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Why and why not repositioning post-traumatic patients

Abdulaziz Alanazi

King Saud Medical City, KSA

Background: Patient repositioning is a pressure ulcer prevention procurement required for risky patients including post-trauma. However, patient repositioning is due to denial among nurses as a result of intrapersonal conflicts. Patient repositioning is required to prevent pressure ulcer, and it can lead to further harm too. This study aims to investigate the barriers and facilitators for patient repositioning with traumatized patients and purify the nature of the current intrapersonal conflicts.

Methods: Semi-structured interviewed applied to explore the nurses' perceptions of patients repositioning with six nurses in clinical settings. The study includes the emergency nurse, trauma nurse and the director of nursing in trauma services. The study got IRB approval from King Saud Medical City.

Findings: There are three themes effects on the nurse's response to do or not do the patient repositioning for the bedridden traumatized patients. A group of organizational and perception barriers which are lack of polices, the proper training and lack of turning equipment play the demotivational roles while the facilitator factors were the teamwork and the educational programs.

Conclusion: Patients repositioning phenomena with traumatized patients urgently required a revision for the current pressure ulcer prevention guidelines and the hospital's policies as well as modify the nursing education programs for further support in providing the proper patient repositioning techniques for patients post trauma. Unresolved the patient repositioning gap keep nurses in confusion condition.

aalrslani@hotmail.com