The Unavoidable Pressure Ulcer

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I, Diane L. Krasner, certify that, to the best of my knowledge, no affiliation or relationship of a financial nature with a commercial interest or organization has significantly affected my views on the subject on which I am presenting.
CONFLICT OF INTEREST
DISCLOSURE

I, Diane L. Krasner, am an Alumna of the National Pressure Ulcer Advisory Panel (1992-1994) and was a participant in both the 2010 and 2014 NPUAP Consensus Conferences. I served as Co-Chair of the Skin Changes At Life’s End Panel (SCALE, 2009).
If a patient is cold, if a patient is feverish, if a patient is faint, if he is sick after taking food, if he has a bed-sore, it is generally the fault not of the disease, but of the nursing.

- Florence Nightingale

*Notes on Nursing*, 1859
Jean-Martin Charcot
The Decubitus Ominosis

Lecture on Diseases of the Nervous System
1877

Levine JM, JAGS 53:1248-1251, 2005

HISTORICAL LINKS BETWEEN PRESSURE ULCERS & DEATH / UNAVOIDABILITY
JEAN MARTIN CHARCOT VS. HENRI BROWN-SEQUARD

THE AVOIDABLE VS. UNAVOIDABLE DEBATE BEGINS

Alois Alzheimer
Frau August D

Died April 8, 1906
Septicemia due
to decubitis ulcers
in end stage Alzheimer’s Disease

Shenk D, The Forgetting 2001, p. 22
FAST FORWARD TO THE TWENTIETH CENTURY . . .
Skin Changes
At Life’s End (SCALE)
2009

SCALE Documents downloadable from www.dianelkrasner.com
“Avoidable pressure ulcer” and “Unavoidable pressure ulcer” defined for long-term care

CFR 42 §483.25 (c) Pressure Ulcers. 1987.
Broadens definitions of
“Avoidable pressure ulcer” and
“Unavoidable pressure ulcer”
to apply across the continuum of care.

NPUAP, 2010; OWM 2011; 57(2): 30
An avoidable pressure ulcer can develop when the provider did not do one or more of the following: evaluate the individual’s clinical condition and pressure ulcer risk factors; define and implement interventions consistent with individual needs, individual goals, and recognized standards of practice; monitor and evaluate the impact of the interventions; or revise the interventions as appropriate.

NPUAP, 2010; OWM 2011; 57(2): 30.
An unavoidable pressure ulcer can develop even though the provider evaluated the individual’s clinical condition and pressure ulcer risk factors; defined and implemented interventions consistent with individual needs, goals, and recognized standards of practice; monitored and evaluated the impact of the interventions; and revised the interventions as appropriate.

NPUAP, 2010; OWM 2011; 57(2): 30.
Most pressure ulcers are avoidable.

Not all pressure ulcers are avoidable.

NPUAP, 2010; OWM 2011; 57(2): 30.
There are situations that render pressure ulcer development unavoidable . . .

NPUAP, 2010; OWM 2011; 57(2): 30.
If enough pressure was removed from the external body the skin cannot always survive.

NPUAP, 2010; OWM 2011; 57(2): 30.
UNAVOIDABLE PRESSURE INJURY: STATE OF THE SCIENCE AND CONSENSUS OUTCOMES

Laura E. Edsberg, Diane Langemo, Mona Mylene Baharestani, Mary Ellen Posthauer, Margaret Goldberg

Journal of Wound Ostomy Continence Nursing
2014; 41(4):313-334
Lippincott Williams & Wilkins
July/August Issue, 22 pages
Focused on PU unavoidability within an organ system framework

Considered the complexities of nonmodifiable risk factors

Edsberg et al. JWOCN 2014; 41(4);313-334.
Introduced the terms:

- Pressure Injury
- Unmodifiable risk factors
- Unmodifiable intrinsic risk factors (N=11) (e.g. impaired tissue oxygenation)
- Unmodifiable extrinsic risk factors (N=8) (e.g. immobility)

Edsberg et al. JWOCN 2014; 41(4);313-334.
Common Conditions related to PU unavoidability:

- Metastatic cancer
- End Stage Dementia
- Severe CHF
- Pressors, Hypotension
- Forced immobilization due to life support and acute illness

Take Home Messages for Practice

- Develop a process for identifying unavoidable pressure ulcers & document in the patient’s medical record

- Talk with families & caregivers about a patient’s unmodifiable risk factors and co-morbidities.
Take Home Messages for Practice

• Offer Palliative Wound Care to patient's whose wounds are non-healable

• There is no currently available formula for determination of unavoidability. Unavoidability varies from patient to patient, and is judged by assessment of physiologic and functional factors in the context of the patient’s state of illness and trajectory of decline.
SELECTED REFERENCES


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SCALE Documents including Final Consensus Statement and Annotated Bibliography downloadable at: www.dianelkrasner.com