Powder 'bites the dust': Elimination of Body Powder From Patient Care, and Introducing Healthier Alternatives

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Body Powder ‘Bites the Dust’ at Swedish Campuses

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Background

- A patient-care experience led an RN to question the practice of using body powder on patients or bedpans.
- The literature was reviewed, revealing ingredients (e.g. cornstarch, silica) in ‘body powder’ as potential hazards to respiratory and integumentary systems for patients, families and staff.
- The perfume in the body powder contained a strong ‘baby powder’ fragrance, a potential irritant.
- Powder on the floor was a slip and fall hazard.

Purpose

- To explore the potential for eliminating the use of body powder (‘baby powder’) in acute care, system-wide.

Methods

- Staff RN developed a PICOT question for Nursing Evidence Based Practice (EBP) Council review.
- THE EBP Council moved to survey caregivers to assess reasons behind powder use.
- Alternative products explored based on survey and a product trial was implemented in 2 medical-surgical nursing units.

Results

- 36 RNs and 9 NACs completed the descriptive qualitative attitudes survey.
- A majority of RNs and NACs had applied powder to patients and/or bedpans in their current work setting.
- A minority of RNs and NACs agreed that using body powder on patients was beneficial.
- 67% of RNs and 78% of NACs reported using powder on patients.
- 89% of RNs and 67% of NACs agreed they applied powder to bedpans.
- 92% of RNs and 100% of NACs were neutral or agreed they would try powder alternatives.

Discussion/ Implications

- Powder was removed from all nursing units in 2020. Alternative products were stocked on the units.
- Additional types of powder in patient care (e.g., anti-fungals) have also been presented to pharmacy/patient safety forums.
- Dissemination paper for publication in process.

References

- Complete reference list available upon request janet.thorson-mador@swedish.org