Assessing Use of a "Do Not Turn" Order for Unstable Patients in the ICU

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Background

- Hospital Acquired Pressure Injuries (HAPI) affect nearly 2.5 million patients and cost upwards of $11 billion yearly
- HAPI occurs more frequently in the Intensive Care Unit (ICU) than other hospital settings due to:
  - Progressed disease states
  - Neurologic, metabolic, and hemodynamic changes
  - Use of vasopressor medications
- ICU patients on bedrest, completely immobile, or medically paralyzed are at increased risk for pressure over bony prominences leading to skin injury
- Scheduled turning of patients helps decrease the incidence of HAPI
- Respiratory and hemodynamic instability are perceived as barriers to turning, leading to implementation of "Do Not Turn" orders

Problem

- To reduce the risk of HAPI, incremental repositioning of immobile patients was implemented every two hours in one ICU of a large urban medical center
- If clinical instability is observed during turns a request is made for a provider "Do Not Turn" order
- However, no established guidelines exist for obtaining or discontinuing a patient "Do Not Turn" order
- During Fiscal Year 2019, 3 of the 17 HAPI injuries occurring on the unit were attributable to lack of clear criteria for the discontinuation of a "Do Not Turn" order
- Management recommended examining this problem in detail to inform the development of guidelines for turning unstable patients

Purpose

- To determine nurses' rationale for initiating and discontinuing a "Do Not Turn" order
- To assess receptivity of nursing staff to implementing a standardized process for turning unstable patients

Methods

Design

Survey methodology using REDCap (Research Electronic Data CAPture)

Participants and setting

- Registered nurses employed in one 28 bed medical ICU at a large urban medical center
- Recruitment:
  - Flyers announcing survey placed in breakroom, locker room, and conference room
  - Introduced at morning and evening huddles Nurse unit director announced in weekly unit email

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Methods, contd.

Measure

14-item questionnaire developed based on literature review and discussions with key unit stakeholders (unit leadership, a Clinical Nurse Specialist, Skin committee)

- Items covered:
  - Years of nursing experience (2 items)
  - Rationale for initiating a "Do Not Turn" order (7 items)
  - Rationale for discontinuing a "Do Not Turn" order (2 items)
  - Perceived consequences of not turning patients (2 items)
  - Need for practice change (1 item)
- Key unit stakeholders reviewed the final survey to provide face validity

Procedures

- Surveys distributed to all medical ICU nurses via e-mail using the medical center unit list server provided by unit leadership
- E-mail reminders sent every four days for three weeks to all non-responders

Results

59 (60%) of the 98 RNs employed in the medical ICU responded

- Years practice as RN: average 6.6 years, range 1.5 to 23 years
- Years work in ICU setting: average 5.1 years, range < 6 months to 17 years

Rationale for Initiating a "Do Not Turn" order (n=59)	n	(%)
Rationale for not turning patients		
Significant drop in O_2 saturation	56	(94.9)
Patient might code if turned	53	(89.8)
Significant drop in MAP	52	(88.1)
Receiving comfort care	37	(62.7)
Patient or family refuses	25	(42.4)
"Do Not Turn" order in chart	24	(40.7)
Patient is on three vasopressor medications	7	(11.9)
Number of attempts made to turn patient prior to determining patient too unstable to turn		
1 turn	6	(10.2)
2 turns	42	(71.2)
3 turns	11	(18.6)
Top reasons for requesting a "Do Not Turn" order		
To protect patient from harm	52	(88.1)
Concern for nurse's liability	41	(69.5)
Other	3	(5)
Ever made decision to not turn patient without "Do Not Turn" order	39	(66.1)
Ever experienced fear of causing harm or death by turning patient	49	(83.1)
Perceived maximum amount of time for BP and O_2 recovery before initiating "Do Not Turn" order		
30 seconds	4	(6.8)
1 minute	22	(37.3)
5 minutes	19	(32.3)
10 minutes	7	(11.9)
Unsure	7	(11.9)
Number of "Do Not Turn" orders requested in last year, M (SD)	1.46	(1.75)

- Two of the top three reasons for not turning patients were based on objective health measures
- Majority of nurses determined a patient is too unstable to turn after 2-3 attempts
- Over half of nurses requested a "Do Not Turn" order to protect their liability
- 83% of nurses have feared harming a patient when turning
- 68% of nurse requested at least one "Do Not Turn" in the prior year

Results, contd.

Rationale for Discontinuing a "Do Not Turn" order (n=59)	n	(%)
How often should nurse re-assess / attempt to turn patient following "Do Not Turn" order		
Every 2 hours	23	(39.7)
Every 4 hours	23	(39.7)
Once per shift	10	(17.2)
Only when "Do Not Turn" is discontinued by provider	2	(3.4)
Care plan when patient has not been turned due to instability		
Re-assess patient's ability to be turned	58	(98.3)
Attempt micro-turns if patient cannot tolerate full turn	46	(78)
Check for or request "Do Not Turn" order	32	(54.2)
Attempt to turn patient every 2 hours	19	(32.2)
Avoid turns without re-assessment	4	(6.8)

- Majority of nurses periodically assess the patient's ability to tolerate turning without waiting for a "Do Not Turn" order to be removed by the provider

Perceived consequences of not turning patients (n=59)	n	(%)
Believe HAPI which occur with "Do Not Turn" order are unavoidable	41	(69.5)
Consequence of not turning patient		
Patient develops HAPI	32	(54.2)
Further deconditioning from lack of movement	19	(32.2)
Legal implications related to preventable patient injury	4	(6.8)
Increased cost to unit / hospital	3	(5.1)
Need to report safety event	1	(1.7)

- Most nurses believed not turning a patient has detrimental consequences for the patient

Need for Practice Change

- 77.6% of the nurses believed there should be a more standardized process to address the issue of turning unstable patients

Conclusions and Recommendations

- A need exists for standardized turning guidelines for unstable patients
- A surprising finding was the large percentage of nurses who experience fear of harming patients with turning
- Findings suggest guidelines should address: appropriate assessment prior to initiating a "Do Not Turn" and for reassessment of patients with a "Do Not Turn"
- Nurses were open to practice change related to this complex topic
- Study findings along with a literature review informed the development of preliminary recommendations for a guideline to turning unstable patients in the ICU