HAPI- Related BIPAP in DSU

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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.

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.

REFERENCES

• References available on request: Angela.Taneca@Stjoe.org; carmyle.Seville@stjoe.org