Knowledge test Pressure injuries in adult patients in intensive care

360° ZORG EN WELZIJN HO GENT

1. Socio-demographic data

Country: ……

Gender

☐ Men ☐ woman ☐ other/x

Age

☐ 21 - 30 year ☐ 31 - 40 year ☐ 41 - 50 year ☐ >50 year

Employment status

☐ Halftime ☐ part time ☐ fulltime

How long have you been working as a nurse?

☐ <1 year ☐ 1 - 5 year ☐ 6 - 10 year ☐ > 10 year

How long have you been working as an ICU nurse?

☐ <1 year ☐ 1 - 5 year ☐ 6 - 10 year ☐ > 10 year

Do you have a post-graduate degree in intensive care or a comparable ICU-specific professional qualification?

☐ Yes ☐ No

Type of ICU

Surgical ICU, more specifically:

☐ cardiac surgery ☐ trauma ☐ burn center ☐ transplant
☐ mixed surgical ICU

Medical ICU, more specifically:

☐ cardiovascular ☐ coronary ☐ neurologic ☐ respiratory
☐ mixed medical ICU

☐ Mixed medical/surgical ICU

☐ Other type of ICU, more specifically ……...

Type of hospital (1)

☐ University center ☐ Non-university center

Type of hospital (2)

☐ Private hospital ☐ Public hospital

How long ago was your last training on pressure injuries?

☐ < 6 months ☐ 6 months–1 year ☐ 1–5 years ☐ > 5 years ☐ never followed

Have you participated in a study on pressure injuries in the past six months?

☐ Yes ☐ No

Is there a pressure injury prevention protocol in your ICU?

☐ Yes ☐ No

2. Knowledge test

A. Epidemiology

1. Which parts of the body are most affected by pressure injuries in ICU patients?
   - ☒ Sacral region, heels and hips.
   - ☐ Sacral region, heels, and shoulder blades.
   - ☐ Sacral region, heels, and ears.
   - ☐ I am not sure.

2. The prevalence of pressure injuries in ICU, including Stage 1, is……
   - ☐ 5% - 15%
   - ☒ 16% - 25%
   - ☐ > 25%
   - ☐ I am not sure.

3. In ICU patients, what percentage of all pressure injuries are located at the sacral region?
   - ☐ 1% - 24%
   - ☒ 25% - 50%
   - ☐ 51% - 75%
   - ☐ I am not sure

B. Etiology

4. What are pressure injuries?
   - ☒ Damage to the skin and/ or the underlying tissue due to pressure and/ or shearing forces.
   - ☐ Damage to the skin and/or the underlying tissue due to pressure and/ or shearing forces or chronic exposure to friction.
   - ☐ Damage to the skin and/ or underlying tissue due to pressure and/ or shearing forces or to chronic exposure to urine and/or faeces.
   - ☐ I am not sure.

5. A direct cause of pressure injuries is…..
   - ☐ Skin maceration.
   - ☒ Oxygen deficiency in the tissues.
   - ☐ Protein deficiency.
   - ☐ I am not sure.

6. A mechanically ventilated patient in semi-fowler position slides down the bed. Which statement is correct?
   - ☐ Pressure increases, causing the skin to stick to the mattress.
   - ☐ Friction increases, causing the skin to stick to the mattress.
   - ☒ Shear increases, causing the skin to stick to the mattress.
   - ☐ I am not sure.

C. Prevention

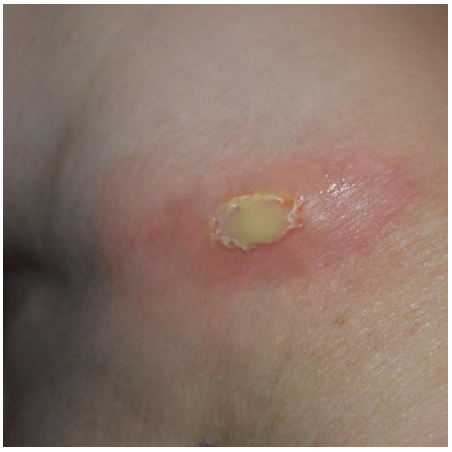
7. How often should ICU patients be repositioned to prevent pressure injuries?
   - ☐ Every 2 hours.
   - ☐ Every 3 hours.
   - ☒ There is no general recommendation.
   - ☐ I am not sure.

8. Which mattress is recommended for pressure injury prevention in high-risk patients?
   - ☐ Alternating mattress.
   - ☐ Low-airloss mattress.
   - ☒ There is no general recommendation.
   - ☐ I am not sure.

9. What measure is recommended to prevent pressure injuries on the heels?
   - ☐ Specific heel prevention is unnecessary in case of adequate repositioning.
   - ☐ A foam cushion under the heels.
   - ☒ Floating heels.
   - ☐ I am not sure.

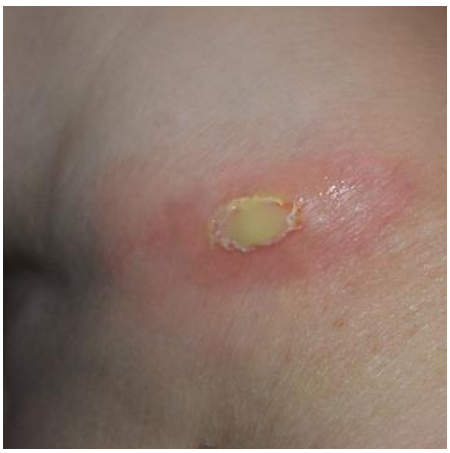
D. Classification

10. What is this?



☐ Stage I pressure injury.
☐ Stage II pressure injury.
☒ Stage III pressure injury.
☐ Stage IV pressure injury.
☐ Unstageable pressure injury.
☐ Suspected Deep Tissue Injury.
☐ This is not a pressure injury.
☐ I am not sure.

11. What is this?



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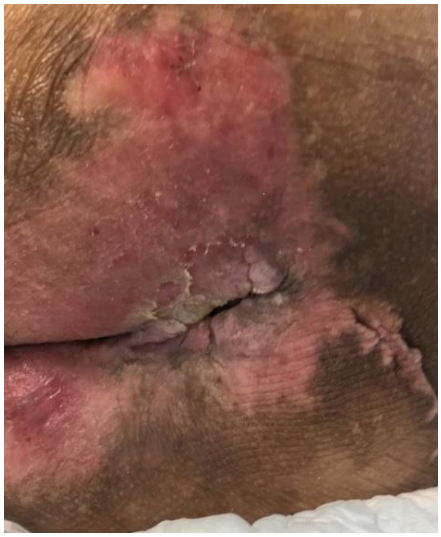

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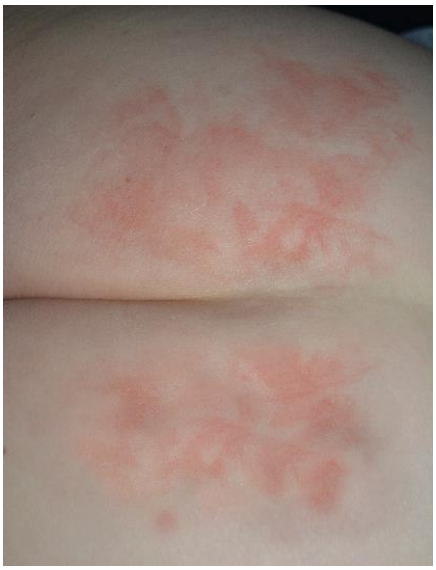

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☐ Unstageable pressure injury.
☐ Suspected Deep Tissue Injury.
☒ This is not a pressure injury.
☐ I am not sure.

14. Pressure injuries limited to the dermis are classified as …

☐ Stage I pressure injury.
☒ Stage II pressure injury.
☐ Stage III pressure injury.
☐ Stage IV pressure injury.
☐ Unstageable pressure injury.
☐ Suspected Deep Tissue Injury.
☐ I am not sure.

E. Risk factors and risk assessment

15. There is a strong association between the presence of non-blanchable erythema and the development of additional pressure injuries.

☒ This is correct for all patients.
☐ This is only correct for patients on vasopressors.
☐ This is not correct.
☐ I am not sure.

16. In ICU patients, medical device-related pressure injuries are mainly caused by …

☐ Non-invasive mask ventilation.
☒ Nasal oxygen delivery.
☐ Oral endotracheal intubation.
☐ I am not sure.

17. In decisions regarding the choice of preventive measures, the outcome of a risk assessment scale is…

☐ decisive; the outcome of the scale determines the measures.
☒ indicative; the outcome of the scale together with the clinical context determine the measures.
☐ negligible; the outcome of the scale is purely informative.
☐ I am not sure.

18. Compared to fair-skinned patients, the literature reports fewer Stage I pressure injuries in dark-skinned patients because in dark-skinned patients these injuries….

☐ occur less quickly.
☒ are less quickly detected.
☐ progress more quickly to a deeper injury.
☐ I am not sure

19. Of 100 ICU patients with the worst possible score on a pressure injury risk assessment scale, 95% effectively have a pressure injury.

☐ This is correct.
☐ This is only correct for mechanically ventilated patients.
☒ This is not correct.
☐ I am not sure.

F. Wound care

20. The application of soft multilayer silicone foam dressings to areas at risk of developing a pressure injury is …

☒ recommended as soon as a patient is admitted to the ward.
☐ recommended as soon as non-blanchable erythema is detected.
☐ not recommended because these dressings exert extra pressure.
☐ I am not sure

21. Debriding a hard, black necrotic crust on the heel is….

☐ always recommended.
☒ recommended if local infection is suspected.
☐ never recommended.
☐ I am not sure.

22. In Stage II pressure injuries with delayed healing, use of a local antiseptic is…..

☒ always recommended.

☐ recommended in case of clinical signs of infection.
☐ never recommended.
☐ I am not sure.

G. Skin care

23. What type of skin cleanser is recommended to maintain skin integrity?
    ☐Alkaline cleansers
    ☒ pH-neutral cleansers.
    ☐ Acidic cleansers.
    ☐ I am not sure.

24. Vigorously rubbing skin at risk for pressure injury after applying a moisturizer is …
    ☐ Recommended as it enhances blood flow.
    ☐ Recommended as tis enhances infiltration of the product in the skin.
    ☒ Not recommended as it has the potential to damage tissue.
    ☐ I am not sure.