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## Repositioning Patients to Prevent Pressure Ulcers

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## Abstract

The purpose of this project is to demonstrate whether alternating between the nurse and certified nurse aid (CNA) to reposition immobilized patient's every two hours, as opposed to being repositioned solely by one person, will reduce pressure ulcer development.

**Background:** Nurses and CNAs work together to turn patient's every 2 hours, but some patients have stated that they have not been turned all day; consequently, they've developed new pressure ulcers or are not healing from previous ones. Without interventions, patients are at risk for developing severe infections, lengthening their hospitalization, and increased pain levels.

**Literature review:** Like the registered nurse, a CNA spends a lot of time with patients and may often bathe, change, feed, and take their vitals. Therefore, educating CNA's on detecting and reporting pressure ulcer development is crucial. This education can be provided by charge nurses and the education resources at the hospitals. The staff members can be given resources such as self-learning tools, videos, PowerPoints, and monthly educational meetings where they are taught about skin changes, ulcers, and repositioning (Rummel, 2021).

**Methods:** Identify at -risk patient's by using the Braden Scale (Kingsley, 2014). At the beginning of a 12-hour hospital shift, it will be established between the RN's and their CNA that they will take turns in repositioning the patients they have together so neither of them get burnt out from doing all the work themselves and neglect the patient repositioning. Each person will document on the EHR how they repositioned the patient and each time they do it. The RN will assess the patient's skin each time they reposition them to determine changes.

**Evaluation:** Directly asking the RN if the CNA was compliant and vice versa. After each month, re-evaluating patients that were at risk of pressure ulcers to see if they developed any and compare the results prior to implementing this tactic and establishing monthly staff meetings to include every staff member on the unit. Reviewing the documentation charted by staff to determine compliance.

**Key words:** pressure ulcers, CNA, RN, Braden scale, documentation

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