Saving Face
Strategies to avoid skin breakdown during NIV

Hospital Respiratory Care
Education Department
August 02, 2011
Focal areas

NIV Complications

Patient Assessment

Wound Reduction
Noninvasive ventilation

“There is arguably more evidence to support the use of noninvasive ventilation (NIV) than any other practice related to the care of patients with acute respiratory failure”¹

NIV can also be associated with skin breakdown, leading to formation of hospital-acquired pressure sores

¹Hess, D.; Patient –ventilator interaction during noninvasive ventilation. Respir Care 2011;56(2):153:165
Incidence of skin breakdown

• “Among the adverse effects of mask ventilation, skin breakdown, which occurs at the site of mask contact even after only a few hours of ventilation, is a frequent complication, ranging from 2-23%”\(^1\)

• “In one study, where patients were continuously ventilated with a face mask for more than 48 hours, this percentage reached 70%”\(^1\)

CMS reimbursement changes

- CMS classified Stage III and IV pressure ulcers as a preventable Hospital Acquired Condition (HAC)\(^1\)
- No longer reimbursed by current insurance guidelines\(^1\)
- Focal topic at the 2011 National Pressure Ulcer Advisory Panel (NPUAP) Meeting\(^1\)

\(^1\)http://www.cms.hhs.gov
Pressure ulcers

- Localized areas of tissue necrosis
- Develop when soft tissue is compressed between a boney prominence surface for an extended period of time

Most common on bridge of nose

Extreme cases involve surrounding areas
Pressure tolerance

- Shearing forces cause stretching, kinking, and tearing in the subcutaneous tissues leading to deeper tissue necrosis
- Compressive pressure should be < diastolic BP
  - Secondary goal is < capillary BP (32-45 mmHg)
  - Duration of pressure exposure is extremely important
  - Pressure increases markedly over bony prominences

DeFloor, T. The risk of pressure sores: a conceptual scheme; Jour of Clin Nursing 1999;8:206-216
Skin anatomy and physiology

- Epidermis
  - The outer layer of skin sheds every 21 days
- Dermis
  - Contains nerve endings, blood vessels, oil glands, and sweat glands
  - It also contains collagen and elastin
- Hypodermis
  - The subcutaneous tissue is a layer of fat and connective tissue that houses larger blood vessels and nerves
Pressure ulcer - Stage 1

• Intact skin with non-blanchable redness
• A change in the skin temperature (warm or coolness)
• Tissue consistency (firm or boggy feel)
• And/or sensation (pain or itching)
Pressure ulcer – Stage 2

- Partial thickness loss of skin involving epidermis and/or dermis
- Presents as an intact or open serum filled blister or shallow crater
Pressure ulcer – Stage 3

- Full thickness tissue loss involving damage to or necrosis of subcutaneous tissue
- May extend down to, but not through, underlying fascia
- Presents as a deep crater which may include undermining or tunneling

[Image of a deep crater with necrosis of subcutaneous tissue]

www.npuap.org
Pressure ulcer – Stage 4

- Full thickness tissue loss with extensive destruction
- Exposed bone, muscle or tendon
- Some slough or eschar may be present

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Initial assessment

- All patients should be assessed for skin integrity on admission
- Assessment of risk factors for HAPU should also be determined on admission and prior to NIV initiation
  - Braden scale
- Relative risk should determine monitoring frequency and prevention strategy
Assessment and documentation

- **Risk assessment** before starting NIV
- **Assess** all potential areas for redness that could be impacted by respiratory devices
- **Assess** redness or open wounds; report findings to the primary registered nurse
- **Document** on the respiratory flow sheet or the treatment plan if a wound or red area is present
- **Document** off-loading and/or implementation of protective devices
INITIATE BIPAP BUNDLE

Notify Supervisor
and remove
from service.

Apply Alternative Bipap Masks
- Total Face Mask
- Gel Face Mask
- Alternate between Total + full Masks Q4.

Skin Integrity Risk Assessment
1. Check for redness, tearing, discoloration, breakdown, etc.
   a. If present notify RN/ wound care.
2. Document Findings and Individual notified.

Skin Breakdown Risk Factors
Should any of the following criteria apply the patient is at HIGH RISK
☐ Vasopressors
☐ Chronic steroid therapy
☐ fragiles or edematous skin on face

OR

A patient who has any FOUR of the following criteria should be considered HIGH RISK:
☐ Malnutrition
☐ 60yo
☐ DM
☐ Anatomical factors (Bony prominences)
☐ Dehydration
☐ Dialysis
☐ Current skin breakdown elsewhere on body
☐ DNR
☐ Restraints
☐ COPD
☐ Neurological Impairment
☐ Braden Scale 18

MD ORDER FOR BIPAP

Huddle with Nursing

1. Perform Subsequent Skin Assessment/document (Q2).
2. Perform Appropriate Mask Sizing + documented
3. Perform Exhalation Port Test.
4. Apply Facility Approved protective foam dressing.
5. Perform/Assess Mask Leak.

Subsequent Skin Assessments
1. Remove or lift protective foam dressing.
2. Check for redness, tearing, discoloration, breakdown, etc.
   a. If present notify RN/ Wound care.
3. Document findings and individual notified.

Pass? Go to step 3
Fail?

Proceed and monitor as indicated

Leak <10?
Adjust mask and loosen if necessary.

Leak >10 but <25?

Yes?
High Risk

No?

Initiate Standard Face Mask

Perform & Document Skin Integrity Risk Assessment

Patient Assessment
NIV Ordered

Assess skin prior to initiating therapy

Skin O.K? NO

Consider Intubation Notify RN Contract MD

NO

YES

Initiate NIV via face mask

Assess skin integrity Q4 hrs (Q 2 hrs – if at higher risk)

YES

Skin O.K?

NO

Notify RN Contact MD

YES

Convert patient to high risk assessment – Q2 hrs

Initiate NIV with alternative mask

NO

Ventilatory Support still required?

NO

Discontinue NIV

YES

NIV preferred

Intubation
Clinical considerations

• Clinicians remove and reposition masks many times per day\(^1\)
  - Mouth Care
  - Medication administration
  - Hydration
  - Mask breaks
• Select a mask that can be easily repositioned correctly

\(^1\)Hilbert et al. Noninvasive ventilation for acute respiratory failure. Quite low time consumption for nurses *Eur Respir J* 2000; 16:710-716
Choose the right mask design

Up to 50% of NIV failures are related to the mask\textsuperscript{1}

\textsuperscript{1}Nava et al. Interfaces and humidification for noninvasive ventilation; 
Respir Care 2009; 54:71-82
Mask selection considerations

- Estimated length of use
- Compatibility with device
- Safety features
  - Quick release clips
  - Anti-asphyxiation valves
- Facial features
  - Skin condition
  - Facial abnormalities
Patient selection considerations

• Mouth breather
• Claustrophobic
• Level of consciousness
• Cooperation
• Facial structure
Mask selection considerations

- **Mask types**
  - Total face mask
  - Oro-nasal face mask
  - Nasal mask
  - Nasal prongs
- **Headgear selection**
  - Four-point straps
  - CapStrap
- **Soft, self-sealing cushions**
  - Balanced pressure on nose, chin, and forehead
- **Anti-asphyxia features**
### Airflow and pressure-related complications of NIV

<table>
<thead>
<tr>
<th>Adverse Effect</th>
<th>Remedy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasal congestion</td>
<td>Try humidification or speak to the physician for various remedies to assist with this problem</td>
</tr>
<tr>
<td>Nasal or oral dryness</td>
<td>Add humidification, nasal saline, oral/nasal hygiene, or decrease leak</td>
</tr>
<tr>
<td>Sinus or ear pain</td>
<td>Lower inspiratory pressure</td>
</tr>
<tr>
<td>Gastric inflation</td>
<td>Avoid excessive inspiratory pressures (over 20 cmH₂O)</td>
</tr>
<tr>
<td>Eye irritation</td>
<td>Check mask fit, readjust bottom headgear straps</td>
</tr>
<tr>
<td>Failure to ventilate</td>
<td>Use sufficient pressures, optimize patient-ventilator synchrony</td>
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# Mask-related complications of NIV

<table>
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<th>Adverse Effect</th>
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<tr>
<td>Discomfort</td>
<td>Check fit, adjust straps, change mask</td>
</tr>
<tr>
<td>Excessive air leaks</td>
<td>Realign mask, check strap tension, change to full face mask</td>
</tr>
<tr>
<td>Nasal bridge redness or ulceration</td>
<td>Use artificial skin, minimize strap tension, use spacer, alternate mask or use a PerforMax or Total face mask</td>
</tr>
<tr>
<td>Skin irritation or rashes</td>
<td>Use skin barrier lotion and/or topical corticosteroids, change to mask made from a different material, properly clean mask</td>
</tr>
<tr>
<td>Claustrophobic reactions</td>
<td>Try nasal mask or PerforMax or Total face mask, sedate judiciously</td>
</tr>
</tbody>
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Mask rotation practices

By rotating mask designs, the pressure points are redistributed to help prevent skin breakdown.
Summary - Helping prevent pressure ulcers

• Good patient assessment is essential
  • Identify persons at risk
  • Document skin integrity on admission
• Proper mask design selection
  • Total face, oro-nasal, gel, nasal
  • Rotate designs to redistribute pressure points
• Keep mask leak no less than 7 L/min
• Skin care and early interventions
  • Use barriers as needed
• Continuing education