



What the Experts Say

Preventing Pressure Ulcers: Turning & Positioning

CLINICAL GUIDELINES PRESSURE ULCER PREVENTION

NPUAP/EPUAP Prevention Guidelines

- 1.1 Repositioning should be undertaken to reduce the duration and magnitude of pressure over vulnerable areas of the body.
- 1.2 The use of repositioning as a prevention strategy must take into consideration the condition of the patient and the support surface in use.
- 3.2 Avoid subjecting the skin to pressure and shear forces.
- 3.6 Repositioning should be undertaken using the 30-degree tilted side-lying position (alternately, right side, back, left side) ...

National Pressure Ulcer Advisory Panel and European Pressure Ulcer Advisory Panel. Prevention and treatment of pressure ulcers: clinical practice guideline. Washington DC: National Pressure Ulcer Advisory Panel, 2009:16-18.

WOCN Guideline for Prevention and Management of Pressure Ulcers

III. Interventions: Prevention

A. Reducing Risk of Developing Pressure Ulcers

- Minimize friction and shear
- Use 30-degree side lying position (alternating from the right side, the back and left side) to prevent pressure, sliding and shear-related injury.
- Minimize Pressure
- Schedule regular repositioning and turning for bed and chair bound individuals.

B. Managing Incontinence

- Select underpads ... that are absorbent to wick incontinence moisture away from the skin.

I. Education

- Educate patients, caregivers, and health care providers involved in the continuum of care about prevention, treatment and factors contributing to recurrence of pressure ulcers. Areas to be addressed should include:...positioning and use of support surfaces.

Wound Ostomy and Continence Nurses Society, Guideline for prevention and management of pressure ulcers, 2010:14-15, 21.

Hartford Institute for Geriatric Nursing (HIGN)

- Turn and position bed-bound clients every 2 hours if consistent with overall care goals.
- Use a 30-degree lateral side lying position; do not place client directly on their trochanter.

- Protect high-risk areas such as elbows, heels, sacrum, back of head from friction injury.

National Guideline Clearinghouse, available at <http://www.guideline.gov/syntheses/printView.aspx?id=16415>.

Registered Nurses Association of Ontario (RNAO)

- Reposition at least every 2 hours or sooner if at high risk.
- A 30-degree turn to either side is recommended to avoid positioning directly on the trochanter.

Registered Nurses Association of Ontario (RNAO), Risk assessment and prevention of pressure ulcers. Toronto (ON), 2005 March:32.

FRICITION & SHEAR

“Pressure ulcers are associated with four underlying causes: pressure, shear, friction, and moisture. ... Shear refers to the interaction of gravity and friction and contributes to pressure ulcer formation by causing twisting or kinking of blood vessels. ... Shear occurs when the skeleton moves, but the skin remains fixed to an external surface. It also occurs when pulling a patient from one surface to another, ... pulling a patient up in bed, or having a patient in Fowler’s position who slides down in the bed. ... Shear is a predominant cause of pressure ulcers in the sacrococcygeal area.”

Arnold M, Pressure ulcer prevention and management: the current evidence for care. AACN Clinical Issues, 2003;14(4):411-428.

Friction is defined as “force generated when 2 surfaces rub together; friction may be produced when skin surfaces rub together or when skin rubs against an incontinence containment device. Friction leads to erosion or denudation of the skin.”

Gray M, et al., Moisture vs. pressure: making sense out of perineal wounds. Presented at round table symposium 26 Aug 2006, New York, NY.

“Damp skin’s higher friction coefficient may cause the skin to adhere to bed linens and predispose to PrU development.”

Hanson H, et al., Friction and shear considerations in pressure ulcer development. Advances in Skin & Wound Care, Jan 2010:21-24.

MOISTURE

“Damage from moisture, whether from incontinence, drainage from tubes or wounds or diaphoresis, increases the person’s vulnerability to pressure ulcers.”

Joan Junkin, MSN, APRN-CNS, CWOCN; independent wound consultant and educator, Lincoln, NE, Jan 13, 2011.