheter/Drain

