

Too Unstable to Turn (TUtT)

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What was the Problem we were trying to solve?

February 2021-February 2022 Critical Care completed **38** Pressure Ulcer Triage Reports (PUTRs). These are internal investigations into the development of Category 3 or above pressure ulcers. These are presented to the Trust Harm Free Care Team where outcomes and learning are obtained

21 PUTRs highlighted learning around documentation, namely deviation from turning protocols without robust documentation to support this decision, phrases used included “Too Unstable to Turn” (TUtT)

Evidence shows us the longer the patient is left stationary between turns the higher the risk of instability on turning (Vollman 2012)

So here were the questions we needed to answer:

- What does the phrase “TUtT” mean?
- How is this decision made?
- Who makes this decision?
- Where should this be documented?
- How often should this decision be reviewed?

What did we do?

Using multiple forums we gained a consensus from the Critical Care MDT and a flowchart was designed to support optimisation of patients prior to manoeuvre, ensuring all patients who could safely be turned were.

The acronym COME DR to turn was developed

Communicate concerns with senior team

Optimise Patient

Manoeuvre

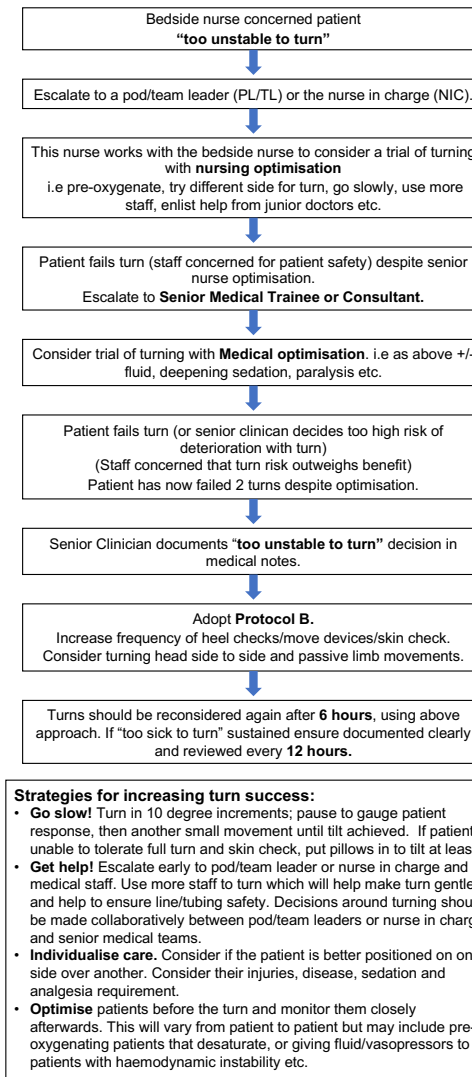
Evaluate

Document

Review

The Acronym and flowchart were shared with the Medical and Nursing teams Flowcharts were placed at nursing stations for ease of access and visibility

How to approach “too unstable to turn” patients in Critical Care



What were the findings?

The acronym was well received and recalled easily by staff. Knowledge of the flowchart was evident and was accessed when required.

5 sample cases were reviewed – in each case the use of the flowchart aided repositioning of the patient. None in the sample size were deemed TUtT following implementation of the flowchart which highlights its worth in Critical Care.

What Next?

The flowchart (currently in trial form) will be presented to Critical Care Governance with a view of becoming a permanent tool across Critical Care.

Recommendations for future work are:

- Audit review times and success – this aspect of the flowchart was not evidenced in the initial trial.
- TUtT-2 (Too Unstable to Touch) this will focus on those patients who we are unable to turn to ensure all possible skin checks are adhered to.