

## **Pressure Ulcers eCourse**

## Knowledge Checkup Module 4 Handout

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## **Knowledge Checkup – Questions**

1.	What are nine strategies that we can use to develop and implement a preventive pressure ulcer program?
2.	When is a good time to do daily skin inspections?
3.	What should you document after doing a skin assessment on a patient?
4.	What does nutritional intake need to be adjusted for?
5.	Why is adequate protein intake important to prevent pressure ulcers?
6.	Why is regular repositioning of a patient important?
7.	What factors determine the appropriate frequency of repositioning?
8.	What things should you keep in mind when repositioning a patient?

9.	What are the major sources of moisture in patients?
10.	How does moisture contribute to pressure ulcer development?
11.	What steps should be taken to treat a patient's incontinence problem?
12.	What are two good reasons to keep skin care supplies at the patient's bedside?

## **Knowledge Checkup – Answers**

- 1. Daily skin inspection, at-risk visual cues, documentation, nutritional intake, repositioning, pressure redistribution, managing moisture, incontinence, skin care supplies
- 2. Bathing, dressing and assisting the patient
- 3. Evidence of assessment, level of risk, plan of care, and any development of new pressure ulcers
- 4. Weight loss, weight gain and change in level of obesity
- 5. Protein deficiency makes soft tissue more susceptible to breakdown under pressure and decreased resistance to infection
- 6. It relieves and redistributes pressure, and enhances patient comfort
- 7. Patient's tissue tolerance; his level of activity and mobility; general medical condition; treatment objectives; and the condition of the skin
- 8. Avoid 90-degree lying positions; use 30-degree lateral and supine; head of bed lower than 30 degrees; use support surfaces; and keep written schedule
- 9. Perspiration/sweat, wound drainage and incontinence
- 10. Macerates the skin; increases friction; decreases temperature and blood flow during pressure load
- 11. Clothing that can be easily removed; physiotherapy; improved access to toilets; walking aids; regular toileting; regular cleansing and changing; skin barriers
- 12. Reduce nurse workload; good reminder to provide skin care regularly