

Environmental Impact Report©

Version 1.4 March 2010

Training - What specific training/defined techniques need to be used (include self relief training)

Client *Work with the monkey bar to help Mrs Doe reposition herself whilst in bed _Physio to work on this. Train Mrs Doe at the same time as the carer so she is empowered to manage her own solutions*

Carer *Remove the incontinent sheet (use Cottons) —monitor her position in bed relevant to sacral sliding — especially check sacrum and heels in addition to wound—Reposition every two hours*

Facility/Organisation/Family—*The son requires training and instruction on managing her care as a first reference and allow the family to take ownership of solutions —arrange*

New Care Plan

	Existing	New	Management of Care Interface
Bed Surface	<input checked="" type="checkbox"/>		
Resting	<i>With the bed head elevated the DynaFlo8000 is working well setting is low 2</i>		
Active	<i>When taking meals use the static mode for stability—it will reset itself to 2 after complete</i>		
Sleeping	<i>Work to lay on L side for longer to ensure min contact—</i>		
Heel Protection	<i>When sitting up consider using the Heelift for further protection at any sign of redness</i>		
Continenence	<i>Use cottons for accidents and remove incontinent sheet from bed and Kylie from chair</i>		
Positioning	<i>Pillows as starting point—may need a firmer structure but time will tell—review in 2 months</i>		
Seating Surface	<input checked="" type="checkbox"/>		
Wheelchair	<i>The ROHO QSLP works well and the backrest is sitting her up well—less slumping and function improved</i>		
Lounge	<i>Transferring the RQSLP has also help stabilise pelvis and there is less leaning pressure here</i>		
Dining	<i>The new cushion and back is making this a lot easier and Mrs Doe has taken to feeding herself more</i>		
Bathroom/Toilet	<input checked="" type="checkbox"/>		
Shower Chair	<i>No Change but monitoring transfers onto seat to ensure a slow descent to seat</i>		
Commode/Toilet	<i>As above</i>		
Bedside Commode	<i>N/A</i>		
Transfer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Equipment	<i>The existing Etac Turner works well in TFR—The slide sheet has lessened the drag off bed</i>		
Technique	<i>Side roll—place sheet under—elevate bed head—slide in sitting position—bring legs around & stand</i>		
Vehicle	<i>N/A</i>		

General Comments

The combination of products , training and empowerment appear to be working well and certainly there appears to be more enthusiasm for daily activities than before intervention. Red marks are gone from Sacrum and heels and the Gluteal crease wound is granulating. The DHB dietician visited and we have changed the food groups and there seems to be a better acceptance of this as well.

There has been no major incontinent issues and the Cottons Pads are working well and keeping hard surfaces away from the at risk areas.

Mrs Doe's son is a quite happy with her improvement and now wants to know what else we can do to keep her mind active and stimulated. We have made a referral to both the local OT and have talked to Aged care about Mrs Doe getting a visitor programme organised

Notes: Include the use of existing or new equipment and settings that are used
 Include turning regimes or techniques used to ensure all/new carers are aware of the plan
 List what needs to happen next in each area and who is responsible for implementing, monitoring, training, equipment provision,

Referral: *To OT for life activity training/ Physio for repositioning* **Date** *20-4-10*

Does this issue need referral to a specialist (Wound Care Nurse; Surgeon ; dietician; Specialist; etc.)

Review:

Time/Date of next Review *20/06/10* Responsibility *Marion Downs— Nurse consultant*

The EIR is an assessment tool to review the physical and environmental aspects leading to pressure and shearing wounds. It should be used in conjunction with standard protocols or risk assessment scales and is designed to provide a coherent method of evaluating all extrinsic factors involved and to work towards removing cause or future risk.

Brief Description of current situation

Mrs doe is 82 yrs and 4 years post stroke and has recently lost her husband. She has lost her appetite and developed a pressure ulcer on her right buttock; and has reddening of her heels She is up from 7:30am until after lunch and then returns to bed for the rest of the day

Current Care Plan

Current Care Plan	Time Spent
Bed Surface <i>100mm AP Overlay /Incont Kylie</i>	<i>18hrs</i>

Skin moisture (continenence/diaphoresis)

Bed	<i>Mild incontinence/no Diaphoresis</i>
Sitting	<i>Mild incontinence/no Diaphoresis</i>

Lying Pattern

Resting	<i>lays elevated and watches TV</i>	<i>6 hours</i>
Active	<i>Sits up to take morn/even meals</i>	<i>2 hours</i>
Sleeping	<i>Sleeps on R side but moves little</i>	<i>10 Hours</i>

Positioning Support

What	<i>Pillow propping</i>
When	<i>whilst in bed under R and on recliner</i>

Heel Protection

What	<i>AP Overlay</i>
When	<i>Whilst in bed</i>

Seating Surface

Wheelchair	<i>Foam cushion/trpt and lunch</i>	<i>1 1/2hrs</i>
Lounge	<i>Recliner</i>	<i>5 hours</i>
Dining	<i>in Wheelchair</i>	<i>1 hour</i>

Bathroom/Toilet

Shower Chair	<i>Padded chair</i>	<i>30 min</i>
Commode/Toilet	<i>std toilet seat</i>	<i>20 min</i>
Bedside Commode	<i>Does not get up in night</i>	

Transfer

Equipment used	<i>Swivel stander</i>
Technique Employed	<i>two person manual lift and swivel</i>

Vehicle

Does not go out

Notes: Note each position and any unusual influences and the time spent in each and if daily living activity taking place (e.g. Meals; Therapy; etc.)

Dietary Statement (current diet)

Eats only half of the food on her plate and sticks to mashed foods

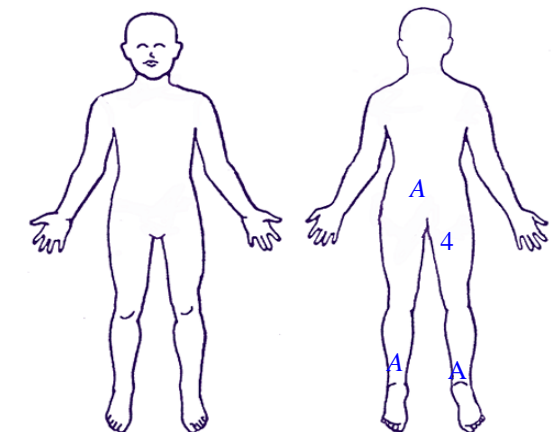
Client Details Date 20/03/10

Name	<i>Mrs Jane Doe</i>
ID	<i>MH/12345</i>
Address	<i>The Facility up the Road 21 Up the Road</i>
Carer	<i>Ima Carer</i>
Diagnosis	<i>Aged Stroke - left Hemi</i>

Current Risk / Pressure Wound Sites

Mark all current and suspected wound sites with scale

At Risk	-	A	Stage 1	-	1
Stage 2	-	2	Stage 3	-	3
Stage 4	-	4	Unstageable	-	U
Previous	-	P			
Suspected Deep Tissue Injury					S



Risk Assessment Score

Braden Scale	_____	Waterlow	<i>18</i>
Norton	_____		
Other	_____		

Notes: *_On closer inspection the stage 4 wound is in her Gluteal crease. The sacrum is reddened as are the heaes but the surface is intact*

Skeletal Influences

Fixed *No fixed influences*
 Correctable *R Scoliosis—R Pelvic Obliquity*

External Influences

Smoking Frequency *NIL* Amount _____

Continenence

Frequency *occasional* Type *Urine*
 Intervention *wears mobile pull ups for acc*

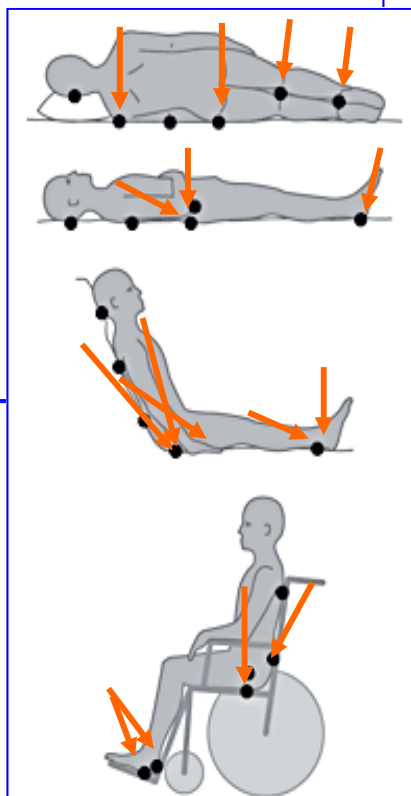
Impact Injury

Bruising from falls/transfer injury etc.
 Describe *NIL*

Physical Assessment of Environment to Cause

Mattressing Interface: Check

- Downward forces applying pressure
- Lateral Forces acting on Skeletal system and friction/shear forces
- Tone/Spasm and its influence including friction
- Supine and Side Lying
- Sitting or lying Elevated by either bed or pillow—Hammocking
- Pelvis for Posterior tilt exposing sacrum
- Check positioning equipment
- Pressures of Blankets pushing heels into surface
- Kneebreak on bed for bringing pressure back to pelvis
- Heat build up—increased
- Moisture from Diaphoresis / Continece



Seating Interface: Check

- Downward forces applying pressure
- Scoliosis increasing pressure under single IT left or right
- Lateral forces from skeletal or muscular imbalance causing Shearing
- Posterior tilt causing Shearing (common on recliners and slung upholstery)
- Vascular pressure under femurs
- Knees from Adduction or Abduction
- Skin tears from Sharp objects
- Shearing from incorrect or no footplates
- Heat build up in seated area
- Moisture from Diaphoresis / Continece issues
- Transfer techniques with notes to drag and friction during the transfer

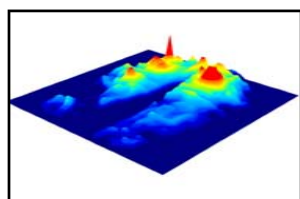
Wound Site—Guide to Cause

Check for

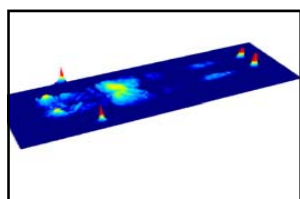
Elongated wound	Shearing	Friction Shearing
Fleshy part of buttocks	Pressure	Downward pressure
Gluteal Crease	Pressure and Shear	Posterior pelvic tilt in lying and seating
Sacrum	Pressure and shear	Posterior pelvic tilt in lying and seating
Trochanter	Lateral shear/pressure	Side lying and Trochanter loading cushions
Spinous process	Shear and pressure	Support at Iliac crest and Lumbar
Off Bony prominence	Impact then pressure Moisture lesions	Transfers and impact injuries / skin issues
Natal Cleft/Perineum	Lateral tears	Hoist techniques/slings/sliding boards
Heels/Malleoli	Downward pressure Lateral shearing	Mattress surface tension/Top sheet pressure Malleoli rubbing on surface

Note: This list is a guide only and not definitive and all aspects of a clients environment should be included

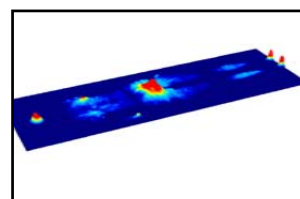
Review Pressure Mapping Audit of Surfaces Assessment



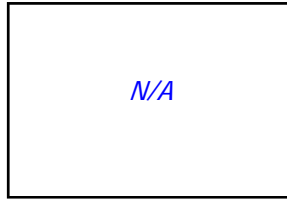
Seating Surface



Mattress Supine



Mattress Elevated



Other (commode/car etc.)

Notes: right rotation and IT pressures in seating. Posterior pelvic tilt noted and sacrum at risk. Mattress fine when supine except for heels but when bed is elevated high pressures are noted all around the pelvis and especially sacrum showing significant posterior pelvic tilt pushing the IT's into gluteal crease

Goals - What specific outcomes are required from Intervention

Client *Doesn't really know what she wants—basically to be left alone—Quite Lethargic -Just wants it all to go away*

Carer *Want something that she can leave her on in bed and not have to change around much*

Facility/Organisation/Family *Family want her safe and for the wounds to heal and prevent anything happening in the future—worried about the time spent in bed –want her up more*

Budgetary Considerations

What Funds are available? *\$4000*

Who is funding Intervention? *Family will use the deceased estate*

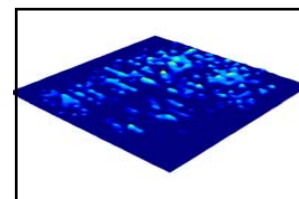
Current Equipment

Current Equipment	Yes/No	Does it meet Projected goals? Replacement/trial
Bed Mattress	<i>No</i>	<i>DynaFlo 8000— DME—replacement to allow her to sit up more with less sacral pressure. Greater immersion –Monkey bar for self adj</i>
Heel Protection	<i>No</i>	<i>Use a Heel lift when sitting in bed for extended time</i>
Positioning Support		
Wheelchair Cushion	<i>No</i>	<i>Trial a ROHO Quad Select LP so it can be used on lounge as well</i>
Wheelchair Backrest	<i>No</i>	<i>Try a Vtrak back to help sit up straighter for function whilst eating</i>
Lateral Support		<i>Supplied by the Vtrak back—above</i>
Lounge Chair		<i>Use the Quad Select LP in the armchair</i>
Lounge Support		<i>try pillow under arm—put a piece of plastic inside cover to add structure</i>
Bathroom		
Shower Chair	<i>Yes</i>	<i>No change intended</i>
Commode/Toilet	<i>Yes</i>	<i>No change intended</i>
Bedside Commode	<i>N/A</i>	<i>May be needed in future once quality of life is restored</i>
Transfer Equipment		
Hoist/Sling	<i>N/A</i>	
Board	<i>N/A</i>	
Sheet/Device	<i>No</i>	<i>Try repositioning sheet to help move her to edge of bed for st transfer</i>
Vehicle		

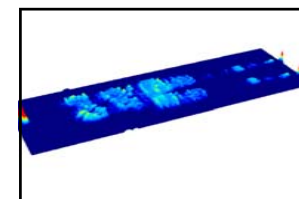
Notes: *We are using a deeper immersion mattress to stop the Hammocking and will utilise pillows to stop her leaning to the side – The ROHO QSLP cushion will help stabilise her pelvic obliquity and help stop further scoliosis, especially when used with the backrest and a little recline for comfort. The pillow supports may be enough to support her collapsing but will need reviewing. The mild continence issues can be managed with the mild cottons as her skin is sensitive to rashes and this removes layers from the surfaces.*

Note: This is where we identify why something is or is not working and what needs to be done. What trials have been done and what technologies are proving to suit the goals of all stakeholders. Record all outcomes and their effect on continuing tissue protection

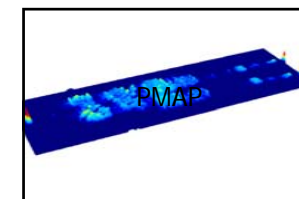
Pressure Mapping of new Solutions



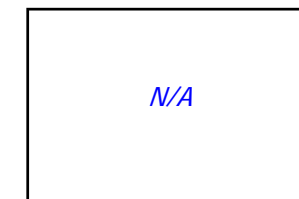
Seating Surface



Mattress Supine



Mattress Elevated



Other (commode/car etc.)

Notes: *Using the ROHO QSLP has removed the IT / Sacrum and Trochanter pressures seen on the old seat surface and was the same on Wheelchair and armchair/recliner surface. The Dynaflow8000 has removed the risk from pelvis but it is to be noted that on the inflate cycle heel pressures are still present and if showing signs of red then use of Heelift prescribed. This is several thousand dollars less expensive than using a Critical care mattress solution. Not decreased Occipital pressures when elevated. No current issues but monitor*