

Skin Team Intro Course

October 14, 2026


Children's National


JOINTLY ACCREDITED PROVIDER
INTERNATIONAL NURSING EDUCATION

**Continuing Education
SIGN IN SHEET**

Program/Presentation: Skin Team Introduction Course Provider Unit #: 4008362
Date: Oct. 14, 2026

Name (Please Print)	Credentials	Unit	Email Address
John Doe (eg.)	MSN, BSN, RN	8 NE	jdoe@cnmc.org
1			
2			
3			
4			

...and ID
Number



Today's Agenda

Topic	Presenter(s)	Time
Welcome & Introductions	Laura Welch	1:00pm
Skin Team Overview (CNE)		1:00pm – 1:15pm
Skin 101 (CNE)		1:15pm – 1:30pm
Pressure Injuries (CNE)		1:30pm – 2:00 pm
Skin Care NPG (CNE)		2:00pm – 2:45pm
National Benchmarking (CNE)		2:45pm – 3:00pm
Wrap-up/Questions		3:00pm
To be eligible for today's CEs, the following criteria must be met: • Attend the introduction course (in full) • Write your name in the chat box "attendance"		



Continuing Education – Learner Notification

Skin Team Introduction Course

October 14, 2026

Notice of Requirement for successful completion

Participants may obtain CE Contact Hours for this education if you attend the entire education session(s), select sessions attended, and complete an evaluation. A code and link/text number will be provided at the end.

Nurses: Children's National Hospital designates this live activity for a maximum of **2.0 ANCC contact hour(s)** for nurses. Nurses should claim only the credit commensurate with the extent of their participation in the activity.

Relevant Financial Relationships

The planning committee and presenters have no relevant financial relationships with ineligible companies.

Financial and In-Kind Commercial Support

No financial nor in-kind commercial support was received for this education activity.



In support of improving patient care, this activity has been planned and implemented by Children's National Hospital. Children's National Hospital is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. Children's National Hospital Accreditation Provider# 4008362.



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SKIN TEAM OVERVIEW



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SKIN TEAM MEMBERS

60+
RNS & PCTS

All 10 inpatient units

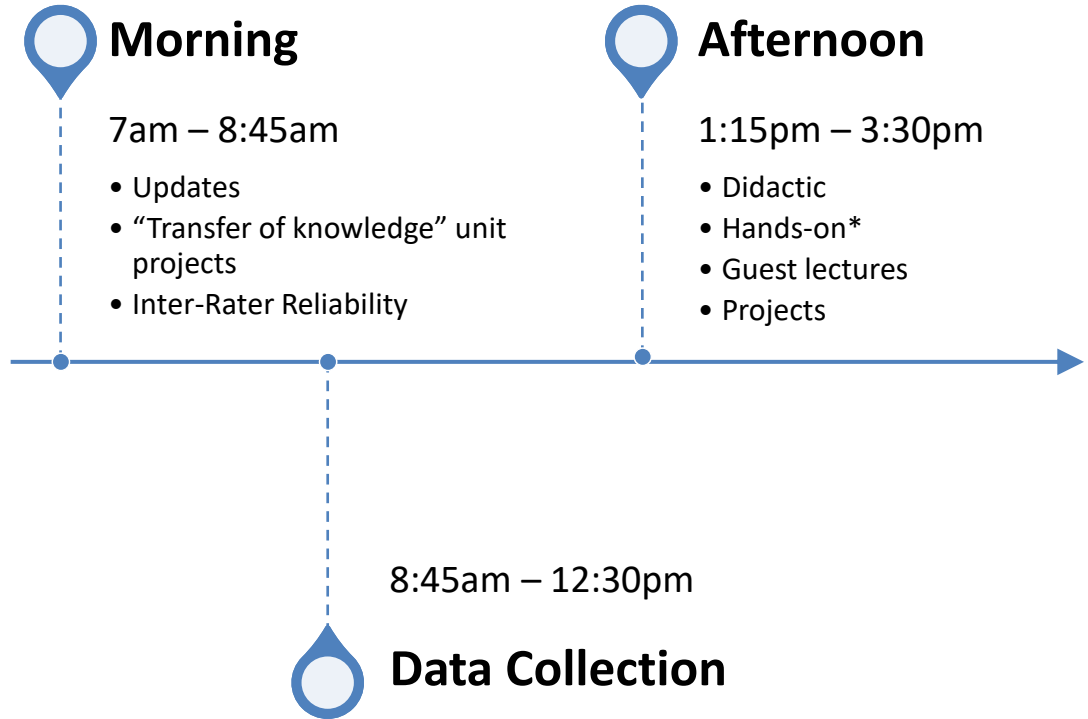
4 non-inpatient
departments

1 Ambulatory clinic



Skin Team Meetings

- **2nd Wednesday of every month**
- **HALF days**
 - 1st month each quarter
 - 0700-1230
 - AM session only
- **FULL days**
 - 2nd & 3rd months each quarter
 - 0700-1530
 - AM & PM sessions



Attendance

- Attendance is **YOUR** responsibility
- Virtual Sign in Process
 - Write your name in the chat box
 - Morning & afternoon
- If you are unable to attend the meeting, notify:
 - Laura Welch (SkinTeam@cnmc.org)
 - **AND** your fellow unit-based Skin Team members

ATTENDANCE

- 75% = 3 absences a year (sick/vacation/etc.)
 - Excused absences: FMLA, religious, work/educational conferences, military commitments, orientation, staffing pulls (must let me know within 24 hours)
 - Staffing pulls= NOT SCHEDULED TO WORK
 - Scheduled to be out of staffing or in “education” for Skin Team days and pulled in by the Ads/unit to support the unit numbers that morning
 - Would **not** include attendance for doing assessments while in staffing (missed inter-rater- NDNQI requirement)
 - Working the P shift before the meeting **will** count for attendance **if** you attend the full AM session
 - May not get you CNEs though if you are unable to attend the pm session on days it is offered

CAP ATTENDANCE REQUIREMENTS

- Minimum of **6 months** on the Skin Team
- $\geq 75\%$ (NDNQI/Inter-rater)
 - Attendance will be pulled from the monthly chat
 - Attending Inter-rater is a necessity by NDNQI for attendance. Collecting data for the month without attending the morning zoom session will not count for attendance for the month
 - Attendance will not be pulled from your timecard on that day
 - Then sign-in sheet if in person (afternoon sessions)
- Attendance $< 75\%$: you remain on the Skin Team 😊
 - Ineligible for CAP, independent data collection/patient assessments (still able to do with a ST member)

CAP POINTS



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Children's National Hospital Nursing Clinical Advancement Program Information Packet

Part A Categories	Point Value 1	Point Value 2	Point Value 3
RN Experience (HealthStream needed with education and work history)	2-5 years	6-10 years	>10 years
Nursing Degree (Education)	Additional <u>nursing</u> degree in progress	MSN	DNP
National Specialty Certification (Evidence must have expiration date & must be active at submission deadline) 2-point certification required for level 2 & 3	Non-Magnet approved certifications- See CAP member if not listed on point clarification table (Max of 2pts)	Magnet approved Certification -see point clarification for reference PNCCT, CNPT (Max of 6pts)	
Professional Award/Recognition	Unit level award; Any nomination/recognition (max 4 pts)	Hospital level award received	External Professional award received
Council/committee member (min. 3 months: active participation) Note: Skin Team requires 6 months.	Unit level	Hospital level	External level
Council/Committee chair/leader	Chair Elect, Other- per discussion with CAP	Unit/Hospital level	External level
Professional Healthcare Organization Must be current/need date	Membership (Excludes DCNA)	Active member/evidence needed. (Excludes using website/journal for CEUs)	Leadership position in organization

CAP POINTS

Part B Categories (Levels 1&2= 2 Categories Level 3 = 3 Categories)	Point Value 1	Point Value 2	Point Value 3	
Education: Presenting content Preparing content	Assist with planning/ presenting Super User/ content resource	Develop and Present an educational offering, Develop an educational tool (ex: tip sheet, a flow chart), Panda Graduate if active	Develop an educational offering that provides CEs Create a complete guide, reference, Policy BLS, PALS, STABLE, NRP, PEARs Instructor	
RNI EBP project (nurse residency program only)			Completed and presented at the end of the residency year	
Quality Improvement NSI / Quality Projects	Data collection (ongoing such as monthly audits - at least 3 mo.)	Participate in project development, Unit Champion (at least 3 mo.) Interpret data, CONE Report	Develop and	Publications or Presentation: Article Publication, Conference Presentation, Submission (Poster or Podium), NPG review and publication Unit publication. Hospital Level Submission Assist with NPG review External level Submission Hospital Level publication or presentation; Lead NPG review External publication or presentation Create and publish NEW NPG
Research Activities Research Event Examples: Passport events Grand Rounds REI week events Research Symposium	Attend 2 Research Events Other as per discussion with CAP	Attend 4 Research Events, Complete CITI Training Other as per CAP discussion	Co-Investiga Attend 7 Re **1 must be Other as per	Conference or Education Event 3-5.9 CEs awarded for a single event 6-9.9 CEs awarded for a single event 10 or more CEs awarded for a single event Grant submission Submits grant application Awarded a grant Participant of an event Event Volunteer (Max 6) Organize an event, Medical mission
Journal Club/Voice	Attend 3-5 meetings, present 1 article,	Attend 6-8 meetings Coordinate journal club. Coordinate VOICE	Attend >8 me	Community Health Promotion Activity (Ex. Health Fair, awareness event)
				Professional Enhancement* Mentor/Mentee- 1-3 meetings Program/training in progress (e.g., SANE, Panda), Formal peer review (CICU only unless discussed with CAP), Legacy Mapping Ongoing role performance - CRRT, Aquadex Mentor or Mentee—at least 4 meetings Ongoing role performance (e.g. SANE, Trauma Nurse Leader, ECMO Tech)

CAP Skin Team Submission Form

CAP: SKIN TEAM TEMPLATE 2026


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NAME:
UNIT/DEPARTMENT:
DATE:

Instructions: Skin Team members, please read the categories (in purple) and the descriptions below from Parts A & B. Place a check in the left hand column table and state your desired points to the right. Any desired points must have a 'member explanation' (see red text) outlining your actions to achieve those points. For every category/table containing more than one point option, please select the HIGHEST points you meet- only ONE check box per table. Please add up your points from Part A + Part B before submission to the Skin Team Lead.

PART A

Category: Council/Committee Member

Meets (X)	Points	Description of Value	Desired Points
	2	Hospital Level Committee (minimum of 6 months, 75% participation)	

Member Explanation:

Category: Council/Committee chair/leader

Meets (X)	Points	Description of Value	Desired Points
	2	Hospital Level Skin Team Co-Chair	

Member Explanation:

Category: Professional Award/Recognition

Meets (X)	Points	Description of Value	Desired Points
	1	Any nomination/recognition (Skin Team member of the month)	

Member Explanation:

Total Desired Points, Part A: _____

PART B

Category: Education: Presenting Content & Preparing Content

Meets (X)	Points	Description of Value	Desired Points
	1	Assist with planning or presenting	
	2	Develop and present an educational offering	
	2	Develop an educational tool (ex: tip sheet, a flow chart)	
	3	Develop an educational offering that provides CEs	
	3	Create a complete guide, reference, Policy	

Member Explanation:

Total Desired Points, Part B: _____
Total Desired Points, Part A&B: _____

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CAP: SKIN TEAM TEMPLATE 2026


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Category: Quality Improvement NSI/ Quality Projects

Meets (X)	Points	Category & Description of Value	Desired Points
	2	Unit Champion for Skin Team [Data Collection (head-to-toe assessments & chart audits) for monthly Skin Team meetings + unit super user/content resource]	

Member Explanation:

***Category: Quality Improvement NSI/ Quality Projects**

Meets (X)	Points	Category & Description of Value	Desired Points
	1	Monthly audits for QI project (3mo min.)	
	2	Participate in project development, interpret data	
	3	Develop and complete a project	

Member Explanation:

Category: Article Publication, Conference Presentation or Submission (poster or podium)

Meets (X)	Points	Category & Description of Value	Desired Points
	1	Unit publication. Hospital level submission, Assist with NPG review	
	2	Hospital level publication or presentation, external level submission, Lead NPG review	
	3	External publication or presentation, Create and publish NEW NPG	

Member Explanation:

Category: Conference or Education Event

Meets (X)	Points	Category & Description of Value	Desired Points
	1	3-5.9 CEs awarded for a single event (related to Skin, wound, ostomy)	
	2	6-9.9 CEs awarded for a single event (related to Skin, wound, ostomy)	
	3	10 or more CEs awarded for a single event (related to Skin, wound, ostomy)	

Does not include Skin Team meetings. Must attach a certificate

Member Explanation:

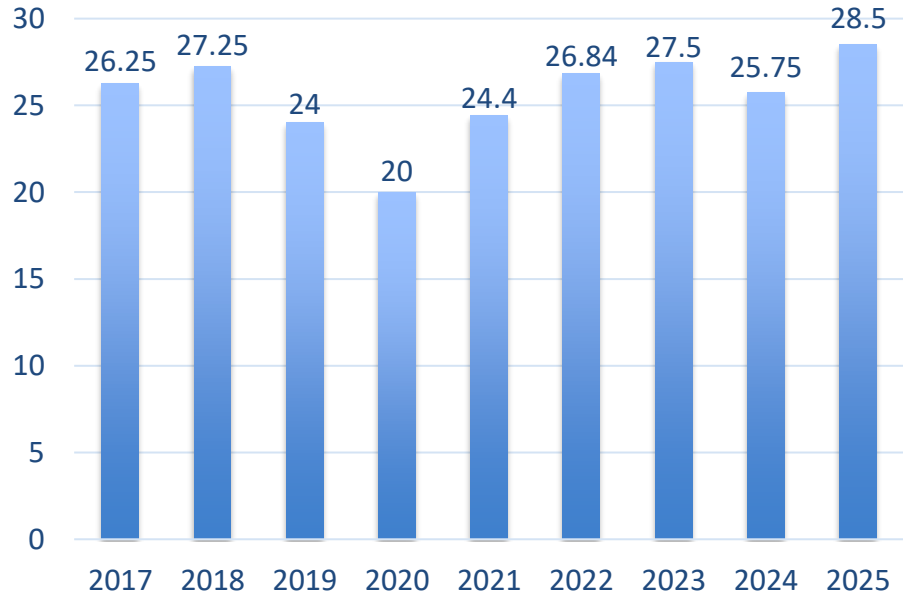
Total Desired Points, Part B: _____
Total Desired Points, Part A&B: _____

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CNEs

- Provided for every meeting
- Requirements:
 - Be present for entire session(s) in full (AM/PM)
 - Sign-in into Zoom chat
 - Both AM & PM sessions

CNEs Awarded By Year



TRANSFER OF KNOWLEDGE

- Objective
 - Development of education skills for transfer/comfort of knowledge with peers
- Yearly project
 - Individual or group focus
- Peer feedback or report outs
- Projects
 - Monthly focus
 - “Homework”
 - Templates provided
- Conflict of Interest forms (CNE requirement)

Skin Team 2026 Annual Project

Strengthening Pressure Injury Prevention: One Bundle Element at a Time

Skin Team Annual Project

January – December 2026



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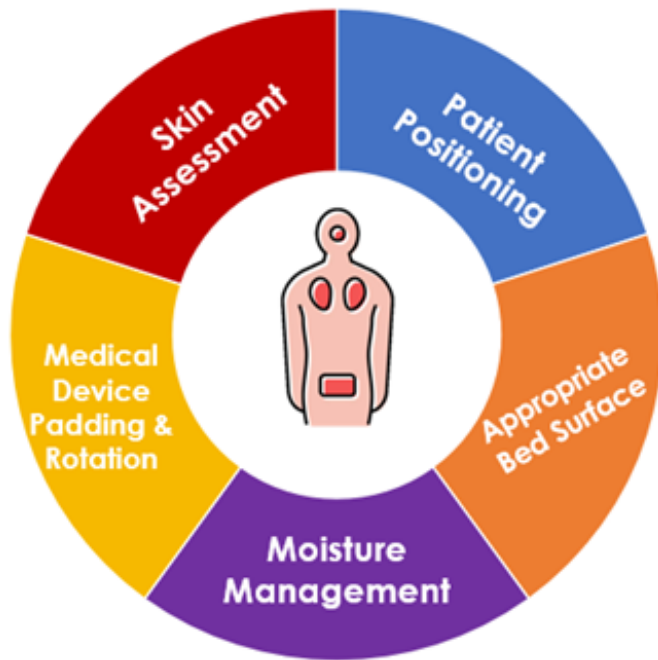
Driving PI Bundle Improvement at the Unit Level

- **System-Level Goal:** Reduce hospital-acquired pressure injuries and improve adherence to the SPS* Pressure Injury Prevention Bundle elements
- **Unit-Level Focus:** Each unit selects one SPS bundle element that represents a meaningful opportunity for improvement based on unit data, culture, or compliance
 - **Ask:** Develop and implement a meaningful unit-level QI project to support that element
- **Project Ownership:** Unit Skin Team in partnership with unit leadership

*SPS = Solutions for Patient Safety



Pressure Injury (PI) Prevention Bundle Elements



Nursing Practice Guideline	
Skin Care	
Table of Contents	
I.	Introduction
II.	Definitions
III.	Skin Assessment
IV.	Promotion of Healthy Skin
V.	Pressure Injury Prevention
VI.	Wound Assessment
VII.	Wound Care
VIII.	Escalation to the Primary Team
IX.	Patient and Family Education
X.	Documentation
XI.	References
XII.	Reviewers
XIII.	Legal Statement
XIV.	Appendix
XV.	Appendices
A.	Cushion to Protect
B.	Pressure Injury Staging
C.	Wound Care Pathways
i.	Diaper Dermatitis
ii.	Cooling Procedure
iii.	Moisture-Associated Skin Damage (MASD)
iv.	Control of "Application"
v.	Intact Blister
vi.	Partial-Thickness Wounds
vii.	Full-Thickness Wounds

Need more Info?

Check the [Skin Care Nursing Practice Guideline](#)

PI Bundle: pp. 6–12
Skin Care NPG

SPS PI Bundle: *Standard Elements*

Skin Assessment:

- Full skin and pressure injury risk assessment on admission and at least every 24 hours; reassess with condition changes

Medical Device Rotation/Repositioning:

- Assess skin under devices each shift; rotate or reposition devices per manufacturer guidance; inspect under removable devices at least twice daily

Patient Positioning:

- Reposition patients at least every 2 hours or timed with care; limit time upright without pressure redistribution

Appropriate Surface:

- Use support surfaces based on patient risk; reassess need for specialty surfaces using PI risk assessment

Moisture Management:

- Keep skin clean, dry, and hydrated; apply moisture barriers or wicking products as indicated

SPS PI Bundle: *Recommended* Elements

Non-Device Padding:

- Consider prophylactic padding over bony prominences; assess skin under padding at least daily

Assessment for Proper Fit of Respiratory Devices:

- Routine assessment of masks, nasal cannula, tracheostomy ties, and ETTs to ensure devices are not too tight

Device Padding:

- Use prophylactic padding under medical devices per manufacturer instructions when available and not contraindicated

Project Aim and Measures



Aim: By December 2026, improve compliance with the selected SPS bundle element to $\geq 90\%$ and contribute to a reduction in overall unit pressure injuries



System Level Outcome Measures: Overall HAPI rate; Aggregate Bundle Compliance Scores

Unit Level Outcome Measures: Unit-chosen outcomes related to the selected bundle element



(for example: repositioning reliability, device checks, skin assessment consistency)



Process Measures: Simple unit audits focused on the selected bundle element or process



Balancing Measures: Impact on nurse workload, any new skin concerns, or workflow challenges that make prevention harder

Project Timeline





Project Checklist

Unit-Level SPS Pressure Injury Bundle QI Project 2026 Check-Off Timeline



Unit:

Month	Key Activities	Completed ✔	Notes
January	Review unit pressure injury data with Skin Team and unit leadership	☐	
	Identify gaps in SPS bundle adherence	☐	
	Select one SPS bundle element for unit-level improvement	☐	
February	Define problem statement related to selected bundle element	☐	
	Identify current workflow barriers and opportunities	☐	
	Define proposed interventions and outcome measures	☐	
March	Finalize project plan and timeline	☐	
	Submit project to Skin Team Lead for approval	☐	
	Incorporate feedback and revise plan as needed	☐	
April	Develop education materials and audit tools	☐	
	Communicate project goals to unit staff	☐	
	Begin project implementation	☐	
May	Continue implementation and bedside coaching	☐	
	Complete first round of compliance audits	☐	
June	Review early audit data with unit leadership	☐	
	Adjust interventions based on findings	☐	
July	Continue audits and staff reinforcement	☐	
	Share progress updates with staff	☐	
August	Ongoing implementation and audit cycles	☐	
	Address barriers identified by staff	☐	
September	Mid-project evaluation of outcomes and compliance	☐	
	Refine sustainment strategies	☐	
October	Continue audits and targeted education	☐	
	Prepare summary of outcomes to date	☐	
November	Review final outcome and process measures	☐	
	Share results with unit leadership and Skin Team	☐	
December	Finalize sustainment plan	☐	
	Submit final project summary and lessons learned	☐	

Project Team and Roles

- Skin Team Nurses: Lead project planning, education, audits, and data review
- Unit Leadership (Managers/Educators): Support prioritization, remove barriers, reinforce expectations
- Bedside Nurses: Participate in education, testing changes, and providing feedback
- Interdisciplinary Partners (RT, PT, WOC, Nsg. Quality): Provide expertise aligned with the selected bundle element

Additional SPS Information

IV. Prevention Bundle Elements† Care Descriptions

†All bundle elements are applied to patients who, score as high risk with a pressure injury risk assessment scale or have clinical "risk factors" for pressure injury development

Prevention Bundle Element - Maintenance	Care Descriptions
Standard Elements	
Skin Assessment [†]	- Perform full skin assessment AND PI risk assessment within 24 hours of admission (consensus best practice is within 8 hours) - Repeat: - At least every 24 hours (as per NDNQI, consensus best practice is every shift change particularly for high risk units and high-risk patients) - In operating room at end of cases lasting 4 hours or more, and/or upon arrival to post-operative inpatient unit - Change in patient condition e.g. decreased level of consciousness or casting
Medical Device Rotation/Reposition	- Assess skin in contact with medical devices at minimum each shift - Medical devices known to cause PI include: Respiratory devices (masks, cannula, securement devices, ETT), immobilizers, orthotics, nasal and enteral feeding tubes, peripheral and central venous access devices and related securement devices, external monitoring devices (EEG leads, pulse oximetry probes), VTE prevention equipment (stockings and compression devices), and miscellaneous equipment unintentionally in contact with patient (cords, tubes)[§] - Reposition/rotate medical devices per manufacturer recommendations - For respiratory devices see recommended element below - Rotate pulse -ox probe at least every 8 hours or more often if able - C-collars: skin care and assessment daily, remove collar at least twice daily (unless it's medically contraindicated), change the collar padding if soiled [§]Defer to manufacturer recommendation when more frequent Note: NDNQI supports inspecting skin under or around removable devices at least twice a day

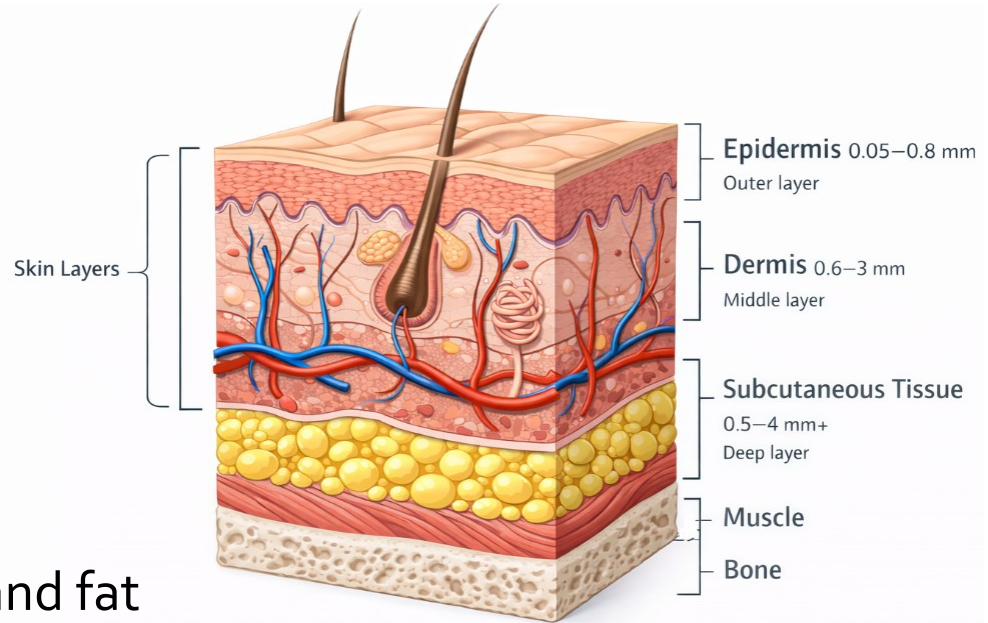
Prevention Bundle Element - Maintenance	Care Descriptions
Patient Positioning	- Reposition or turn immobile patients or those with limited mobility at least every 2 hours (or timed with care in NICU) - Maintain HOB less than or equal 30 degrees (unless medically contraindicated) - Patients in chairs or upright in bed greater than 2 hours must still be repositioned to redistribute pressure (consider appropriate surface and consider time limit) Note: "Do Not Turn" instructions should require a provider order and be re-evaluated every 24 hours
Appropriate Surface	- Utilize the support surface that meets the individual's needs for pressure redistribution - Evaluate need for specialty surface based on PI Risk Assessment. - Use gel pads, fluidized positioners, and/or other pressure redistribution positioning aids to cushion bony prominences.
Moisture Management	- Keep all skin clean, dry and appropriately hydrated (including perineum, skin near devices such as tracheostomies, tubes, drains and casts). - Apply moisture barrier and/or wicking product to keep skin dry
Recommended Elements	
Non-device padding	Consider use on bony prominences: assess the skin under the prophylactic dressing at least daily
Assessment for proper fit of respiratory device	Assessment for proper fit of respiratory device (Preferred every 4 hours; minimum every 6 hours):
Recommend capturing compliance through observation	- CPAP/BIPAP (assessment of proper fit per your institutional practice) - Tracheostomy (assessment that trach ties/collar is not too tight by being able to fit one finger between neck and ties/collar) - Endotracheal tube (ETT) (assessment that the tension from ventilator circuit to the ETT is minimized); best practice with every position change - Nasal cannula (assessment that the tubing is not too tight where in contact with the skin)
Device padding	Use prophylactic padding to protect skin under medical devices to reduce pressure injuries, follow manufacturer instructions for use if available (NPIAP), unless contraindicated

Skin 101

NORMAL SKIN LAYERS

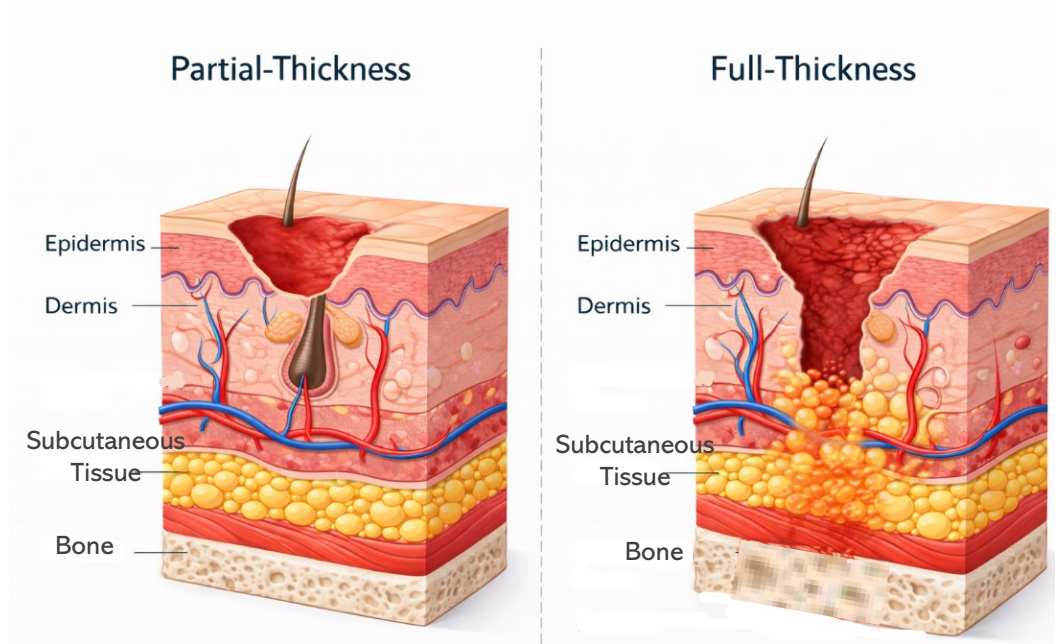
Skin is the largest organ system in the body, it serves the critical function of protecting the individual from the external environment and maintaining homeostasis of the internal environment.

- **EPIDERMIS**
 - Avascular
 - 5 layers
- **DERMIS**
 - Vascular
 - 2 layers
- **SUBCUTANEOUS**
 - loose connective tissue and fat
- **MUSCLE & BONE**



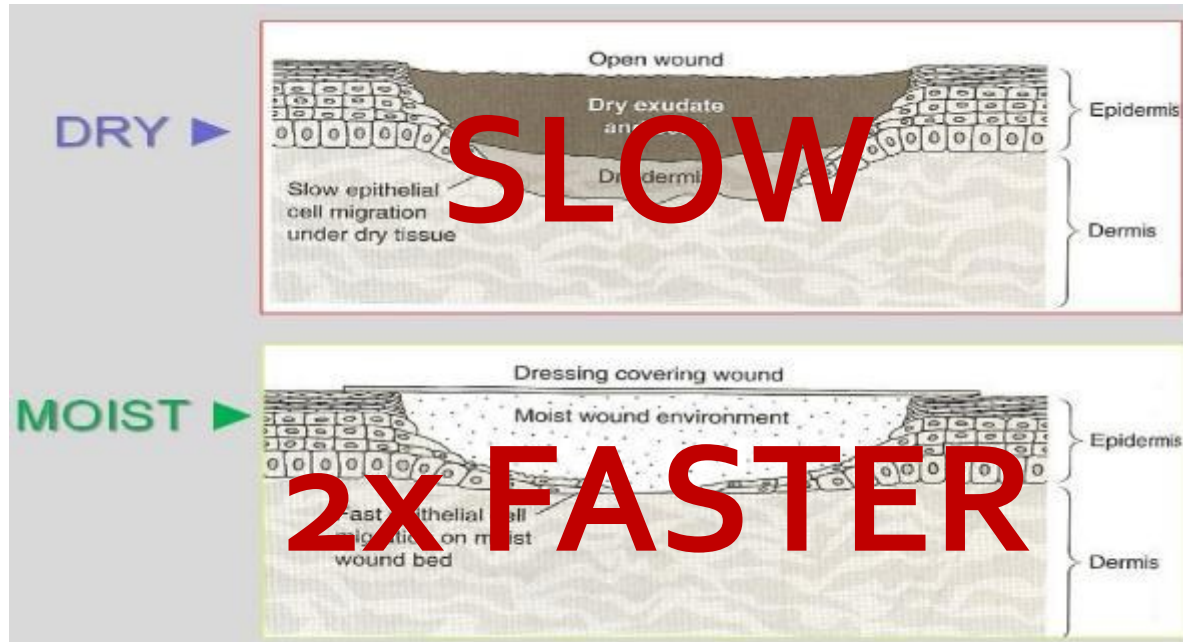
HOW SKIN HEALS

- Partial-thickness
 - Regeneration
 - Epithelial resurfacing
 - Contact inhibition
- Full-thickness
 - Scar Tissue Formation
 - Phases
 - Inflammatory
 - Proliferative
 - Maturation



MOIST WOUND HEALING

The principle of moist wound healing is that it mimics the function of the epidermis.



PROMOTION OF HEALTHY SKIN

1. Bathing

a. DAILY

- Type of bath
 - Wipes, bed bath, shower/tub, CHG
- Performed by
 - Nursing staff, family, self
- Hair washing/mouth care

b. If not given, specify why bath was not performed

c. Surgical patients going to the OR should have a bath within 24 hours of their surgery

Hygiene	
Bath Given	Yes
Type of Bath Performed	Soap & ...
Bath Performed By	Family
Reason Bath Not Given	
Eye Care	
Mouth/Oral Care	Yes
Oral Care Performed By	Family

INFECTION CONTROL RECOMMENDATIONS



- Wipe basin with disinfectant wipe and let dry before use.
- Let water run for 5 mins prior to filling up basin.
- Linen change daily

PRESSURE INJURIES (PIs)



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What IS a Pressure Injury (PI)?

- Localized damage to the skin/underlying soft tissue
- Result of
 - INTENSE and/or PROLONGED PRESSURE, or
 - PRESSURE + SHEAR
- Location
 - Over a BONY PROMINENCE
 - Related to a MEDICAL DEVICE

AT-RISK FOR PRESSURE INJURIES



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RISK ASSESSMENT SCALES

- **Braden QD**
 - At-risk = ≥ 13
- **NSRAS (NICU only)**
 - At-risk = ≤ 14

Or....

- At-risk based on clinical conditions

Braden QD

- **D** for medical **DEVICE**(s)
- Scoring
 - ≥ 13 = **AT RISK**
 - ≤ 12 = **NOT** at risk
- Medical device scoring
 - 1 point for most medical device
 - 2 points for devices that can be moved/removed independently (e.g. SCDs, splints, braces, Prevalon boots)
 - Maximum score = 8



Medical Device Examples *(NOT all inclusive)*

VASCULAR	MONITORING	IMMOBILIZERS	SECURING DEVICES	TUBES/DRAINS	RESPIRATORY
CVLs	EKG electrodes	Brace*	IV board	Foley catheter	Tracheostomy
Accessed port	EEG leads	Cast	Trach ties	Nephrostomy	ETT
Arterial line	Temp probe	Cervical Collar	Abdominal binder	PD catheter	Nasal trumpet
PIV	Pacing wire	Restraint*/ No-No*	NIPPV headgear	Chest tube	BiPAP/CPAP
Umbilical line	Pulse Oximeter	Splint*		Ostomy wafer/bag	Nasal cannula
CRRT catheter	NIRS	External fixator		External drain	Bite block
*Count each device separately					

AT-RISK CLINICAL CRITERIA

- **Immobile**
 - Can the patient make purposeful position changes to offload pressure?
- **Insensate**
 - Can the patient feel & respond to pain?
- **Sedated**
 - Is the patient on sedation medications?

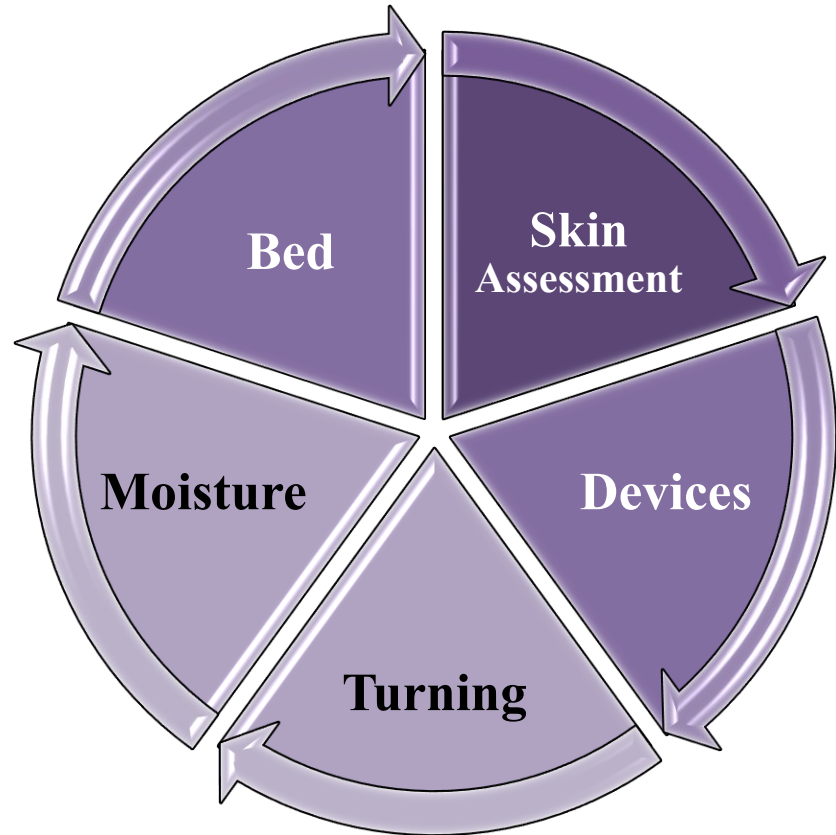
PRESSURE INJURY BUNDLE



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Pressure Injury (PI) Bundle Elements

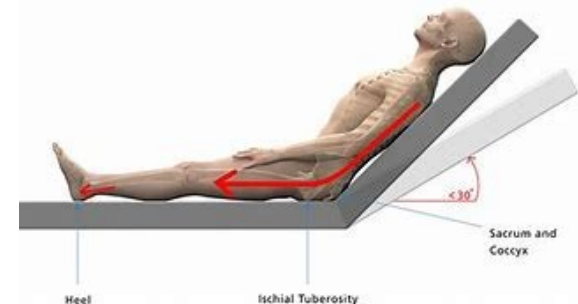
- Best practice recommendations
 - ✓ Aim: implementation of **ALL** bundle elements will reduce PIs development
- 5 bundle elements
 - ✓ Up to 32 separate documentation points
 - ✓ In 24 hours



PRESSURE INJURY PREVENTION BUNDLE ELEMENT – PATIENT POSITIONING

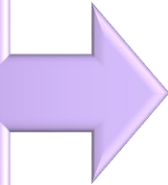
CARE DESCRIPTION OF ELEMENTS

- Turn ALL **SEDATED, IMMOBILE, AND/OR INSENSATE PATIENTS** at least **EVERY 2 HOURS**.
 - In NICU, re-positioning is timed with cares.
 - Medically Unstable requires LIP order q24
 - Patient/family refusals
 - “Patient moves self”
 - Exclusions: infants <12mo who are not sedated (age appropriate) + all patients who can move themselves
- Maintain **HOB ≤ 30 degrees**
(unless medically contraindicated).



PRESSURE INJURY PREVENTION BUNDLE ELEMENT – PATIENT POSITIONING

iView → Activities
of Daily Living →
Patient Activities →
Position in
Crib/Isolette/Bed &
HOB Elevation



DOCUMENTATION EXPECTATIONS

	19:00 EST	17:00 EST	15:00 EST	13:00 EST	11:00 EST	09:00 EST
Activities						
Status ADL	Bed		Bed [2]	Gua... [2]	Bed	
Assistance	Maximu...		Maximu...	Maximu...	Maximu...	
e Device	None		None	None	None	
y Side						
edic Device Location						
edic Device Use			Off	Off	Off	
ing/Pressure Reducing Devices			Pillow	Pillow	Pillow	
f Beds			Crib	Crib	Crib	
in Chair	minute					
in Crib/Isolette/Bed	Patient ...	Patient ...	Patient ...	Patient ...	Patient ...	Patient ...
evated	16-30 d...	16-30 d...	16-30 d...	16-30 d...	16-30 d...	16-30 d...

PRESSURE INJURY PREVENTION BUNDLE ELEMENT – DEVICE ROTATION

CARE DESCRIPTION OF ELEMENT

- All medical devices in contact with the skin should be rotated.
 - Rotate pulse ox probes, EKG leads, continuous BP cuffs, and NIRS according to the chart
 - (Skin Care NPG)
- When a device cannot be rotated, efforts to relieve pressure should be made.
 - Cushion to protect



Rotatable Devices	<u>AT-RISK</u>	<u>NOT</u> At-Risk
EKG leads	every 24 hours	every 24 hours
NIRS	every 24 hours	every 24 hours
Pulse Ox	every 4 hours	every 8 hours
BP Cuff	every 4 hours	every 8 hours

PRESSURE INJURY PREVENTION BUNDLE ELEMENT – DEVICE ROTATION

iView → Activities of
Daily Living →
Patient Activities →
EGK, Pulse Ox, BP
Cuff, NIRS site
rotation

*Also can audit by
looking at sites in
Vital Sign tab

DOCUMENTATION EXPECTATIONS

		06/10/19				06/09/19	
		08:00 EDT	04:00 EDT	00:00 EDT	20:00 EDT	16:00 EDT	12:00 EDT
▶ Patient Activities							
△ Hygiene							
Bath	Yes						
CHG Bath							
Mouth/Oral Care	Yes						
⬇ Oral Immune Therapy							
Bed/Linen Changed	Yes						
Foley Catheter Care Done							
Skin Care with Diaper Changes	Yes	Yes	Yes	Yes			Yes
EKG Lead Position Change	Yes						Yes
Pulse Ox Position Change	Yes	Yes	Yes	Yes	Yes	Yes	Yes
BP Cuff Site Changed	Yes	Yes	Yes	Yes	Yes	Yes	Yes
NIRS Site Changed	Yes						Yes

CUSHION those Devices to PROTECT Skin Integrity

NG/OG/ND/NJ:

Skin Barrier Wipe (e.g. No Sting Skin Prep); Hydrocolloid (e.g. DuoDerm)



GT/GJ:

Foam dressing (e.g. Mepilex Lite); tube securement device (e.g. Grip-Lok)



Chest Tube:

Hydrocolloid (e.g. DuoDerm), Skin Barrier wipe (e.g. No-Sting Skin-Prep)



EEG Leads:

Skin Savers



Cervical Collar:

Foam dressing (e.g. Mepilex, Boarder heel), Mepilex



Cast Edges:

Hydrocolloid (e.g. DuoDerm) or foam dressing (e.g. Mepilex, Mepilex Border, Mepilex Lite)



Foley:

Skin Barrier Wipe (e.g. No Sting Skin Prep); securement device (e.g. Grip-Lok) or Hydrocolloid (e.g. DuoDerm)



PIV:

Skin Barrier Wipe (e.g. No Sting Skin Prep), IV Start Kit



CUSHION those Devices to PROTECT Skin Integrity

Nasal Cannulas, HFNC:

Skin Barrier Wipe (e.g. No-Sting Skin-Prep), Hydrocolloid (e.g. DuoDerm), cloth tape (e.g. Hypafix)



BiPAP, CPAP, SiPAP:

Skin Barrier Wipe (e.g. No-Sting Skin-Prep), Foam dressing (e.g. Mepilex Lite, Mepilex)



Pulse Ox:

Contact Layer (e.g. Mepitel One)



NICU Nasal Septum:

Precut Foam (e.g. Neoseal).



Trach:

Skin Barrier Liquid (e.g. Cavilon AP); Foam dressing (e.g. Mepilex Lite or Mepilex); absorptive foam (e.g. Mepilex Up)



ETT:

Skin Barrier Wipe (e.g. No-Sting Skin-Prep), Hydrocolloid (e.g. DuoDerm), cloth tape



NIRS:

Contact Layer (e.g. Mepitel One)



PRESSURE INJURY PREVENTION BUNDLE ELEMENT – **SKIN ASSESSMENT**

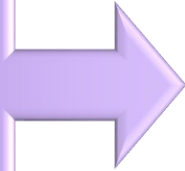
CARE DESCRIPTION OF ELEMENT

- Skin is assessed (head-to-toe)
 - On admission
 - Each shift
 - Transfer of care



PRESSURE INJURY PREVENTION BUNDLE ELEMENT – SKIN ASSESSMENT

iView → CC/AC
ongoing
assessment →
Integumentary



DOCUMENTATION EXPECTATIONS

		04/02/20	
		08:15 EDT	04:00 EDT
Integumentary			
Skin Turgor		Normal	Normal
Skin Appearance		Normal	Normal
Rash Type			
Mucous Membrane Color		Pink	Pink
Mucous Membrane Description		Moist	Moist
Location-Skin Description			
Skin Symptoms		None	None

PRESSURE INJURY PREVENTION BUNDLE ELEMENT – APPROPRIATE BED SURFACE

CAR

- Co
-
- "N
-
- Pa



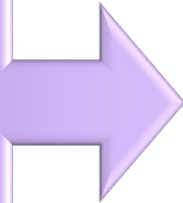
Specialty Bed

Picture



PRESSURE INJURY PREVENTION BUNDLE ELEMENT – APPROPRIATE BED SURFACE

iView → Activities
of Daily Living →
Patient Activities
→ Types of Bed &
Positioning/Pressure
Reducing
Devices



DOCUMENTATION EXPECTATIONS

	20:00 EDT	18:00 EDT	16:00 EDT
			
△ Patient Activities			
Incentive Spirometry	No	Yes	Yes
Activity Status ADL	Ambula...	Ambula...	Ambula...
Activity Assistance	Indepe...	One per...	Standby...
Assistive Device	None	None	None
Extremity Side			
Assistive Device Additional Data			
Positioning/Pressure Reducing ...	Pillow	Cushio...	Cushio...
Types of Beds	Special	Special	Special ...
Antibacterial Device		Special bed	
Time Up in Chair	minute		



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PRESSURE INJURY PREVENTION BUNDLE ELEMENT – MOISTURE MANAGEMENT

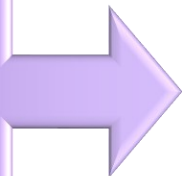
CARE DESCRIPTION OF ELEMENT

- Barrier cream applied to all  diapered/incontinent patients
- Keep patients clean & dry
 - Linen changes PRN, moisture wicking fabric in skin folds



PRESSURE INJURY PREVENTION BUNDLE ELEMENT – MOISTURE MANAGEMENT

iView → Activities
of Daily Living →
Hygiene → Skin
Care with Diaper
Changes



DOCUMENTATION EXPECTATIONS

	11:00 EDT	07:00 EDT	03:00 EDT	23:00 EDT	19:00 EDT	15:00 EDT	11:00 EDT
▶ Patient Activities							
▢ Hygiene							
Bath							
CHG Bath							
Mouth/Oral Care		Yes	Yes	Yes	Yes	Yes	
⬇ Oral Immune Therapy							
Bed/Linen Changed							
Foley Catheter Care Done							
Skin Care with Diaper Changes		Yes	Yes	Yes	Yes	Yes	Yes [2]
EKG Lead Position Change		Yes		Yes			
Pulse Ox Position Change		Yes		Yes		Yes	Yes
BP Cuff Site Changed		Yes		Yes		Yes	Yes



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PRESSURE INJURY STAGING



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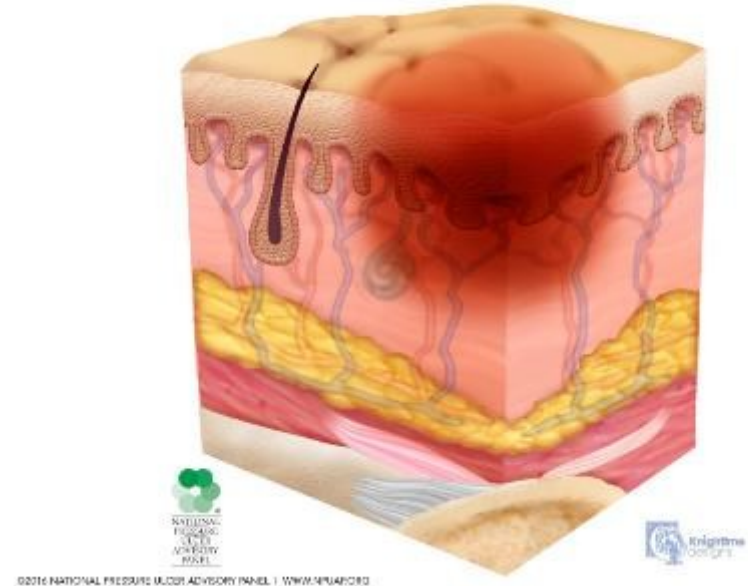
BASE STAGING ON WHAT IS VISIBLE

- If you **CAN** see full extent of tissue injury
 - Numeric stages (stages 1-4)
 - Deep tissue pressure injury (DTPI)
 - Mucosal membrane pressure injury (MMPI)
- If you can **NOT** see full extent of tissue injury
 - Unstageable/Unable to Stage (UTS)

Stage 1

- What **IS** visible
 - Intact skin
 - Non-blanchable erythema
 - Changes in sensation, temperature or firmness may precede visual changes
- What is **NOT** visible
 - Purple/maroon discoloration

Stage 1 Pressure Injury - Lightly Pigmented

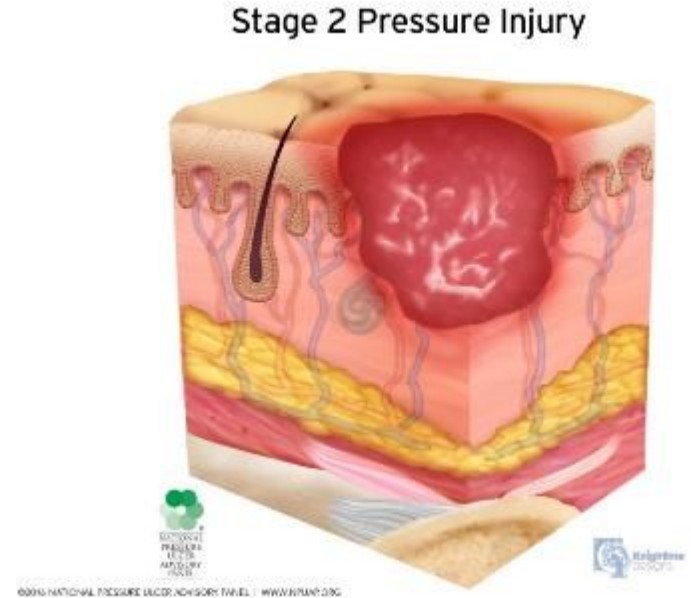


Stage 1



Stage 2

- Partial-thickness skin loss
 - Open skin (epithelial tissue visible)
or
 - Serous/serous filled blister
- What is **NOT** visible
 - Blood filled blister
 - Adipose (fat) tissue
 - Granulation tissue
 - Necrotic tissue (slough/eschar)



Stage 2



Stage 3

- What **IS** visible:
 - Full-thickness skin loss
 - Adipose (fat) tissue
 - Granulation tissue
 - Necrotic Tissue (slough/eschar)
- What is **NOT** visible:
 - Fascia or muscle
 - Tendon or ligament
 - Bone or cartilage

Stage 3 Pressure Injury



Stage 3's



Stage 4's

- What **IS** visible (*it only takes 1*)
 - Full-thickness skin loss
 - Fascia (exposed or palpable)
 - Muscle
 - Tendon
 - Ligament
 - Bone or cartilage
- What is **NOT** visible
 - Healthy skin

Stage 4 Pressure Injury

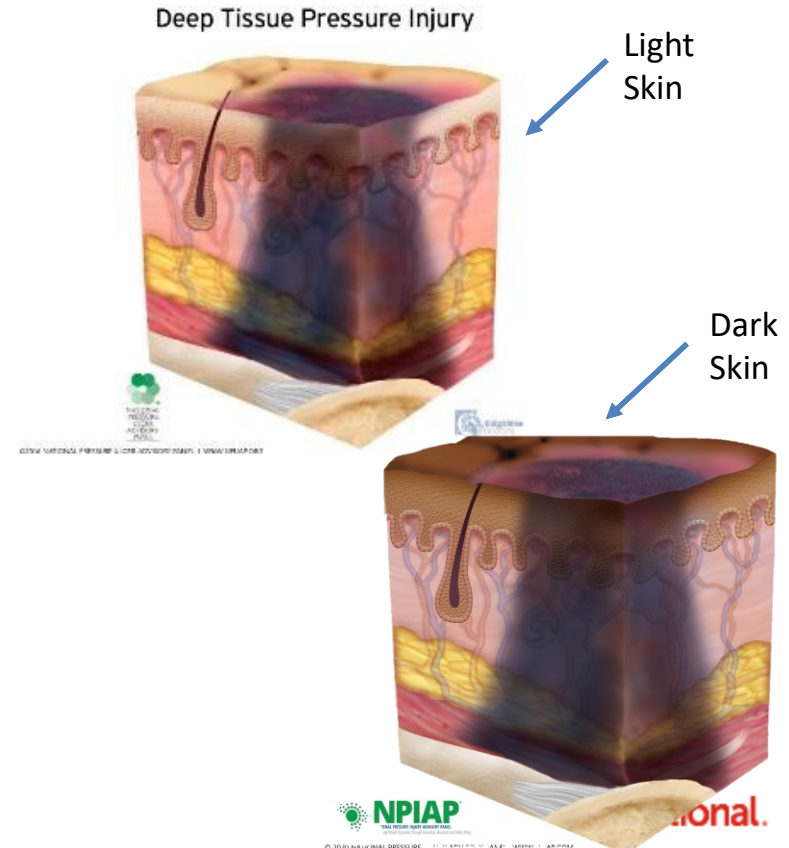


Stage 4



Deep Tissue Pressure Injury (DTPI)

- What **IS** visible
 - Intact or non-intact skin
 - Deep red, maroon, or purple discoloration
 - Non-blanchable
 - May be a blood filled blister
- Presents like a “bruise” but the etiology is caused from unrelieved **PRESSURE** and not from **TRAUMA** (e.g. bump, fall)
 - Pressure from a body part on a mattress
 - Pressure from a medical device



DTPI



Evolution of DTPIs

- Deep Tissue Pressure Injuries (DTPIs) may worsen in appearance over the next several days and “open up” to reveal a shallow or deep wound underneath (with or without eschar)

DAY 1

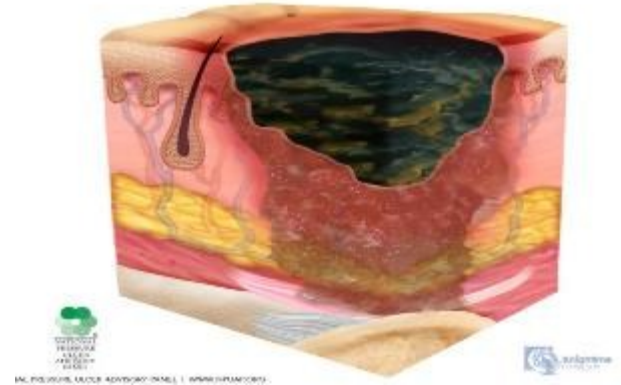
Initial injury found on patient's scapula



Unstageable (UTS) Pressure Injury

- What **IS** visible
 - Necrotic tissue
 - Full thickness injury
 - When debrided, will be staged as a Stage 3 or Stage 4
- What is **NOT** visible
 - The wound bed
 - Identifiable tissue damage to determine extent of injury

Unstageable Pressure Injury – Dark Eschar



Unstageable Pressure Injury – Slough and Eschar



NECROTIC TISSUE

- Necrotic tissue (avascular, devitalized/dead)
 - **Eschar**: presents as dry, thick, leathery tissue. Often tan, brown, or black
 - **Slough**: presents as moist, firmly to loosely attached, and stringy. Often is yellow, tan, green, or brown

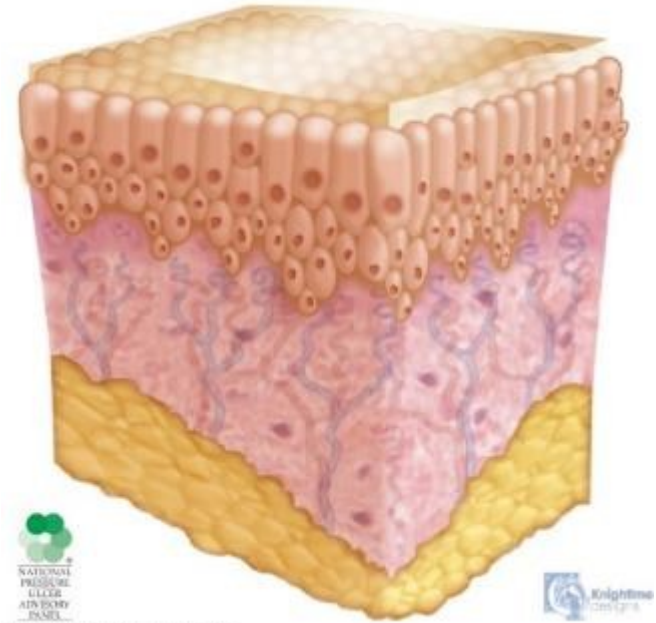


UTS



Mucosal Membrane (MM) PIs

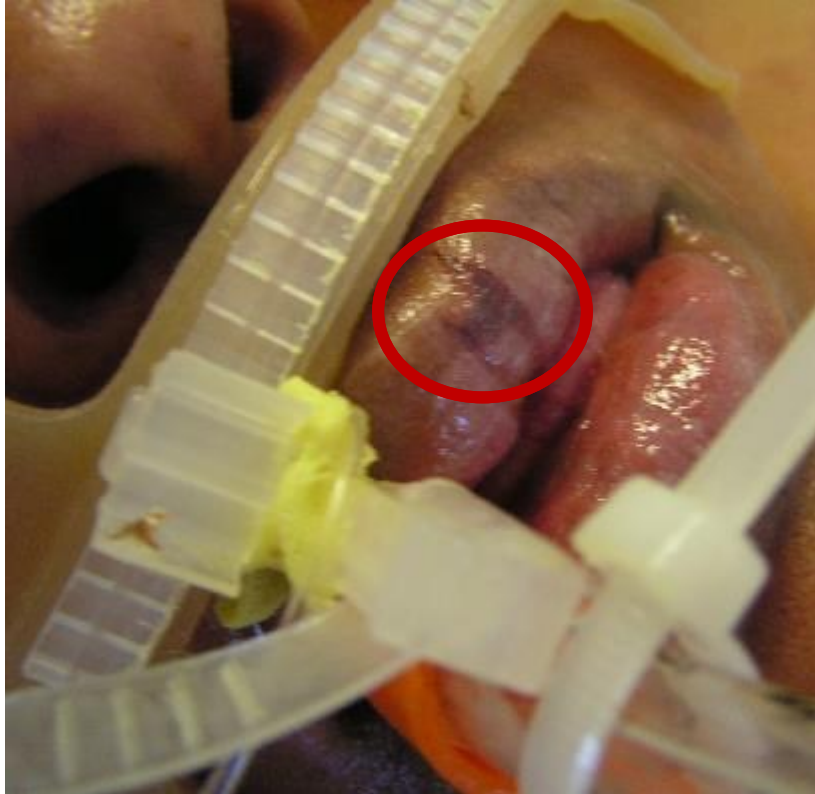
- On a mucous membranes
- CANNOT be staged
 - Different cellular anatomy
- Requires history of/current medical device in that location




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PRESSURE
ULCER
ADVISORY
PANEL
ULCER ADVISORY PANEL | WWW.NPUAP.ORG

 KnightTime
consulting

MMPI



Medical Device-Related PIs (MDRPIs)

- Describes an **ETIOLOGY**
 - **NOT** a stage
 - Requires staging
- Conforms to shape of medical device



Total Device-Related Injuries: 2026 (YTD)

49 injuries mapped to a device on monthly prevalence — each injury counts separately



30

BiPAP mask

61% of all device injuries



3

EEG leads



3

ETT



2

Tracheostomy



11

***All other devices**

6 device types combined

August 2026: zero device-related injuries, zero patients affected

**All other devices = ETT holder, HFNC/tubing, Salem sump, temp probe, NG tube, cervical collar, IV tubing.*

New Data Collection Form

IN-PERSON PATIENT ASSESSMENT														
PATIENT ID BAND Does the patient have a Children's ID band? (prior to any staff intervention) ☐ Yes ☐ No If <u>Yes</u> , ID band location: ☐ Left ☐ Right ☐ Arm ☐ Leg ☐ Equipment: Crib/bed ☐ Equipment other: _____ If <u>No</u> , ID band was placed: ☐ Left ☐ Right ☐ Arm ☐ Leg ☐ Equipment: Crib/bed ☐ Equipment other: _____ If on Equipment, rationale for alternate ID Band location: ☐ Prematurity ☐ Missing limbs ☐ Pt/Family Refusal ☐ Fragile Skin ☐ Sensory/Behavioral Intolerance			RESTRAINTS Restraints in use? ☐ Yes ☐ No Restraint Category ☐ Non-Violent ☐ Violent/Self-Destructive <u>Type of restraint:</u> ☐ Soft Limb ☐ No No's ☐ Mittens ☐ 4-point behavioral ☐ Posey Bed Other _____ <u>Indication for restraints?</u> ☐ Prevent falling out of bed ☐ Prevent from removing equ. ☐ Reduce harm to self ☐ Reduce harm to others				DEVICE PADDING OF HIGH-RISK MEDICAL DEVICES Devices padded correctly? BiPaP/SiPaP/CPAP ☐ Yes ☐ No ☐ N/A HFNC/NC/RAM ☐ Yes ☐ No ☐ N/A Trach ☐ Yes ☐ No ☐ N/A NICU Nasal Septum ☐ Yes ☐ No ☐ N/A *If "no", was padding corrected? ☐ Yes ☐ No MOISTURE MANAGEMENT Is the patient in a diaper? ☐ Yes ☐ No If yes, is a barrier cream/ butt paste being used? ☐ Yes ☐ No ☐ N/A							
NUMBER OF PRESSURE INJURIES _____ Total # of HAPI [# for each stage ___ 1 ___ 2 ___ 3 ___ 4 ___ DTPI ___ Unstageable (UTS) ___ Mucosal Membrane (MM)] _____ Total # of CAPIs [# for each stage ___ 1 ___ 2 ___ 3 ___ 4 ___ DTPI ___ Unstageable (UTS) ___ Mucosal Membrane (MM)]														
PRESSURE INJURY TABLE														
Location of Each Pressure Injury		Stage of Each Injury							Present on Admission		Present on Arrival to YOUR Unit		Charted in I/View	
Location	Device Related (if YES, indicate device)	1	2	3	4	DTI	UTS	MM	Yes	No	Yes (indicate origin)	No	Yes	No
	Device: Y / N										Unit:			Yes No
	Device: Y / N										Unit:			Yes No
	Device: Y / N										Unit:			Yes No
	Device: Y / N										Unit:			Yes No
	Device: Y / N										Unit:			Yes No

Data Sheet (Back Page- Notes)

NDNQI Pressure Injury Data Collection Form Reference

SKIN ASSESSMENT

- Skin Assessment refers to “Integumentary” found in iView
- Per hospital P&P and Skin NPG, the expectation is:
 - ALL Units will perform a skin assessment at a minimum of every 12 hours.

RISK ASSESSMENT

- Risk Assessment refers to either “Braden QD” or “NSRAS”
 - Braden QD scores ≥ 13 indicate at-risk.
 - NSRAS score ≤ 14 indicate at-risk.
- Patients with not at-risk scores can be at-risk based upon clinical factors.
- Per hospital P&P and Skin NPG, the expectation is:
 - Acute Care Units will perform a risk assessment at a minimum of every 24 hours.
 - Critical Care Units will perform a risk assessment at a minimum of every 12 hours.

PREVENTION INTERVENTIONS

- For data integrity, 24 hour look back is defined as the previous 24 hours before the prevalence study.
 - Starting at 7am the Tuesday before, until 7am the Wednesday of the prevalence study.
 - Prevention intervention data will be collected on ALL patients, regardless of their risk assessment score.
- **Turning & Repositioning**
 - ALL patients in the NICU are to be turned with cares.
 - Patients who are not able to turn/reposition themselves, are sedated, paralyzed, immobile, or have a sensory deficit to their lower extremities (e.g. spina bifida, epidural) need to be turned/repositioned at a minimum of every 2 hours.
 - If it is medically contraindicated, be sure contraindication is documented.
 - If patient can move themselves, it needs to be documented within the last 24 hours.
- **Pressure Redistribution Aids**
 - Include, but aren't limited to: fluidized positioner (Z-Flow), gel pads, foam (Mepilex, Mepilex Border, Mepilex Lite) dressings, Sacral Patch (Mepilex Sacrum), Elasto-Gel, Roho mattress, wedges, and pillows.
 - Sheep skins & (blanket) cradles are NOT pressure redistribution aids.
 - Pressure redistribution aids do not take the place of routine repositioning every 2 hours.
 - Specialty beds placed in continuous rotation DO NOT take the place of routine repositioning every 2 hours.
- **Moisture Management**
 - Includes measures taken to keep the skin clean & dry, especially in creases and skin folds.
 - Use of skin barrier cream for ALL diapered patients.
- **Device Rotation Documentation**
 - **ALL patients:**
 - NIRS & EKG leads should be rotated at a minimum of every 24 hours.
 - **At-Risk patients:**
 - Continuous pulse ox & continuous BP Cuffs should be rotated at a minimum of every 4 hour hours.
 - If an art line is used for BPs vs cuff, this is N/A
 - Acute Care: not applicable unless BP cuff is left on the extremity >4hours continuously
 - **NOT at-risk patients:**
 - Continuous pulse ox & continuous BP Cuffs should be rotated at a minimum of every 8 hour hours.
 - If an art line is used for BPs vs cuff, please indicate.
- **Padding of high-risk medical devices – this data is from direct observation.**
 - **BiPap/SiPap/CPAP**
 - Foam (Mepilex Transfer, Mepilex Lite) dressing to all areas skin comes into contact with device.
 - **HFNC/NC/RAM**
 - Hydrocolloid (DuoDerm) + Hypafix to secure the tubing to the hydrocolloid.
 - **NICU Septum's**
 - Hydrocolloid (DuoDerm) + foam (Mepilex) or hydroconductive (Drawtex) cut into a T shape.
 - **EEG Leads**
 - 5 forehead skin savers (all patients) and 3 occiput skin savers (immobile patients).
 - Turbans:
 - All sedated patients should have **NO turbans** on in the PICU/CICU.
 - 2 fingers should easily slide under turban in all non-sedated & NICU patients who have a turban in place.

National Benchmarking



Purpose of Data Collection

- Determine the prevalence of HAPIs
- Explore the *relationship* between nursing assessments, prevention interventions, & PI development

What Data Do We Collect?

Pressure Injuries

- Hospital-acquired (HAPI)
- Community-acquired (CAPI)
- Medical device-related (MDRPI)
- PI Bundle Compliance
 - At-Risk Patients

Everything Else

- Restraints
- Falls
- ID Bands
- DOH Citations
 - Wound Assessment Documentation

Unit Data Breakdown



Division of Nursing



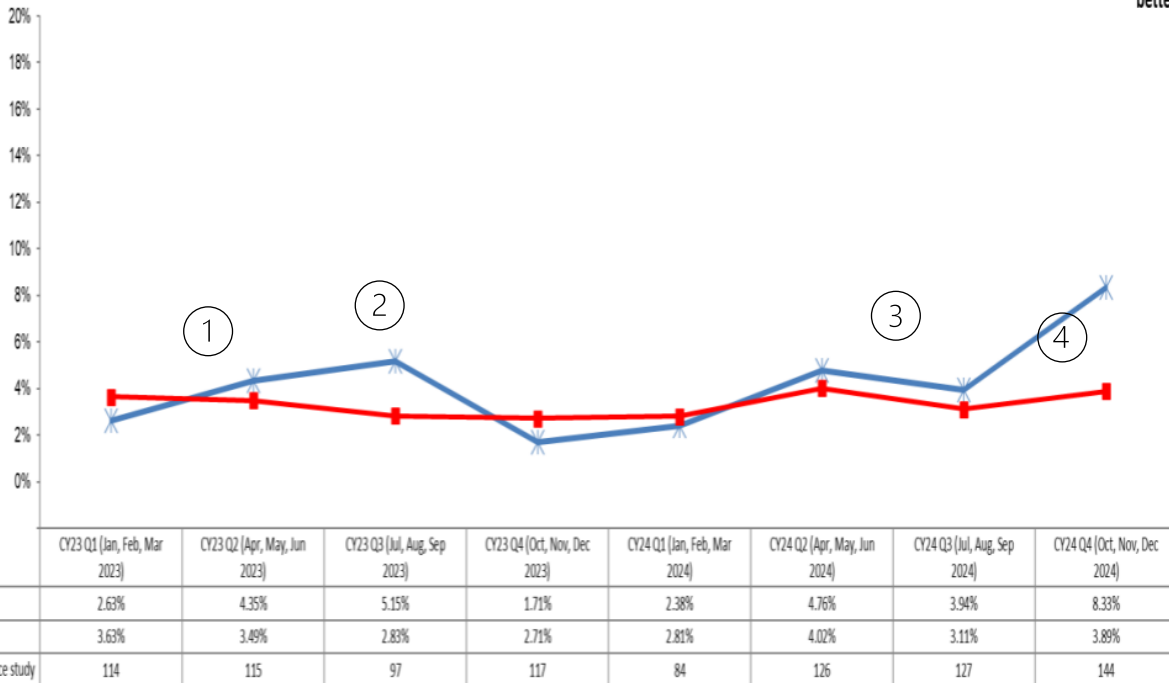
NDNQI- Pressure Injuries

Percent of Surveyed Patients with Hospital Acquired (HA) Pressure Injuries



Lower is better

% Patients with HA Pressure Injuries



5

Magnet Performance: Hospital Acquired Pressure Injuries

Clinical Areas	Hospital-Acquired Pressure Injury (HAPI) Stages 2 and Above
APU/CPU Psychiatry Unit	N/A
Hematology/Oncology/Bone Marrow Transplant Unit (HOCU)	7/8
4 Main	8/8
7 East	4/8
Heart and Kidney Unit (HKU)	3/8
Neuroscience Unit (NSU)	7/8
Surgical Care Unit (SCU)	5/8
Pediatric Intensive Care Unit (PICU)	2/8
Cardiac Intensive Care Unit (CICU)	2/8
Neonatal Intensive Care Unit (NICU)	1/8
Clinical Indicator Analysis: Total times unit out performing Benchmark (rolling 8 quarters)	4/9

Data Time Frame: CY24 Q2-CY26 Q1 (FY24 Q4- FY26 Q3) All 8 quarters with benchmarked data

National benchmark performance

 Press Ganey | NDNQI

8 Rolling Quarters
CY24 Q2 to CY26 Q1

INPATIENT

4 of 10

Clinical areas outperformed the national benchmark



- Goal: Outperform benchmark >50% of time



BENCHMARKING

Key takeaway: HAPI indicator is at risk for not exceeding the >50% benchmark performance goal.

HOW-TO CALCULATE: HAPI Prevalence

Required Data

assessed patients

patients with HAPIs

- Included patients with MDRPIs
- Include MM PIs, but do not stage

Prevalence Rate Calculation

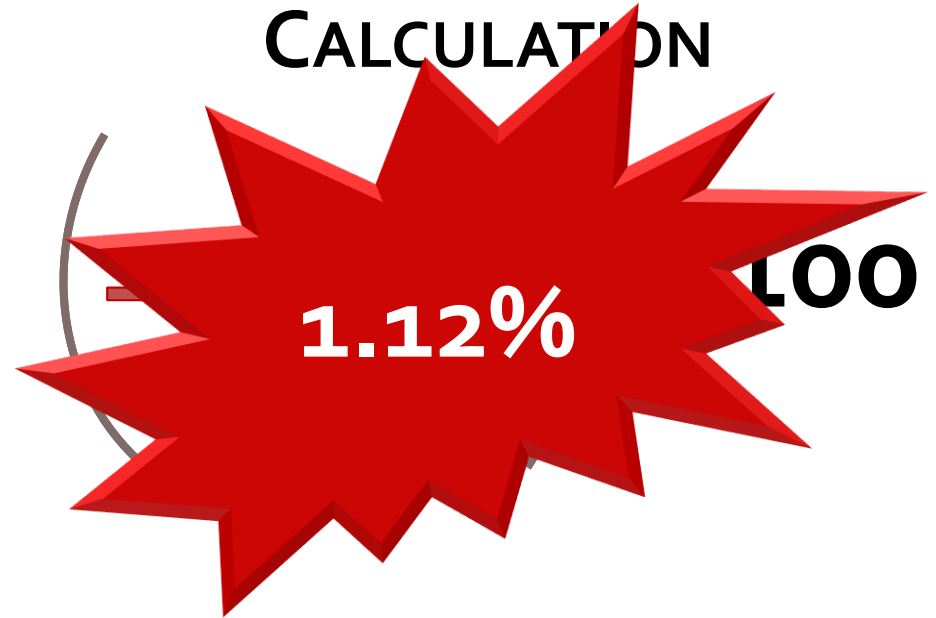
$$\left(\frac{\text{\# PTS WITH A HAPI}}{\text{\# PTS ASSESSED}} \right) \times 100$$

CALCULATION PRACTICE: Prevalence

DATA

- Census: 270
 - Assessed: 269
 - Excluded: 1
- Pressure Injuries $\geq$ Stage 2
 - 5 HAPIs on **3 patients**
 - 3 HAPIs on 2 patients were caused by medical devices
- At-risk patients: 60
 - Compliant bundles: 47

CALCULATION



HOW-TO CALCULATE: MDRPI Prevalence

Required Data

assessed patients

patients with MDRPI

- Include patients with MMPIs
- Don't include patients who HAPIs aren't related to medical devices

MDRPI Rate Calculation

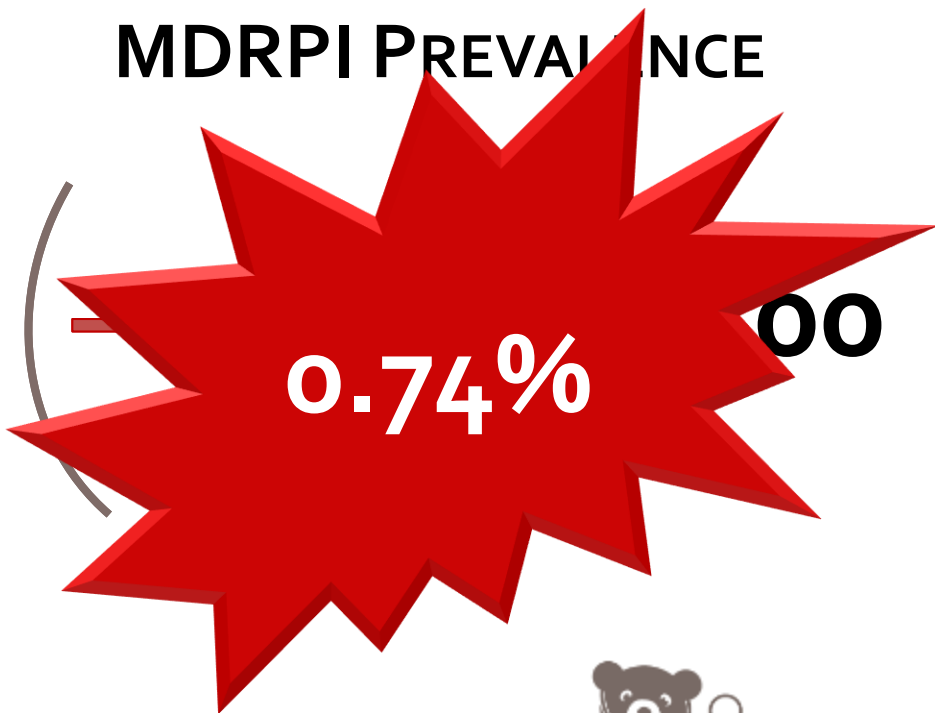
$$\left(\frac{\text{\# PTS WITH A MDRPI}}{\text{\# PTS ASSESSED}} \right) \times 100$$

CALCULATION PRACTICE: MDRPI Prevalence

DATA

- Census: 270
 - Assessed: 269
 - Excluded: 1
- Pressure Injuries $\geq$ Stage 2
 - 5 HAPIs on 3 patients
 - 3 HAPIs on **2 patients** were caused by medical devices
- At-risk patients: 60
 - Compliant bundles: 47

MDRPI PREVALENCE



HOW-TO CALCULATE: Bundle Compliance

REQUIRED DATA

AT-RISK patients

COMPLIANT bundles

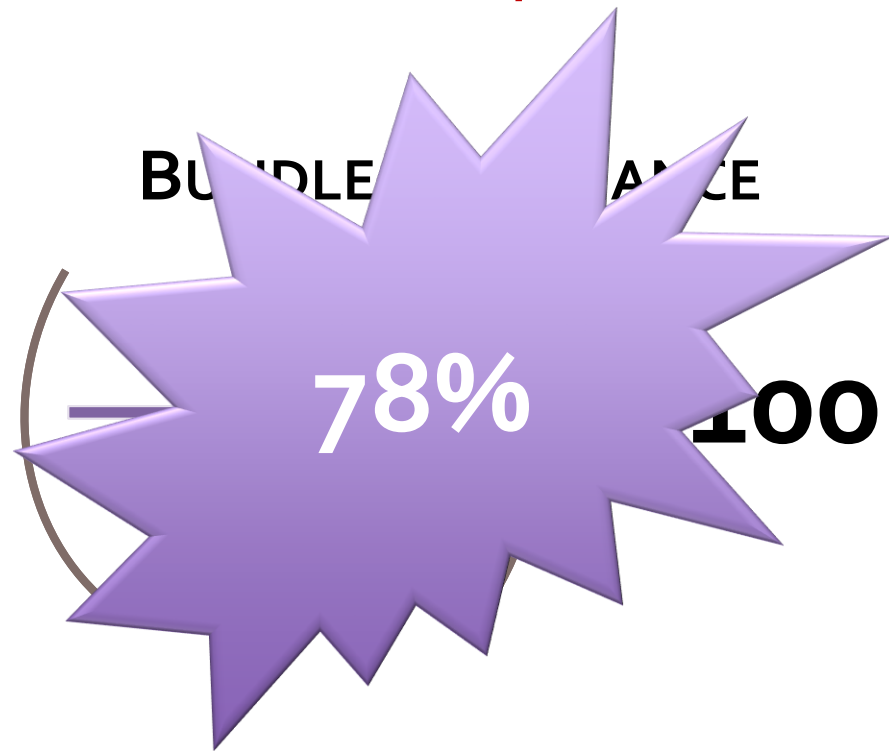
CALCULATION

$$\left(\frac{\text{\# COMPLIANT BUNDLES}}{\text{\# AT-RISK PTS}} \right) \times 100$$

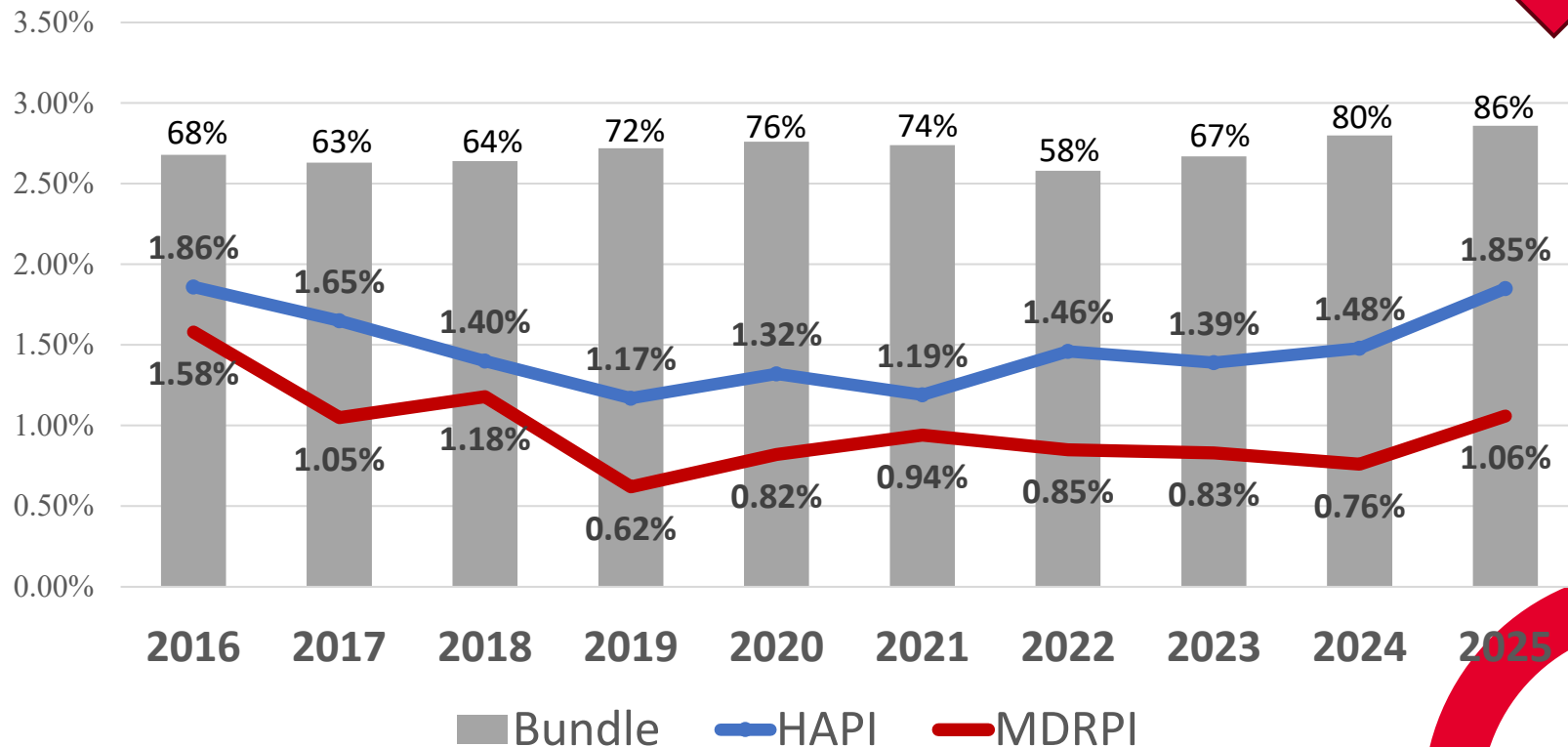
CALCULATION PRACTICE: Bundle Compliance

DATA

- Census: 270
 - Assessed: 269
 - Excluded: 1
- Pressure Injuries $\geq$ Stage 2
 - 5 HAPIs on 3 patients
 - 3 HAPIs on 2 patients were caused by medical devices
- At-risk patients: 60
 - Compliant bundles: 47



Yearly Aggregated Prevalence Data



SKIN CARE NPG

[Link to Skin Care NPG](#)



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Questions?



Key Takeaways



Share 1-2 things

you learned in today's
course that will improve
your care

How to Claim CE Credit

Skin Team Introduction Course

October 14, 2026

1. Submit the **attendance code ZOQSOG** by:
 - Texting to **301-273-7643**, or
 - Entering **online** at ce.childrensnational.org/code
2. Complete the Evaluation
3. Download CE Certificate

Credit may be claimed up to 60 days from the date of the live event.

Creating a CE Learner Account

(First-Time Users)

To claim continuing education (CE) credit, you must have a CE Learner Account.

Steps to Create Your Account:

1. Visit ce.childrensnational.org
2. Click “**Sign In**” in the upper right-hand corner
3. Select one option:
 - **Single Sign-On** (Children's National employees), or
 - **Create a Guest Account** (non-Children's National participants)
4. Complete all required profile fields (marked with a red asterisk)
5. Click “**Create New Account**” to finish

Important: Register Your Mobile Number *(Required to link your attendance code)*

1. From **My Account**, select the **Edit** tab
2. Click the **Mobile** tab
3. Enter your **mobile phone number** (*numbers only—no dashes, parentheses, or spaces*)
4. Click **Save**

Email any questions to ce@childrensnational.org

