Spinal Cord Impairment Pressure Ulcer Monitoring Tool (SCI-PUMT)
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Problem: Spinal Cord Injury (SCI) increases the risk for an individual to develop a pressure ulcer at some point in time throughout his or her life. Medical treatment of pressure ulcers, the healing process and healing of pressure ulcers is a costly and time consuming process that inhibits an individual's quality of life.

Evidence: Development of pressure ulcers from one study indicate that 36.5% of individuals with a spinal core injury (SCI) develop pressure ulcers during the acute rehabilitation (including Stage I PU) and 39.4% of individuals with a SCI develop pressure ulcers during functional rehabilitation (Verschueren, et al.) Verschueren (2010) indicates most pressure ulcers were located at the sacrum (43%), followed by heel (19%) and ischiium (15%) and significant risk factors were associated with motor completeness of the lesion, tetroplegia, pneumonia and/or pulmonary disease, low score Functional Independence Measure (FIM) self-care, continence issues, transfers and locomotion. Note through the study that the strongest risk factor for developing pressure ulcers was having a pressure ulcer develop during acute rehabilitation phase after sustaining a spinal cord injury.

Strategy: Maintaining continuity of care in assessing and treating pressure ulcers, from admission to discharge, improves the healing process and can influence time factors and cost containment. An evidence-based Spinal Cord Impairment Pressure Ulcer Monitoring Tool (SCI-PUMT) has been developed by the Spinal Cord Injury / Disorders Services within the Department of Veterans Affairs. The SCI-PUMT is a new, validated tool, for measuring pressure ulcer healing in people with spinal cord injury.

Practice Change: Implementation of this pressure ulcer monitoring tool helps improve the quality of care provided with an interdisciplinary treatment plan between physicians and nurses by standardizing pressure ulcer treatment strategies. The SCI-PUMT also helps direct changes in the medical approach for treatment of pressure ulcers that maintains the healing process until the pressure ulcer has healed.

Evaluation: The SCI-PUMT helps direct the medical treatment of wounds through monitoring and documenting the progress of wound healing on a weekly graft. If a wound stagnates for two weeks or greater, this is an indication for the physician to address changing the treatment plan because the current treatment is not maintaining wound healing.

Results: Implementing the SCI-PUMT pressure ulcer monitoring tool is helping to maintain effective wound healing processes and contain costs through decreasing hospital stay and directing appropriate wound healing strategies to heal wounds more effectively. As a result from the impact of pressure ulcers decreasing the quality of life for patients with spinal cord injury, our patient population are having a decreased length of stay in the hospital and returning to the community with family to resume normal activities and improving quality of life.

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**Recommendations:** Maintaining accurate documentation is crucial to identifying wound healing. Each pressure ulcer is documented on weekly and is measured by nursing and physicians with the patient lying in the same position, with the upper leg flexed to provide accurate wound measurements throughout the process. It is vital to maintain accuracy in wound measurement strategies to prevent errors in the healing process. The SCI-PUMT is an evidence-based tool to help monitor the healing process when applied and implemented by all physicians and nursing staff replicating the monitoring of pressure ulcers.

**Lessons Learned:** The SCI-PUMT is an evidence-based tool to help monitor the healing process, generate data on pressure ulcer healing, and help contain the time and costs in the healing process of pressure ulcers, which will improve the quality of life for individuals with a spinal cord injury.

**Bibliography:**


