



Prevention and Treatment of Pressure Ulcers: Quick Reference Guide



- 3. If sitting in a chair is necessary for individuals with pressure ulcers on the sacrum/coccyx or ischia, limit sitting to three times a day in periods of 60 minutes or less. Consult a seating specialist to prescribe an appropriate seating surface and/or positioning techniques to avoid or minimize pressure on the ulcer. (Strength of Evidence = C; Strength of Recommendation = 👍)**

Sitting is important to reducing the hazards of immobility, facilitating eating and breathing, and promoting rehabilitation. While sitting is important for overall health, every effort should be made to avoid or minimize pressure on the ulcer.

- 4. Avoid seating an individual with an ischial ulcer in a fully erect posture (in chair or bed). (Strength of Evidence = C; Strength of Recommendation = 👍)**
- 5. Modify sitting time schedules and re-evaluate the seating surface and the individual's posture if the ulcer worsens or fails to improve. (Strength of Evidence = C; Strength of Recommendation = 👍👍)**

Positioning Devices

- 1. Do not use ring or donut-shaped devices. (Strength of Evidence = C; Strength of Recommendation = 👍👍)**

The edges of these devices create areas of high pressure that may damage tissue.

- 2. The following 'devices' should not be used to elevate heels:**
- synthetic sheepskin pads;
 - cutout, ring, or donut-type devices;
 - intravenous fluid bags; and
 - water-filled gloves. (Strength of Evidence = C; Strength of Recommendation = 👍👍)

All these products have been shown to have limitations.

- 3. Natural sheepskin pads might assist in preventing pressure ulcers. (Strength of Evidence = B; Strength of Recommendation = 👍)**

Mobilization

- 1. Develop a schedule for progressive sitting according to the individual's tolerance and pressure ulcer response. (Strength of Evidence = C; Strength of Recommendation = 👍)**
- 2. Increase activity as rapidly as tolerated. (Strength of Evidence = C; Strength of Recommendation = 👍)**

Individuals on bedrest should progress to sitting and ambulation as rapidly as they can tolerate. Ambulation schedules may help offset the clinical deterioration often seen in individuals subjected to prolonged bedrest.

Repositioning Documentation

- 1. Record repositioning regimes, specifying frequency and position adopted, and include an evaluation of the outcome of the repositioning regime. (Strength of Evidence = C; Strength of Recommendation = 👍)**

Documentation provides a written record of care delivery and, as such, serves as evidence that repositioning has occurred.

REPOSITIONING TO PREVENT AND TREAT HEEL PRESSURE ULCERS

Introduction

The reduction of pressure and shear at the heel is an important point of interest in clinical practice. The posterior prominence of the heel sustains intense pressure, even when a pressure redistribution surface is used.