

Pressure Injury Prevention - Repositioning and support surfaces for people in bed

Repositioning in bed

Repositioning and early mobilisation are important components in pressure injury (PI) prevention. Extended periods of lying on a particular part of the body and failure to redistribute the pressure on the body surface, can result in tissue damage.

It is important to teach individuals who can provide some or all their own pressure relief to reposition correctly. Support individuals who need assistance to reposition off bony prominences.

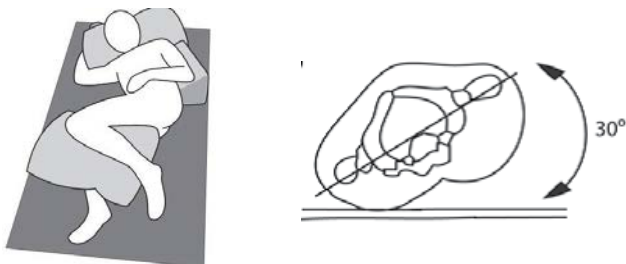
Based on the identified risk factors, reposition using an individualised repositioning schedule, unless contraindicated

Determine the frequency of repositioning considering the individuals:

- Level of activity and mobility
- Ability to independently reposition
- Skin and tissue tolerance
- General medical condition
- Overall goal of care and treatment objectives.

Reposition individuals to relieve pressure using slide sheets to reduce friction and shear (up the bed and laterally across the bed).

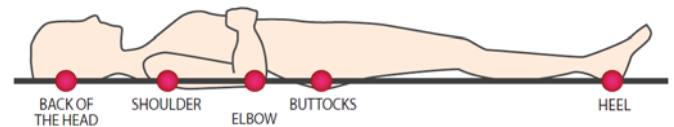
Use the 30° lateral side lying position in preference to the 90° side lying position for improved pressure relief and comfort, use offloading devices to maintain the position e.g. a wedge or pillow.



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Keep the head of bed as flat as possible. Sit out of bed for eating where possible and limit the time of sitting upright in bed for eating. Reposition off the sacral area after eating.

Reposition to optimise pressure relief over bony prominences.



Use reminder strategies to prompt repositioning.

Assess the skin at each position change to assess the effectiveness of the repositioning schedule.

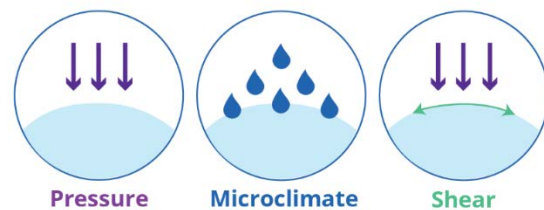
Support Surface

Support surfaces are an important element in PI prevention and management, they provide an environment that enhances perfusion of at risk or injured tissue.

No one support surface will provide complete pressure relief. Support surfaces alone neither prevent nor heal pressure injuries, but do play a significant role in an individualised comprehensive prevention management plan

Consider repositioning and early mobilisation as part of the decision-making process for the selection of the support surface

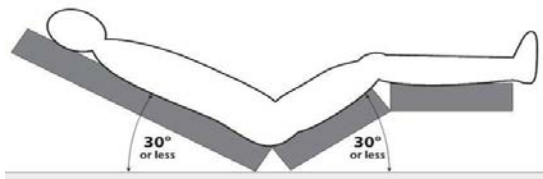
When selecting a mattress to meet the individual's needs for pressure redistribution consider:



Graphic courtesy of Permobil

Their level of immobility and inactivity

- The need to influence microclimate control
- Reducing or eliminating layers between the mattress surface and the person's skin
- The need to influence shear reduction, use power functions of the bed to limit sliding down the bed, raise knee bend to 30° or less before raising head to 30° or less



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- The size and weight of the individual, ensure the bed surface area is wide enough to allow turning without contacting bed rails
- The number, severity and location of existing PI, when a patient cannot be positioned off the PI or has PI on 2 or more turning surfaces, consider changing to a specialty support mattress.

Complete regular reviews of support surfaces for effectiveness and document in the care plan

Offloading Heels



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The heel is a vulnerable area to pressure damage due to factors such as the heel anatomy, disease burden, comorbid conditions, and the ageing process.

Heels can be exposed to shear and pressure when repositioning, use the knee bend bed function to reduce heel pressure and shear.

Complete:

- Regular visual heel assessments (remove socks or stockings) and use a mirror as an aid



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- Vascular status checks
- Hand checks under the heel to ensure the heel remains offloaded from the mattress.

For heels at risk of PI development, Stage 1 or Stage 2, elevate the heel with a suspension device/pillow to offload the heel completely, redistribute weight along the calf without placing pressure on the Achilles tendon and popliteal vein.

For Stage 3, Stage 4, Unstageable and Suspected Deep Tissue heel PI elevate the heel with specifically designed heel suspension device to offload the heel completely, redistribute weight along the calf without placing pressure on the Achilles tendon and popliteal vein.

Consider using prophylactic dressings alongside heel offloading.

Reference

European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline. The International Guideline. Emily Haesler (Ed). EPUAP/NPIAP/PPPIA: 2019