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HAPI- Related BIPAP in DSU

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HAPI- Related BiPAP in DSU

BACKGROUND

- Reduction or elimination of medical device-related pressure injuries (MDR PI's) are among key indicators of patient safety and nursing quality in healthcare facilities.
- Most MDR PI's develop when skin or underlying tissues are subjected to a sustained pressure or shear from medical devices
- Dressings have shown substantial bio mechanical effectiveness in alleviating facial tissue deformations and stresses by providing localized cushioning to the tissue at risk.
- In the 4 months before the project initiation, one patient per month had BiPAP related pressure injuries.



PURPOSE

- To reduce and eliminate BiPAP related pressure injuries using evidence-based solutions.
- To identify problem areas promptly for early treatment and prevention

METHODS

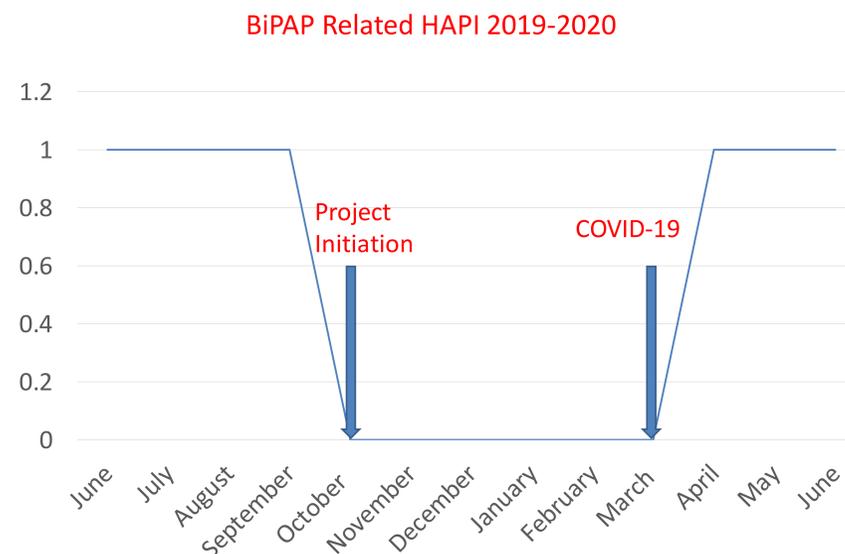
Design: Evidence based quality improvement

Setting: DSU and SDU

Participants: Patients using BiPAP

Procedure:

- Obtained historic data from leadership
- Conducted baseline chart audits
- Acquired Curagel Nasal Pad (Silicone)
- Engaged respiratory therapy in project
- Educated staff regarding project
- Alternated between full mask and total face mask every 6 hours.
- Incorporated skin assessment under medical device during four eyes.
- Conducted 20 monthly audits of four-eyes, Braden Score, presence of Silicon pad, and presence of HAPI.



REFERENCES

- References available on request:
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RESULTS

- October 2019 to March 2020, there was zero occurrence of BiPAP related HAPI
- Audits demonstrated 100% compliance on all measures.
- BiPAP related injuries recurred in April with COVID-19 pandemic to one per month.

DISCUSSION/IMPLICATIONS FOR PRACTICE

- Face mask and silicone pad proved to be effective in eliminating BiPAP associated pressure injuries.
- COVID-19 necessitated changes in practice:
 - Requirement to keep the BiPAP system intact; unable to rotate between full face mask and total face mask.
 - Proning position put additional pressure on face.
- Continue project with additional interventions to decrease effects of proning and compensate for being unable to change mask.

CONCLUSIONS

- Prior to covid the interventions produced complete elimination of pressure ulcer.
- The changes in care necessitated by the COVID-19 pandemic require new interventions to address additional risks.