

Open. Airing

*Time to
Reassess?*

For those facilities that “open air” at night (residents rest on an underpad overnight, rather than wear a brief), new guidelines for F315 create an opportunity to reevaluate that policy. Effective June 27, 2005, the guidelines for surveyors encourage facilities to provide services promoting individualized incontinence care for residents. Because of this mandate, caregivers have to be cautious about selecting the best method of treatment for each individual within the facility. Your care decisions may have a significant impact on clinical outcomes and survey results.

Let’s look at why facilities “open air.” The most compelling reason is the concept that it promotes air circulation for better skin care. Sometimes it’s as simple as, “This is the way we’ve always done it.” Certainly, 15 years ago, before the evolution of super-absorbent disposable products, open airing was the norm. However, with the advent of highly absorbent disposable products where fluid is absorbed into the core, most facilities have moved away from the open-air model.

How does the open-air protocol fit within current standards of practice? Typically, the resident will lie on an underpad without a brief or undergarment. Common practice in this case would require the nursing assistant to check the resident for incontinence every two hours. Unfortunately, this practice may put the facility at risk for not promoting resident dignity if the resident voids ten minutes after being checked. The resident will be exposed to urine and may experience maceration and discomfort. Male residents in particular are subject to wet linen above and below.

POINT:

Our protocol is “open air.”

Our residents who wear briefs during the day have been encased in what we consider almost a complete body wrap. Even with a quality disposable product and appropriate perineal care, we feel that the heat buildup, combined with perspiration and urine, creates an environment that is not ideal for skin. We like our residents’ skin to “recover” overnight by open airing.

COUNTERPOINT:

Our protocol is “24/7 containment.”

We keep our residents in disposable incontinence products 24/7. We believe that urinating on themselves overnight exposes the residents to excessive contact with urine/fecal enzymes, discomfort, maceration of the skin, and increased bacterial growth and odor. The residents are exposed to wet linen and may tumble out of bed as they scoot away from a wet spot. Changing linens in the middle of the night disturbs their sleep and creates unnecessary laundry.

Today, due to advancements in incontinence technology, there is a wide array of innovative disposable absorbent products that can effectively manage incontinence, both day and night. If used properly, these products can:

- Keep the skin dry with higher absorbency
- Improve resident dignity
- Reduce odor
- Reduce maceration
- Reduce caregiver labor time
- Reduce laundry costs
- Improve staff morale
- Reduce acquisition cost

The bottom line is that each member of the care team must understand the new guidelines and implement measures that meet standards of practice regarding quality of care. The emphasis is on individualized care plans, not a “cookie cutter” method. Every resident should be evaluated. All options should be considered—bowel and bladder programs, disposable absorbent products,

perineal care barriers, and medications—and the best overall plan should then be implemented for each resident. There are many resources available to help you; consider the Simon Foundation at www.simonfoundation.org, or the UCLA Borun Center for Gerontological Research. www.borun.medsch.ucla.edu. And don’t forget to use your vendor partners for assistance.

Amin Setoodeh received his Bachelor of Science in Nursing degree from San Francisco State University. He speaks to nurses nationwide on the topics of incontinence management, team building, and compliance issues.