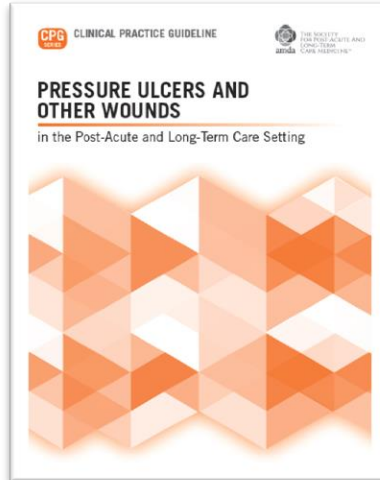


Pressure Ulcers and Other Wounds in the Post-Acute and Long Term Care Setting - Clinical Practice Guideline



Continuing Professional Education Self-Study Course

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Clinical Practice Guideline - CPE Self-study Course**

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Acknowledgements

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Carefully review the contents of this program. Keep in mind the practical applications it has for you in your individual setting. The focus is to increase your knowledge and application of the subject matter. For multiple choice questions select the one best answer from the choices given.

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Course Expiration Date Must be completed prior to this date	Continuing Education Hours	CDR Level
January 10, 2021	2	II

Course Description

Pressure ulcers and other wounds remain a significant problem in the post-acute and long-term care (PA/LTC) setting. Along with increased morbidity and mortality, pressure ulcers and other wounds result in a variety of physical, functional, and psychosocial issues for individual patients. Risks for these wounds are minimized and the wounds most effectively treated when the interprofessional care team—including the patient and family or legally authorized representative—develops and implements a plan of care that is consistent both with the patient’s prognosis, goals, and expectations and with well-established standards of care.

The *Pressure Ulcers and Other Wounds in the Post-Acute and Long Term Care Setting: Clinical Practice Guideline* outlines recommend processes that should help PA/LTC facilities to systematically manage and improve the care of patients with pressure ulcers and other wounds. It outlines steps for recognizing, assessing, preventing and treating, and monitoring pressure ulcers and other wounds, including recommendations for nutrition care.

NOTE TO READERS:

In 2016 the National Pressure Ulcer Advisory Panel (NPUAP) adopted the term pressure injury to replace pressure ulcer. This clinical practice guideline continues to use the term pressure ulcer, in accordance with the terminology used by the U.S. Centers for Medicare & Medicaid Services (CMS). For the sake of consistency, this CPE course uses the term *pressure ulcer* as opposed to *pressure injury*. In accordance with revised NPUAP terminology, this guideline has adopted the use of Arabic rather than Roman numerals to denote the stages of a pressure ulcer (i.e., Stages 1, 2, 3, and 4).

Objectives

After completion of this continuing education program, the learner should be able to:

1. State at least 3 risk factors for pressure ulcer development.
2. Understand the components of a systematic facility approach to the management of pressure ulcers and other wounds.
3. State evidence-based recommendations for nutrition and hydration of pressure injuries.

Suggested CDR Learning Needs Codes

- 2070 Macronutrients
- 2090 Micronutrients
- 5040 Long-term care, intermediate, assisted living
- 5380 Wound Care

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Additional CDR Learning Needs Codes that may apply: 4190, 5090, 5100, 5430

Suggested CDR Performance Indicators

- 8.1.1 Interprets and applies evidence-based comparative standards for determining nutritional needs.
- 8.1.5 Applies medical nutrition therapy in disease prevention and management.
- 10.2.4 Integrates foundational dietetics knowledge with critical appraisal of assessment data to diagnose nutrition problems (using problem solving, etiology, signs and symptoms [PES] statements), which can be resolved or improved through treatment or nutrition intervention.
- 10.2.5 Develops nutrition prescription to communicate required food and nutrient needs.

Additional CDR Performance Indicators that may apply: 8.1.2, 8.1.3, 8.1.4

Note: Numerous Other Learning Needs Codes and Performance Indicators May Apply.

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**Continuing Professional Education Self-Assessment Test
and Answer Key**

SJ is an 87 year old woman that was admitted to a long term care facility following a hospitalization for dehydration and a severe *Clostridium difficile* infection. Her diagnoses include type 2 diabetes mellitus, osteoarthritis, and mild dementia. Upon admission to the facility her Braden scale score was 13. SJ's height is 61 inches, and her weight is 88 pounds. She was very weak upon admission, requiring assistance to get out of bed and is using a wheelchair. A full body assessment reveals intact skin but scars that appear to be a result of a previous sacral pressure ulcer. SJ's medications include Flagyl and Vancomycin, Namenda, and Metformin. SJ is alert and oriented with mild confusion. She eats well, takes her medications, and participates willingly in physical therapy for strengthening.

1. SJ's Braden Scale score puts her at ___ risk for pressure ulcer development.
 - a. High risk
 - b. Moderate risk (Appendix 2 page 55)**
 - c. Medium risk
 - d. Low risk

2. Upon admission, the facility dietitian should:
 - a. Implement a monitoring system to assure that patients receive skin assessments weekly (or more frequently if at higher risk).
 - b. Provide information as appropriate on chemical debriding agents, antibiotic use, and medications that interfere with healing, cognition, or decrease mobility.
 - c. Coordinate with the interdisciplinary team to determine the individual's mobility and off-loading goals.
 - d. Assess SJ's nutritional requirements and make recommendations to the interprofessional team (table 3 page 5).**

3. Which of the following puts SJ at risk for pressure ulcer development?
 - a. Osteoarthritis
 - b. A previous pressure ulcer on her sacrum (table 6, page 12)**
 - c. Antibiotic use
 - d. Poor compliance to care

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4. Which of the following might help prevent SJ's healed sacral pressure ulcer from re-opening?
 - a. Massaging her sacral area
 - b. Turning and repositioning her every 2 hours
 - c. Maintaining adequate nutrition and hydration (table 8 page 18)
 - d. Keeping her head elevated to reduce pressure on her sacrum

5. Which of the following nutrition risks for skin breakdown applies to SJ?
 - a. Obesity
 - b. Poor intake
 - c. Dehydration
 - d. Low body weight (table 6, page 10)

After a few weeks in the facility, SJ had a change in her condition. Her cognition declined, and her food and fluid intake decreased. Her weight remained unchanged at 88 pounds. The interprofessional team was focused on preventing skin breakdown.

6. A pressure ulcer was discovered on SJ's sacrum. The treatment nurse described it as "partial thickness loss of dermis presenting as a shallow open ulcer with a red-pink wound bed, without slough". For MDS purposes this pressure ulcer is considered a _____.
 - a. Stage 1
 - b. Stage 2 (page 15, table 7)
 - c. Stage 3
 - d. Stage 4

7. SJ's nurse has asked about nutrition interventions to help support wound healing. Which of the following statements about nutrition and pressure ulcers is true?
 - a. Research does not support an association between malnutrition and pressure ulcer development.
 - b. Weight loss and undernutrition should be addressed within two weeks of the onset of an ulcer.
 - c. Evidence is strong that specific nutrition interventions beyond meeting basic calorie/protein requirements prevent development of pressure ulcers and other wounds.
 - d. Decreased tissue perfusion, that may result from dehydration can impair pressure ulcer healing.

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8. To treat her pressure injury, SJ will require at least ____ grams protein daily.
 - a. 32-40
 - b. 40-48
 - c. 48-60 (table 10 page 25)
 - d. 60-80

9. To maintain hydration and meet her calorie needs, SJ needs at least ____ kcal and mL fluid daily.
 - a. 999-1199
 - b. 1199-1398 (table 10 page 25)
 - c. 1398-1598
 - d. 1598-1798

10. To treat SJ's wound, zinc, vitamin A, and vitamin C should be ordered ____.
 - a. Routinely to prevent and treat pressure injuries
 - b. Routinely to treat pressure injuries
 - c. Only if SJ is deficient in those nutrients (Table 10 page 25)
 - d. For treatment of pressure ulcers, but not to maintain healthy skin integrity