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Interventions to Prevent Hospital Acquired Pressure Injuries

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NURS 4417: Advanced Clinical Practicum

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Abstract

Background: Hospital acquired pressure injuries (HAPIs) are the most common preventable complication among critical care patients. This project is conducted to compare the effectiveness between the current implemented preventative measure versus the new measures that have data supporting their effectiveness. **Brief Significance:** Five articles were chosen that outlined the prevalence of hospital acquired pressure injuries in critical care patients and alternative interventions that have been effective in the prevention of HAPIs. These evidence-based interventions include: The application of multilayered foam dressing with hypo oxygenated fatty oils which would reduce sheer and provide support from the pressure of laying in the same position for multiple hours. Additionally, Ehealth provided patient education allows for effective communication to the patient and their provider about questions and concerns in a timely manner. **Methods:** To begin this project, data from article #1 about the effectiveness of the current prevention model for pressure injuries on a critical care unit floor will be reviewed. Once a critical care unit is chosen, A randomization method will be used to divide the patients by their room numbers, odd numbers in group 1 and even numbers in group 2 to prevent any bias. Group 1 will receive the current interventions of just repositioning and assessments and group 2 will receive the new interventions of foam dressing and oils along with Ehealth patient education. **Evaluation:** To evaluate the influence of the new interventions, I would reassess the data from the beginning and compare it after two months to the number of patients who had HAPIs vs the ones who didn't. I would deem the interventions effective if the percentage of the HAPIs on that unit decreased by at a minimum of 10%.

Keywords: Hospital Acquired Pressure Injuries, Prevention of Pressure Injuries, Evidence Based Interventions, Critical Care unit, Critical Care Patients, Randomization, Effectiveness, Prevention