

MEPILEX BORDER Sacrum Protection

PATIENT SELECTION CRITERIA

AUTOMATICALLY APPLY IF THE PATIENT HAS:

1. ANTICIPATED SURGICAL PROCEDURE LASTING > 4 HOURS
2. TOTAL CUMULATIVE SURGERIES 8 HOURS OR GREATER
3. CARDIAC ARREST THIS ADMISSION
4. SHOCK, SIRS, MODS
5. ANTICIPATED VASOPRESSOR USE >48 HOURS
6. PARALYTICS
7. PRESENCE OR PREVIOUS HISTORY OF TRUNK PRESSURE ULCERS
8. "DO NOT TURN" ORDER IN CHART
9. ECMO
10. OPEN CHEST
11. SPINAL CORD INJURY
12. TRACTION
13. MALNUTRITION (BMI < 20 OR > 40, ALBUMIN < 2.5 GRAMS/DL, OR NPO > 3 DAYS)

TIMES TO ADDRESS

APPLICATION OF

MEPILEX BORDER

SACRUM PROTECTION:

1. PRE-OP PLACEMENT OR ANTICIPATORY PLACEMENT
2. TRANSFER OF CARE
3. CHANGE IN CONDITION

APPLY IF THE PATIENT HAS 5 OR MORE OF THE FOLLOWING:

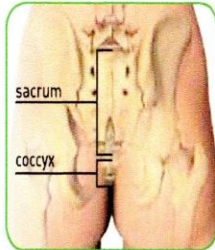
1. AGE > 65
2. MORBID OBESITY (BMI > 40)
3. BRADEN SCORE < 18
4. GENERALIZED EDEMA/ANASARCA/ WEEPING EDEMA
5. MECHANICAL VENTILATION > 48 HOURS
6. DIABETES
7. ANEMIA (HEMOGLOBIN < 10 GRAMS/DL)
8. EJECTION FRACTION < 25%
9. IABP OR IMPELLA
10. LIVER FAILURE
11. RENAL INSUFFICIENCY/FAILURE
12. RESTRAINT USE
13. VERTEBRAL FRACTURE OR SPINAL SURGERY
14. FECAL INCONTINENCE NOT CONTROLLED BY FECAL MANAGEMENT

Product Application Guidelines

Mepilex® Border Sacrum for Protection

PREPARE THE AREA:

Cleanse intact skin. Dry the surrounding skin thoroughly. Ensure that skin is free of dimethicone, skin sealants, and emollients. Use of skin barrier under dressing is not necessary.



1. Area to protect. Assess the patient's anatomy and evaluate if the dressing should be placed according to Image 5a or 5b based on coverage and/or potential issues with incontinence.



2. After skin is prepared remove the center release film.



3. Hold buttock apart. Apply dressing to sacral area and into upper aspect of gluteal cleft.



4. Remove side release films and gently smooth each side into place.



5a. Product placement.



5b. Product placement inverted.

COURSE OF ACTION

POINTS OF EMPHASIS

1.FOLLOW INFECTION CONTROL PROCEDURE AS PER POLICY	
2. ASSESS IF PATIENT IS A CANDIDATE FOR SACRAL MEPILEX BORDER USE	REFER TO PATIENT SELECTION CRITERIA
3. GENTLY PEEL BACK DRESSING TO INSPECT SKIN EVERY 12 HOURS AND REAPPLY DRESSING AFTER THOROUGH INSPECTION	<p>FOR INCONTINENT PATIENTS:</p> <ul style="list-style-type: none"> • <u>DRESSING INTACT/ TOP DRESSING SOILED-</u> WIPE OFF TOP DRESSING • <u>DRESSING NOT INTACT FOR GREATER THAN 24 HOURS AND/OR AFTER REAPPLICATION-</u> REMOVE DRESSING AND CONTINUE INCONTINENCE MANAGEMENT WITH BARRIER CREAM OR OTHER INCONTINENCE DEVICES AND INFORM ICU SKIN CARE TEAM OR WOCN.

	DO NOT USE ON SACRUM IF PATIENT IS CONTINUALLY SOILING DRESSING.
4. TURN PATIENTS EVERY 2 HOURS	<p>PAY ATTENTION TO BONY PROMINENCES AND ENSURE THAT THERE IS NO DEVICE UNDER THE PATIENT</p> <p>•WEIGHT SHIFT: - IF FULL 30-DEGREE TURN NOT POSSIBLE DUE TO TRACTION OR HEMODYNAMIC INSTABILITY</p> <p>-IF PATIENT UP IN CHAIR, SHIFT WEIGHT EVERY 30 MINUTES TO 1 HOUR</p>
5.ASSESS NUTRITION STATUS	<p>COLLABORATE WITH NUTRITIONIST ; ENSURE CALORIE, PROTEIN AND NUTRIENT REQUIREMENTS ARE MET</p> <p>ENCOURAGE WATER/HYDRATION</p> <p>ASSIST PATIENTS WITH MEALS IF TAKING PO</p>
6.OBTAIN APPROPRIATE BED SURFACE FOR PATIENT. REFER TO PRACTICE POLICY 803: BED SURFACE SELECTION	ONLY USE LOW AIR FLOW PADS
7.CHANGE DRESSING EVERY 3 DAY AND REAPPLY AS LONG AS PATIENT MEETS CRITERIA	
8.DOCUMENT WOUND CARE PREVENTIVE MEASURES TAKEN, CONDITION OF SKIN UNDER THE DRESSING	FOR QUALITY IMPROVEMENT PURPOSES

REFERENCES:

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- CLINICAL POSTER: “USE OF AN ABSORBENT SOFT SILICONE SELF-ADHERENT BORDERED FOAM DRESSING TO DECREASE SACRAL PRESSURE ULCERS IN THE SURGICAL TRAUMA ICU: IDENTIFYING THE SICKEST OF THE SICK, CONTROLLING WHAT WE CAN, FIGHTING MOISTURE, FRICTION AND SHEAR”, C. TOD BRINDLE, VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM, RICHMOND, VA