SUPPORT SURFACES AND POSITIONING

American Medical Technologies

Irvine, CA
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Objectives

• Describe accepted positions to properly redistribute pressure

• Recognize the different groupings of support surfaces, their intended use and possible effects on wound dressing selection
Components of Pressure Ulcer Development:
1. Pressure Duration
2. Pressure Intensity
3. Tissue Tolerance
MANAGING TISSUE LOADS

• Support surfaces: one of the major ways to manage pressure, friction, and shear
  – Used on beds, chairs, exam tables, OR tables
• Should be combined with other interventions
  – Positioning devices
  – Pressure relief for the heels
  – Side lying positions
  – Bed positioning
  – Chair positioning
  – Lifting devices
  – Positioning schedule
REPOSITIONING FREQUENCY

Frequency of repositioning: influenced by several variables

• Tissue tolerance
• Level of activity or mobility
• General Medical Condition
• Overall Treatment Objectives
• Assessments of skin condition
REPOSITIONING TECHNIQUES

- Avoid pressure / shear forces
- Use transfer aids
- Lift—don’t drag
- Avoid positioning directly on medical devices
- Avoid positioning on bony prominences with existing pressure ulcers or non-blanchable erythema
- Continue to turn and reposition regardless of support surface used
- Do not use ring- or donut-shaped devices
- Do not apply heating devices
REPOSITIONING TECHNIQUES

• Use 30-degree tilted side-lying position
  – alternately; right, back, left side
• Prone if individual can tolerate;
  – medical condition allows
• Avoid postures that increase pressure
  – 90-degree side-lying
  – Semi-recumbent
REPOSITIONING TECHNIQUES

• Sitting in bed
  – Avoid head-of-bed elevation
  – Avoid slouched position
    • places pressure and shear on the sacrum and coccyx
• Limit head-of-bed elevation to 30 degrees
  – resident on bed-rest
  – unless contraindicated by medical condition
SEATED CONSIDERATIONS

• Select posture acceptable for the resident
• Posture that minimizes pressures and shear
• Place the feet on footstool or wheelchair footrest when feet do NOT reach the floor
• Limit time spent in chair without pressure relief
HEEL CONSIDERATIONS

• Relieve pressure under heel(s) with Stage I or II PUs

• Legs on pillow to “float heels” off bed or use pressure-reducing devices with heel suspension

• Stage III or IV PU place the leg in device that elevates heel from surface of bed, completely offloading the heel
REPOSITIONING DOCUMENTATION

• Record repositioning regimes
• Frequency and position adopted
• Evaluation of outcome of repositioning regime
REPOSITIONING EDUCATION & TRAINING

- **Education**
- Role of repositioning in pressure ulcer prevention and treatment
- Training in correct methods of repositioning
WHAT IS A SUPPORT SURFACE?
PRESSURE REDISTRIBUTION

- The ability of support surface to distribute load over contact areas of body
HOW SUPPORT SURFACES WORK

• Immersion and envelopment reduce tissue stress
• Increasing the contact area between the support surface and individual’s body
• Allowing for pressure redistribution
HOW SUPPORT SURFACES WORK

• **IMMERSION** - ability of support surface to allow body sink into it
HOW SUPPORT SURFACES WORK

- **ENVELOPMENT** - ability of support surface to conform
- To fit or mold around irregularities in the body.
IDEAL
The National Pressure Ulcer Advisory Panel (NPUAP) serves as the authoritative voice for improved patient outcomes in pressure ulcer prevention and treatment through public policy, education and research.

NPUAP Announces the Release of the NPUAP EPUAP Guidelines for Pressure Ulcer Prevention and Treatment!

Order your copy now!

**Please allow 3-4 weeks for delivery**

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News

Press Release: NOT ALL PRESSURE ULCERS ARE AVOIDABLE
The National Pressure Ulcer Advisory Panel (NPUAP) is coordinating the development of a uniform terminology, test methods and reporting standards for support surfaces. The guidelines will provide an objective means for evaluating and comparing support surface characteristics. Test methods and reporting standards will improve the process of selection and procurement. Clinicians, patients and other users would benefit from having product information and test data presented in a consistent manner. In essence, standards will empower consumers. Standards will also serve as a product development guide for manufacturers and enhance quality assurance in the manufacturing process.

Who can participate

The S3I is an open process so all interested parties are invited. The success of the initiative will depend on active participation of all stakeholder groups including consumers, clinicians, researchers, scientists, healthcare providers, manufacturers, and policy makers.

To sign up for the initiative please fill out the form below:
National Pressure Ulcer Advisory Panel
Support Surface Standards Initiative

Terms and Definitions Related to Support Surfaces
Ver. 01/29/2007

Historically, support surfaces were characterized in many different ways: by Medicare B category; by design; by materials in the finished product; by pressure decreased to below 32 mmHg; and as static or dynamic. (The preceding list is not exhaustive.)

Terms such as "static" and "dynamic" refer to clearly different conditions or states of activity. In the world of support surfaces, however, the initial descriptive intent of these words changed and came to mean "non-powered" and "powered," respectively.

Other phrases applied to support surfaces have included "pressure reduction" and "pressure relief." The word "pressure" describes a force over an area. We know that a person cannot be weightless.
CMS SUPPORT SURFACE GROUPS

Group 1

Group 2

Group 3
GROUP 1

Intended for pressure ulcer prevention
GROUP 2

• Indicated for Stage III or IV PUs
• Muscle flap repair of a PU
• Multiple Stage II PUs
GROUP 3

• Indicated for Stage III or IV PUs that have not improved on a Group 2 surface
CHARACTERISTICS TO CONSIDER WHEN CHOOSING A SUPPORT SURFACE

Pressure Redistribution
Skin Moisture Control
Skin Temperature Control
CHARACTERISTICS TO CONSIDER WHEN CHOOSING A SUPPORT SURFACE

Friction  Infection Control  Flammability
SUPPORT SURFACE SELECTION

• PLEASE NOTE: Selection of support surfaces is complex and cannot be determined solely on the basis of the category/stage of the ulcer.

• NPUAP/EPUAP suggestions:
  – Consider higher-specification foam or similar non-powered pressure-redistribution support surfaces for Stage I or II PUs.
  – Position the individual off of the area(s) of suspected deep tissue injury with intact skin, Stage III, IV, and unstageable PUs.
SUPPORT SURFACE SELECTION

• NPUAP/EPUAP suggestions:
  – Beds with air-fluidized features produced better healing outcomes for Stage III and IV PUs than standard beds
  – Beds with low-air-loss features resulted in better healing outcomes for Stage III and IV PUs than foam mattresses
  – Mattresses and overlays with alternating-pressure features are recommended and used by clinicians for both prevention and treatment
SUPPORT SURFACE SELECTION

• NPUAP/EPUAP suggestions while in chair:
  – Use a pressure-redistribution cushion in the chair for individuals with Stage I or II PrUs
  – Minimize seating time and consult a seating specialist if PrUs worsen on the seating surface selected
  – Avoid seating an individual with an ischial ulcer in a fully erect posture (in chair or bed)
  – If sitting in a chair is necessary for individuals with pressure ulcers on the sacrum/coccyx or ischia, limit sitting to 3 x day in periods of 60 min or less
IN SUMMARY

• Prevention in individuals at risk should be provided on a *continuous* basis during the time that they are at risk

• Do not base selection of a support surface solely on perceived level of risk for PU development or the category/stage of any existing pressure ulcer

• Select support surface that meets resident’s needs for pressure redistribution, shear reduction, and microclimate control

• Examine appropriateness and functionality of support surfaces on *every* encounter with resident
PRESSURE ULCER MANAGEMENT

Comprehensive Care

• Nutritional Planning
• Managing Incontinence or Moisture
• Good Local Wound Care
• Repositioning
• Assessing skin and pressure points
And Finally

- Not a comprehensive educational activity on support surfaces and repositioning
- It is an overview
- NPUAP/EPUAP Pressure Ulcer Prevention and Treatment Guidelines and Support Surface Standards Initiative (S3I) for more detailed information and education
- Always, always read and follow the manufacturers instructions and recommendations for use of support surfaces and other devices used with your residents and patients
- Thank you
Review Questions

1. The 3 main components contributing to pressure ulcer development are pressure __________, pressure __________, and tissue ____________.

2. Scheduled repositioning is not necessary on a Group 2 Support Surface.  **True or False**

3. Pressure redistribution refers to:
   A. The ability of the support surface to distribute a load over contact areas of the body.
   B. The ability of the patient to shift his/her weight.
   C. The ability of the support surface to prevent pressure ulcer development.
   D. The ability of the support surface to support the weight of the patient.
For more information about this presentation or other educational activities, please contact info@amtwoundcare.com
REFERENCES


• National Pressure Ulcer Advisory Panel; Support Surface Standards Initiative; Terms and Definitions Related to Support Surfaces, Ver. 01/29/2007.