MEPILEX BORDER Sacrum Protection

**PATIENT SELECTION CRITERIA**

AUTOMATICALLY APPLY IF THE PATIENT HAS:

1. **ANTICIPATED SURGICAL PROCEDURE LASTING > 4 HOURS**
2. **TOTAL CUMULATIVE SURGERIES 8 HOURS OR GREATER**
3. **CARDIAC ARREST THIS ADMISSION**
4. **SHOCK, SIRS, MODS**
5. **ANTICIPATED VASOPRESSOR USE >48 HOURS**
6. **PARALYTICS**
7. **PRESENCE OR PREVIOUS HISTORY OF TRUNK PRESSURE ULCERS**
8. **“DO NOT TURN” ORDER IN CHART**
9. **ECMO**
10. **OPEN CHEST**
11. **SPINAL CORD INJURY**
12. **TRACTION**
13. **MALNUTRITION (BMI < 20 OR > 40, ALBUMIN < 2.5 GRAMS/DL, OR NPO > 3 DAYS)**

APPLY IF THE PATIENT HAS 5 OR MORE OF THE FOLLOWING:

1. **AGE > 65**
2. **MORBID OBESITY (BMI > 40)**
3. **BRADEN SCORE < 18**
4. **GENERALIZED EDEMA/ANASARCA/WEEPING EDEMA**
5. **MECHANICAL VENTILATION > 48 HOURS**
6. **DIABETES**
7. **ANEMIA (HEMOGLOBIN < 10 GRAMS/DL)**
8. **EJECTION FRACTION < 25%**
9. **IABP OR IMPELLA**
10. **LIVER FAILURE**
11. **RENAL INSUFFICIENCY/FAILURE**
12. **RESTRAINT USE**
13. **VERTEBRAL FRACTURE OR SPINAL SURGERY**
14. **FECAL INCONTINENCE NOT CONTROLLED BY FECAL MANAGEMENT**

**TIMES TO ADDRESS APPLICATION OF MEPILEX BORDER SACRUM PROTECTION:**

1. **PRE-OP PLACEMENT OR ANTICIPATORY PLACEMENT**
2. **TRANSFER OF CARE**
3. **CHANGE IN CONDITION**
# Course of Action

<table>
<thead>
<tr>
<th>Course of Action</th>
<th>Points of Emphasis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Follow Infection Control Procedure as per policy</td>
<td><strong>Refer to Patient Selection Criteria</strong></td>
</tr>
<tr>
<td>2. Assess if patient is a candidate for sacral Mepilex Border use</td>
<td><strong>For Incontinent Patients:</strong></td>
</tr>
<tr>
<td>3. Gently peel back dressing to inspect skin every 12 hours and reapply dressing after thorough inspection</td>
<td>- <em>Dressing Intact/ Top Dressing Soiled-</em> Remove dressing and continue incontinence management with barrier cream or other incontinence devices and inform ICU skin care team or WOCN.</td>
</tr>
<tr>
<td>4. TURN PATIENTS EVERY 2 HOURS</td>
<td>DO NOT USE ON SACRUM IF PATIENT IS CONTINUALLY SOILING DRESSING.</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td>PAY ATTENTION TO BONY PROMINENCES AND ENSURE THAT THERE IS NO DEVICE UNDER THE PATIENT</td>
<td></td>
</tr>
<tr>
<td>• WEIGHT SHIFT: - IF FULL 30-DEGREE TURN NOT POSSIBLE DUE TO TRACTION OR HEMODYNAMIC INSTABILITY</td>
<td></td>
</tr>
<tr>
<td>- IF PATIENT UP IN CHAIR, SHIFT WEIGHT EVERY 30 MINUTES TO 1 HOUR</td>
<td></td>
</tr>
<tr>
<td>5. ASSESS NUTRITION STATUS</td>
<td>COLLABORATE WITH NUTRITIONIST; ENSURE CALORIE, PROTEIN AND NUTRIENT REQUIREMENTS ARE MET</td>
</tr>
<tr>
<td>ENCOURAGE WATER/HYDRATION</td>
<td></td>
</tr>
<tr>
<td>ASSIST PATIENTS WITH MEALS IF TAKING PO</td>
<td></td>
</tr>
<tr>
<td>6. OBTAIN APPROPRIATE BED SURFACE FOR PATIENT. REFER TO PRACTICE POLICY 803: BED SURFACE SELECTION</td>
<td>ONLY USE LOW AIR FLOW PADS</td>
</tr>
<tr>
<td>7. CHANGE DRESSING EVERY 3 DAY AND REAPPLY AS LONG AS PATIENT MEETS CRITERIA</td>
<td></td>
</tr>
<tr>
<td>8. DOCUMENT WOUND CARE PREVENTIVE MEASURES TAKEN, CONDITION OF SKIN UNDER THE DRESSING</td>
<td>FOR QUALITY IMPROVEMENT PURPOSES</td>
</tr>
</tbody>
</table>
REFERENCES:


- “Patient-Specific and Surgical Characteristics in the Development of Pressure Ulcers”, Tschanann, Bates, Talsma, Guo, American Journal of Critical Care (AJCC), March 2012, Volume 21, Number 2

- “Outliers to the Braden Scale: Identifying high-risk ICU patients and the results of prophylactic dressing use,” C. Tod Brindle, Wound Council of Enterostomal Therapists (WCET) Journal, January/ March 2010, Volume 30, Number 1

- “Use of a Sacral Silicone Border Foam Dressing as One Component of a Pressure Ulcer Prevention Program in an Intensive Care Unit Setting”, Walsh, Blanck, Smith, Cross, Andersson, Polito, Journal of Wound Ostomy Continence Nursing (JWOCN), March/April 2012

- “Studies on the Use of Silicone Foam Dressing for Prevention of Sacrococcygeal Breakdown in High-Risk Patients”, Dorothy Doughty, Journal of Wound Ostomy Continence Nursing (JWOCN), March/April 2012

- “New Findings in Pressure Ulcer Prevention and Treatment”, Northwest Regional Spinal Cord Injury System, University of Washington Rehabilitation Medicine, Spring 2002: Volume 11, Number 1

- “Reduction of Sacral Pressure Ulcers in the Intensive Care Unit Using a Silicone Border Foam Dressing”, Nancy Chaiken, Journal of Wound Ostomy Continence Nursing (JWOCN), March/April 2012

- “What’s Going On Under the Dressing?”, Joyce Black, Webinar Presentation, Molnlycke Health Care

- “Product Application Guidelines: Mepilex Border Sacrum for Protection”, Molnlycke Health Care

- Clinical poster: “Use of an Absorbent Soft Silicone Self-Adherent Bordered Foam Dressing to Decrease Sacral Pressure Ulcers in the Surgical Trauma ICU: Identifying the Sicker of the Sick, Controlling What We Can, Fighting Moisture, Friction and Shear”, C. Tod Brindle, Virginia Commonwealth University Health System, Richmond, VA