QUICK GUIDE

INNOVATIONS IN PRESSURE REDISTRIBUTION

Wounds UK

IMPLEMENTING PRESSURE REDISTRIBUTION FOR AT-RISK PRESSURE AREAS

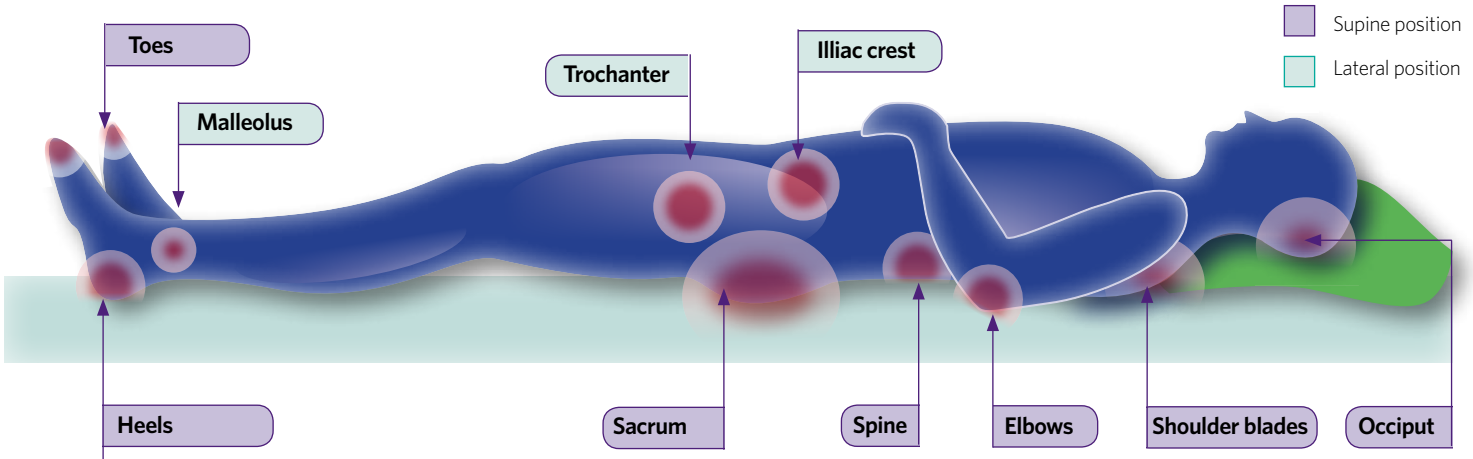
Most pressure ulcers occur over the major weight-bearing parts of the body. The **sacrum** and the **heels** are the two most common sites of ulcer development. This is because the thin layer of subcutaneous tissue between the skin and the bone provides minimal protection from the applied forces of pressure, shear and friction. Also there is often a reduced blood supply to the extremity due to comorbidities that compromise the vascular system (e.g. diabetes).

Patients should be regularly assessed for pressure damage. Check the most vulnerable areas and ✔ any of the following signs of tissue injury:

Redness/erythema	
Non-blanching persistent erythema (e.g. discolouration following light finger pressure to the area for 10 seconds)	
Pain/tenderness	
Warmer/cooler over bony prominence	
Boggy feeling	
Hardening of tissues	
Discolouration*	
Broken skin	

*In those with darkly pigmented skin, discolouration may not be visible and other indicators will be warmer/colder, hardening/oedema (boggy skin).

- Those at high risk or with early signs of pressure damage should be started on a pressure ulcer prevention programme that includes pressure redistribution
- When selecting pressure redistribution surfaces or devices, it is important to assess whether the patient is **bed bound** or **ambulatory** and **at risk** or with an **active ulcer**



Ambulatory ✓ Non-ambulatory ✓ At risk ✓

SoleSafe bed end pressure relief pad:
Designed for the prevention of bed-related plantar surface pressure injuries. This simple device can be used to protect the soles of the feet when patients slide down the bed.

Ambulatory ✓ Non-ambulatory ✓ At risk ✓

HeelSafe pressure relief pad can be used to reduce interface pressures on the heel and ankle areas. Can be used in combination with SoleSafe for maximum protection. Both can be secured using adjustable straps.

Non-ambulatory ✓ At risk ✓

FootSafe prevention boot:
Inflable boot available in 5 sizes with adjustable lower leg fastening straps.

Non-ambulatory ✓ Active ulcer ✓

FootSafe protection boot:
Can also be used in those at very high risk. Available in 5 sizes. Covered in Dartex Care 420.

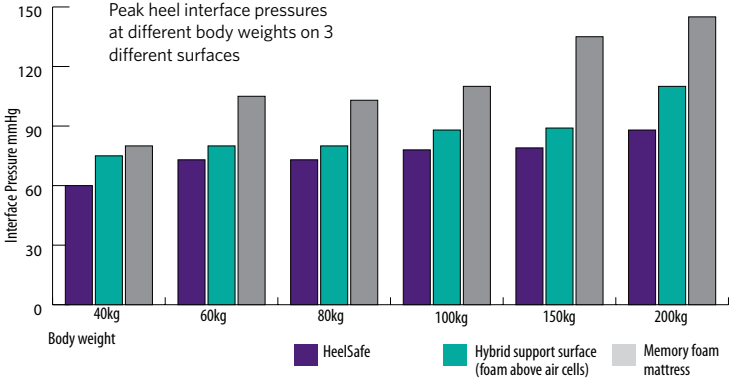
Both boots can accommodate wound dressings and have a button-fastened flap that allows for foot inspection without removing the boot.

OPTIMISING HEEL PRESSURE ULCER CARE

Offloading for prevention

- The heel is the second most common pressure ulcer location
- The posterior aspect of the heel, Achilles tendon and malleoli are at risk in patients spending longer than normal periods of time in bed
- Offloading devices to prevent heel pressure ulcers should elevate the heel completely and distribute the weight of the leg along the calf without putting pressure on the Achilles tendon
- When selecting a heel-offloading device, consider its ability to reduce pressure, shear and friction, maintain elevation of the heel and stabilise the limb. In addition, consider cleaning and infection control issues, its ability to dissipate body heat and moisture, ease of removal for inspection, availability and cost-effectiveness

Using the evidence to improve care



Summary of results at different modelled body weights. HeelSafe was shown to have the lowest peak pressures compared to the other two support surfaces

IMPROVING CARE BY DESIGN

Prolevo is a range pressure redistribution products incorporating simple design features for use in the prevention or treatment of pressure ulcers.

1 Inflatable models feature a pressure limitation valve (limits inflation automatically to 20mmHg)

2 Simple manual hand pump for rapid inflation and early implementation of equipment

3 All seams are high-frequency welded (not heat-welded or stitched) for optimal strength and improved infection control

4 Straps and button fastenings are adjustable for secure fixation and can be cleaned easily. Straps can be replaced if worn

5 The inflatable core cell and all straps and button fastenings are manufactured in antimicrobial impregnated polyurethane, allowing the products to be cleaned and used for multiple patients

6 Replaceable covers are made from Dartex Care 420 (a highly durable, four-way stretch material that can withstand hospital cleaning and disinfection)

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