

## MDS Alert

### Risk Management: Sidestep This Common Pitfall In Pressure Ulcer Prevention

**Hint: Don't let your guard down with 'low risk' residents.**

"The squeaky wheel gets the grease" - and residents with high scores on the Braden or Norton often get the best prevention.

**The problem:** That risk-based approach can be a serious pressure ulcer waiting to happen, say experts.

For example, some facilities use a standardized assessment for pressure ulcers, but don't pay enough attention to individuals with lower risk scores, observes **Jeff West, RN**, project manager for the Washington State quality improvement organization in Seattle.

"Someone with a score of 15 to 18 on the Braden, who is mildly at risk, still benefits from turning and positioning, and maximizing mobility and use of pressure-reduction devices," says West.

West also sees facilities failing to assess and address pressure ulcer risk in individuals who develop acute illness. "The resident develops the flu, for example, and suddenly his risk for a pressure ulcer shoots out the roof," he says. The interdisciplinary staff has to move fast to prevent pressure ulcers in such cases, West adds.

**Be proactive:** Consider using a homogenized approach in providing a basic level of preventive care to all non-ambulatory residents, including use of pressure-reduction mattresses and turning and repositioning as needed, advises **Janet Marron, RN**, a consultant with **Point-Of-Care Quality Improvement** in Baltimore, MD.

Teach CNAs to report the first signs a resident isn't feeling well and/or is doing less for herself than usual. Also audit MDS Sections J5b for acute conditions - pressure ulcers in Section M - and infections coded in Section I, to see if you're missing the window for preventing a pressure ulcer.