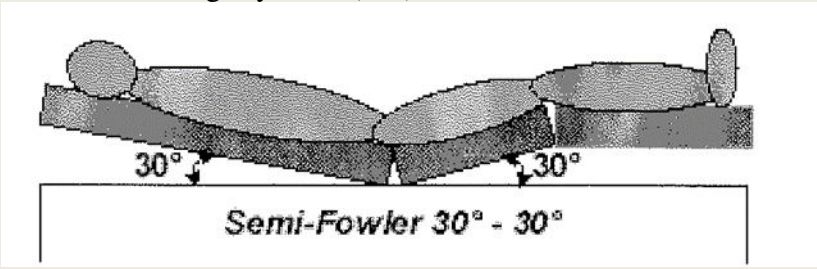
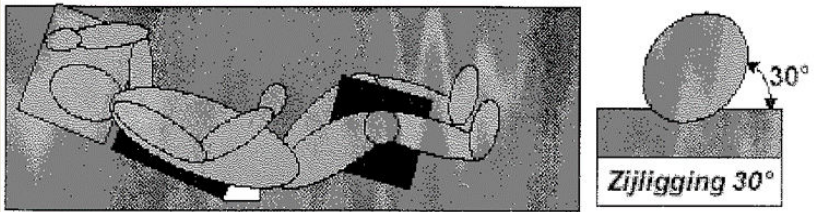


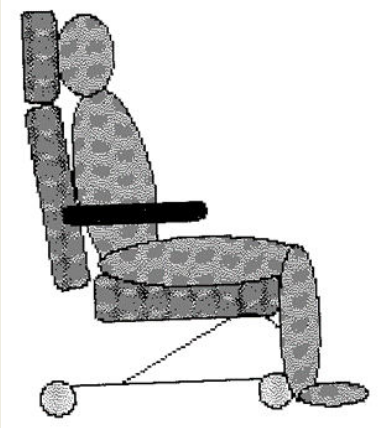
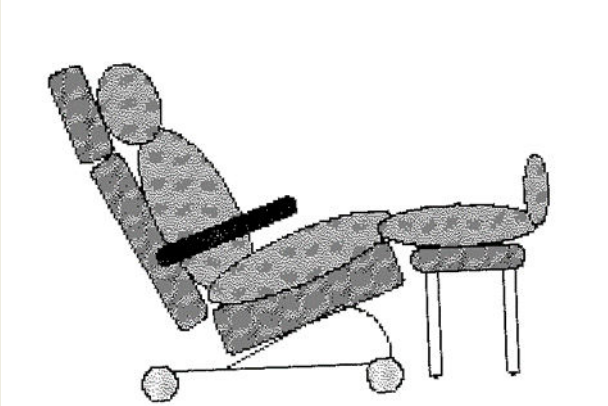
## PREVENTION PRESSURE ULCER - REPOSITIONING -

Prevention of pressure ulcers is essential to the wellbeing of (bedridden) palliative patients and constitutes one of the cornerstones of daily nursing practice. Effective prevention targets the etiology of pressure ulcers: pressure and shear forces. This results in four main principles of prevention:

- Prevention by reducing the magnitude of the pressure and shear forces.
- Prevention by reducing the duration of the pressure and shear forces
- Applying pressure-dispersing materials / tools
- Nutrition and Hydration

		Concept	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	P
<b>PREPARATION</b>						
1	Examine the patient's medical records: <ul style="list-style-type: none"> <li>• Check the report on the risk for pressure ulcers: scores of BRADEN-scale or NORTON scale<sup>1</sup></li> <li>• Validate the timetable prescribed for position change</li> <li>• Check for any contra indications to position changes</li> <li>• Check for the presence of any catheters or other devices that may complicate position changes, or that may require supplementary staff to ensure patients' safety</li> </ul>					0 4 9
2	Wash the hands or put on clean medical gloves ( <i>only in the case of tegumentary lesions of the nurses' hands or of a high infectious potential of the patient</i> ), as part of standard precautions.	<i>standard precautions</i>				0 2 5
3	Close the door and Ensure a private space for changing the position of the patient, if relevant ( <i>curtains, screen, occupied-signal etc.</i> )	YES <input type="checkbox"/> NO <input type="checkbox"/>				0 2 5
4	Rapid evaluation of the presence of vital signs ( <i>the presence of consciousness, movements, speech, breathing</i> ) <b>Hello. My name is .... I am the nurse who will change your position in bed (or in chair)</b>	<i>Vital functions preserved</i> <input type="checkbox"/> <i>cardiorespiratory arrest</i> <input type="checkbox"/> <i>(initiating medical measures - basic life support)</i> <i>- initiating the discussion</i>				0 2 5
5	<b>Could you, please, tell me what your name is.....? And your date of birth ....</b> <b>Thank you.</b>	<i>Conformity with the observations sheet for:</i> Name: <input type="checkbox"/> Date of birth: <input type="checkbox"/>	<b>ESSENTIAL</b>			
6	Put the bed in working position (appropriate height) and do the side rails down	YES <input type="checkbox"/> NO <input type="checkbox"/>				0 1 3
8	<b>I am now going to change your position, to prevent pressure ulcers</b> Pressure relief positioning needs to occur every 2hrs. Pressure relief positioning is only useful when done strictly, day and night, 7 days a week!	<i>We explain to the patient WHAT WE WILL DO</i>  <i>Tell the patient how he/she can CONTRIBUTE to the prevention</i>				0 2 5

PERFORMANCE OF POSITION CHANGE IN BED		
9a	<p>Pressure relief positioning needs to be combined with postures where the pressure is as low as possible. In practice this means that a supine position is best and a lateral position as little as possible.<sup>2</sup></p> <p>Try to avoid positions that increase the pressure, like 90° lateral position or semi recumbent position in bed as these increase the pressure.<sup>3</sup></p> <p><b><u>Position patient in supine position:</u></b></p> <p>Avoid that the head of the bed is placed higher than 30° and that the individual slumps when sitting up in the bed. The best supine position is therefore <b>semi-fowler position</b>. Here you place the head of the bed in a 30° position and make sure that the knees are slightly bend (30°)<sup>3</sup></p> 	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="text-align: right;">ESSENTIAL</p>
9b	<p><b><u>Patient in a lateral position:</u></b></p> <p>In a lateral position the patient is turned in 30° with the mattress and the back is supported with a pillow that makes an angle of 30°. It's important that the butt crack doesn't rest in the mattress. Pillows underneath the mattress don't give that effect.</p>  <p>A good scheme for pressure relief positioning is: semi-fowler position 30° - Left lateral position 30° – semi-fowler position 30° - right lateral position<sup>2</sup></p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="text-align: right;">ESSENTIAL</p>
PERFORMANCE OF POSITION CHANGE IN CHAIR		
9c	<p>The pressure in a sitting position is a lot higher than in a lying position therefore the risk on decubitus is bigger too. (distribution of pressure over a smaller surface). Pressure relief positioning therefore needs to happen while sitting and even with a higher frequency.</p> <p>How often it needs to happen has not been investigated but it is recommended to maintain an hourly frequency of pressure relief</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="text-align: right;">ESSENTIAL</p>

<p>positioning<sup>2</sup>. Limit the time of sitting up for patients with an increased risk of decubitus.</p> <p>Position a patient in a position in which he/she can perform activities with a minimal of pressure or shear for the underlying tissues. Make sure that the legs are in an angle of 90° with a maximal support for the knees when sitting up straight. Place the feet on a foot stool if they wouldn't touch the ground<sup>3</sup>.</p>  <p>When leaning back sitting make sure that the legs are supported and the heels are hovering<sup>3</sup>. As the pressure is the lowest with a leaning back sitting position, this position is preferred<sup>2</sup>.</p>  <p>The use of pressure relief pillows could, like pressure relief mattresses should have to make it possible to do pressure relief positioning less frequent. Possible pressure relief pillows are air pillows, foam pillows and gel pillows.<sup>2</sup></p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p><b>AFTERCARE</b></p>		
<p>10 Make sure the bell (or other contact system) is easy to approach</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>0 1 3</p>
<p>11 Tidy the room, open curtains, remove covers</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>0 1 3</p>

12	Turn of occupancy sign	YES <input type="checkbox"/>	NO <input type="checkbox"/>				0 1 3
13	Sign for conducting the bed bath in the patients record	YES <input type="checkbox"/>	NO <input type="checkbox"/>				0 1 3
14	Report in the patients record	YES <input type="checkbox"/>	NO <input type="checkbox"/>				0 1 3
15	Report verbally	YES <input type="checkbox"/>	NO <input type="checkbox"/>				0 1 3
<b>Total score: 50</b>		<input type="radio"/>					%
		<input type="radio"/>					%
		<input type="radio"/>					%

Legend:  - unfulfilled criterion;  – partially fulfilled criterion;  – completely fulfilled criterion

(score according to column P)

**Selective references:**

1. Pancorbo-Hidalgo PL, Garcia-Fernandez FP, Lopez-Medina IM, Alvarez-Nieto C. Risk assessment scales for pressure ulcer prevention: a systematic review. J Adv Nurs. 2006 Apr;54(1):94-110.
2. Poot E, Mintjes-De Groot J, Weststrate J, Van Der Eerden, L. & Adriaansen M. Decubitus te lijf. Handboek decubituspreventie voor verpleegkundigen. 2008, Houten: Bohn stafleu van Loghum.
3. Beeckman, D., Matheï, C., Van Lancker, A., Van Houdt, S., Vanwalleghem, G., Gryson, L., Heyman, H., Thyse, C., Toppets, A., Stordeur, S. & Van den Heede, K. Een nationale richtlijn voor decubituspreventie. Good Clinical Practice (GCP). Brussel: federaal kenniscentrum voor de Gezondheidszorg (KCE). KCE Reports 2012, 193A.D/2012/10.273/95.