The utilization of Nasogastric Tubes/Dobhoffs (NGT/DH) for ICU patients is essential in decompressing the stomach, providing patients with nutrition, as well as administering medications. Despite the necessity of NGT/DHs, an increasing number of mucosal pressure injuries have been observed. 8ICU skin data from October 2018 - February 2019 identified 4 mucosal pressure injuries as a result of having these tubes in place. In response, the objective of this study is to examine how applying a Mepilex Lite to the nares, prior to dressing NGT/DHs, can prevent mucosal pressure injuries while also re-enforcing the current standard protocol for effective Dale Dressing techniques.

While there is a lack of evidence regarding the prevention of NGT/Dobhoff pressure injuries, multiple studies have recognized the prevalence of these types of medical device related pressure injuries in the inpatient setting. The study by Shapira-Galitz, et al.6 discovered that there is a higher risk of pressure injuries from nasogastric tubes in the ICU setting, and Coyer et al.3 noted that nasogastric tubes are the cause of most medical-device related pressure ulcers in critical care patients. According to another study by Ambutas, Staffileno, & Fogg1, there was a significant decrease in nasogastric pressure ulcers with the use of the Dale dressing as opposed to traditional adhesive tape. In addition, studies from both Black & Kalowes2 and Kayser et al.4 discovered that using preventative measures such as padding reduces both the risk of and the intensity of said pressure ulcers.

### PURPOSE

In 8ICU patients with NGT/DH, how does the implementation of applying Mepilex Lite to patients’ nares and proper application of Dale Dressing, at insertion site of NGT/DH, compared to current practice, impact the rate of mucosal pressure injuries caused by NGT/DH during hospitalization in 8ICU?

### LITERATURE REVIEW

While there is a lack of evidence regarding the prevention of NGT/Dobhoff pressure injuries, multiple studies have recognized the prevalence of these types of medical device related pressure injuries in the inpatient setting. The study by Shapira-Galitz, et al.6 discovered that there is a higher risk of pressure injuries from nasogastric tubes in the ICU setting, and Coyer et al.3 noted that nasogastric tubes are the cause of most medical-device related pressure ulcers in critical care patients. According to another study by Ambutas, Staffileno, & Fogg1, there was a significant decrease in nasogastric pressure ulcers with the use of the Dale dressing as opposed to traditional adhesive tape. In addition, studies from both Black & Kalowes2 and Kayser et al.4 discovered that using preventative measures such as padding reduces both the risk of and the intensity of said pressure ulcers.

### PICOT QUESTION

In 8ICU patients with NGT/DH, how does the implementation of applying Mepilex Lite to patients’ nares and proper application of Dale Dressing, at insertion site of NGT/DH, compared to current practice, impact the rate of mucosal pressure injuries caused by NGT/DH during hospitalization in 8ICU?

### RESULTS AND OUTCOMES

Pre-intervention data from 1/31/2019 - 2/15/2019, showed that there was only 29% compliance of proper NGT/DH dressings. Post-intervention data from 3/7-3/19/2019 showed an increase in compliance to 35%. Additionally, no new mucosal pressure injuries developed during this time.

### CONCLUSIONS

Post intervention data demonstrates an overall significant improvement in NGT/DH related mucosal membrane injuries. Following the dissemination of the NGT/DH educational video to 8ICU nursing staff, zero redness or mucosal pressure injuries were observed. Additionally, nurse compliance with proper NGT/DH dressings and the use of Mepilex Lite increased by 6%. Although the results may not have statistical significance, these interventions demonstrate clinical benefits on 8ICU. Continued nurse education and audits, as well as ongoing collaboration with 8ICU skin champions and Wound Ostomy Contience (WOC) Nurses, can ensure compliance to the interventions and identify further improvements to decreasing NGT/DH mucosal pressure injuries.

### REFERENCES