

# SOP

## Standard Operating Procedure

### Title: Prevention of Pressure Ulcers in Operating Theatres

<b>Subject</b>	Pressure Ulcer Prevention in Operating Theatres
<b>Background</b>	<p>There is a tension between the positioning of the patient for the surgical procedure and the needs of pressure ulcer prevention. In some procedures it is unavoidable that pressure areas are put at risk but this must be weighed against the patient not having the procedure carried out. In all cases, pressure relieving devices will be used for all patients within theatre.</p>
<b>Assessment</b>	<p>Pressure area management should be discussed as part of the perioperative briefing with any anticipated risks being communicated All patients coming to theatre are potentially at risk of developing a pressure ulcer. Refine risk assessment of individuals undergoing surgery by examining other factors that are likely to occur and will increase risk of pressure ulcer developing.</p> <ul style="list-style-type: none"> <li>• Longer than 2 hours in a single position.</li> <li>• Expected high level of blood loss</li> <li>• Past history of or existing pressure ulcer</li> <li>• BMI of &lt; 18.5 or &gt; 40</li> <li>• Pre – existing medical conditions e.g. Diabetes, Neurological impairment /sensory loss (including spinal or epidural anaesthesia)</li> <li>• Pressure / Shearing / Friction due to movement or mechanical supports used during surgery</li> </ul>
<b>Rule</b>	<p>Patient’s perioperative care plan should be checked to identify the Waterlow score and any established pressure ulcers.</p> <p>Skin integrity should be checked and documented on patient's perioperative care plan prior to procedure.</p>

	<p>Patients at risk should be sprayed with Mediderma Spray on sacral and other pressure areas in Anaesthetic Room. This is easier to apply if the patient is stood.</p> <p>Take patient temperature prior to procedure.</p> <p>Tegaderm must not be put over ECG dots.</p> <p>Anaesthetise patient on the operating table if appropriate with full patient positioning equipment in place. For most patients Gel Mattress on table and use of gel arm, leg, heel and head supports is adequate, for particularly high risk patients i.e. Patients having procedures over 8 hours, it is recommended that a "Pink Pad" is used and Cavilon Spray must be used instead of the Mediderma Spray.</p> <p>Ensure patient comfortable prior to procedure</p> <p>Use patient warming system and calf compression garments during the anaesthetic phase of the procedure to reduce potential inadvertent hypothermia episodes</p> <p>Re-positioning during the procedure by tilting the electronic table laterally left/right during natural breaks, move the pulse oximeter probe hourly if possible. Check heels if possible and move patient's limbs whenever possible. Document all checks on care plan.</p> <p>Maintain normotension where possible.</p> <p>Use a glide sheet when transferring the patient back onto their bed onto clean linen.</p> <p>Check skin integrity at the end of the procedure and document on the care plan that this has been done. Any redness or skin changes or ulcers <b>MUST</b> be assessed immediately and a Pressure Ulcer Prevention &amp; Management Core Care Plan initiated. Document this on the care plan.</p> <p>Discuss this at the De-brief</p> <p>Complete a Datix for any skin changes or ulcers and pass this information over to the receiving ward, ITU or HDU.</p>
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