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Standardization on Incidence Reporting of Pressure Injury in NTEC Operating Theatres

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Introduction

It has been reported that operating theatre is one of the high-risk areas to develop pressure injury. It is crucial for perioperative nurses to be alert for this possible complication and proficient with appropriate pressure injury preventive management so as to safeguard patients who receive anaesthesia. The methodology on data collection and the reporting pathway of pressure injury acquired in operating theatres were different among the three main operating theatres in the New Territories East Cluster (NTEC). Platforms for sharing of incidences and preventive strategies were limited. In this connection, a cluster based guideline to standardize the incidence collecting method and reporting pathway of pressure injury in operating theatre was developed.

Objectives

- 1) To identify the incidence of pressure injury in operating theatres.
- 2) To collect relevant data for evaluation of current pressure injury prevention strategies in operating theatres.
- 3) To standardize the incidence reporting methodology of pressure injury in the main operating theatres of Alice Ho Miu Ling Nethersole Hospital (AHNH), North District Hospital (NDH) and Prince of Wales Hospital (PWH) at NTEC.

Methodology

A cluster based guideline - Incidence Reporting of Pressure Injury in Operating Theatre was set up in January 2016 to standardize the methodology of data collection on operating theatre acquired pressure injury. A Pressure Injury in Operating Theatre Reporting Form was used for data collection. All newly developed pressure injuries found right after surgery in theatres or in recovery rooms regardless of staging and location were consistently documented for evaluation and recommendation. All collected incidences were reported to the NTEC Nursing Workgroup on Pressure Ulcer Prevention.

Result

From January to December 2016, a total of 23722 operations were performed in the three main operating theatres in NTEC. Eight (0.034%) newly developed pressure injuries were reported. The individual rate of pressure injury in PWH, AHNH and NDH were 0.06%, 0.016% and 0% respectively. Surgical positions involved were supine, prone, lithotomy and lateral. The duration of operation of the eight reported incidences ranged from 1.25 hours to 13.5 hours with a mean of 5.55 hours. With collection of more data, risk factors of pressure injury in operating theatres can be explored in the future.