HOW TO: Keep patients moving

Individuals who are immobile are at highest risk of developing pressure ulcers. This how to guide will look at how regular movement or repositioning/turning individuals will redistribute pressure and help prevent pressure damage. Repositioning is not always easy and it is important to ensure the safety of the carer as well as the comfort of the individual.

WHY IT IS IMPORTANT TO KEEP INDIVIDUALS MOVING?

Pressure ulcers can develop very quickly in individuals who are unable to move — even for a very short time. A pressure ulcer may be caused by pressure, shear, friction or a combination of these (Box 1). One of the best ways to reduce pressure over vulnerable areas can be by moving and changing positions as much as possible. Individuals who can move independently should be encouraged to move whenever possible. Less mobile patients should be positioned to minimise pressure, friction and shear. Movements can be quite small such as crossing the legs or leaning forwards in a chair.

Box 1: What causes pressure ulcers?

Most pressure ulcers appear over the major weight-bearing parts of the body. The sacrum and the heels are the two most common sites of ulcer development. Pressure ulcers are caused by three main things:

- pressure — the amount of force applied to the tissues between the bone and hard object
- shear — the layers of the skin are forced to slide over one another or over deeper tissues, causing the underlying blood vessels to become restricted, for example when a person slumps down in the bed or chair
- friction — when the surface of the skin move across another surface (eg rubbing) or slides down the bed

WHAT YOU CAN DO TO HELP INDIVIDUALS MOVE

It is important that you work with individuals to find ways to help them move around and change position.

This will include the importance of:

- Sitting and lying correctly
- Making regular small adjustments to their position
- Offloading pressure on the heels
- Using equipment correctly.

Individuals who are able to get out of their bed or chair should be encouraged to do so often. Sitting time should be restricted to less than two hours in any one period. This will reduce the amount of time spent on a damaged or at risk area. It is important to ensure the chair and cushions allow for correct distribution of weight, postural alignment and support for the feet. This may include using heel protectors, placing the feet on a footstool or using height varying cups to change the height of the chair (see centre spread).

If the individual is to remain in bed, his or her position should be changed regularly (at least every two hours). Pillows can be used to position individuals on alternate sides to avoid prolonged pressure over the bony prominence. Devices are available that assist with repositioning such as electric and non-electric profiling beds, mechanical turning devices and specialist seating.

ASSESSING AND DOCUMENTING

Any at-risk patient needs to have a repositioning chart in place, which is regularly reviewed to assess how often the patient needs to be repositioned.

Turning clocks can be used together with repositioning charts and provide a visual reminder when a change of position is due. Reposition is not always easy and your safety and patient comfort are important. When moving and handling any patient a mobility risk assessment should be performed, and if pain is an issue, that pain relief is addressed and evaluated as necessary.

How to help patients keep moving

1 Reposition or turn the patient frequently

a. Use wedge/pillow to maintain 30 degree side lying position.

b. Use a thin pillow to relieve sacral pressure.

c. Raise head of bed less than 30 degrees.

d. Ensure that you are not putting the patient into a position that will put pressure on another body part.

2 How often should patients move?

a. Patients who are able to get out of bed or their chair should be encouraged to do so whenever possible.

b. Teach patients to change position (offload) every 15 minutes – these movements need only be small but may give a significant difference in pressure.

c. For patients who need help, reposition at least every 2 hours – consider using the 30 degree tilt using pillows to position the patient correctly.

d. Reposition immobile patients in chairs at least hourly.

e. Time spent on damaged area should be kept to a minimum.

3 Tell others what you are doing

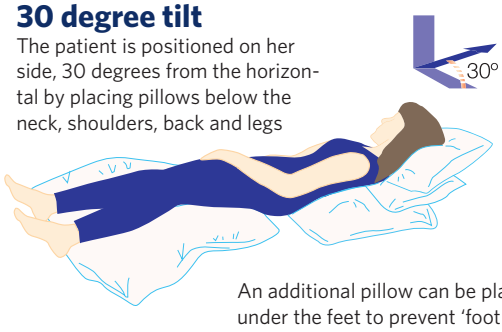
a. Document positions used and frequency of repositioning.

b. Document reasons for support surface selection.

Patients who are immobile are at highest risk of developing pressure ulcers. Regular movement or turning the patient regularly will redistribute pressure and help prevent pressure damage. Manual handling aids should be used when moving patients.

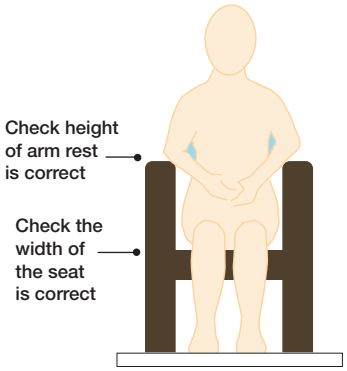
30 degree tilt

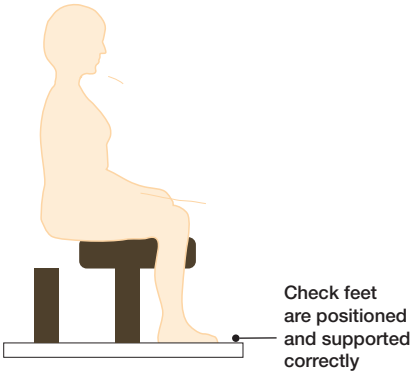
The patient is positioned on her side, 30 degrees from the horizontal by placing pillows below the neck, shoulders, back and legs



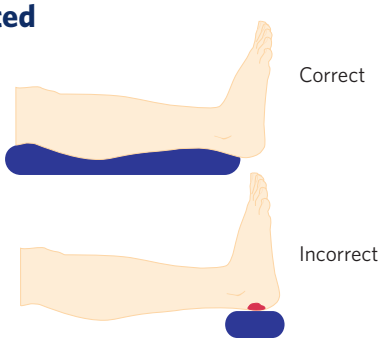
An additional pillow can be placed under the feet to prevent 'foot drop'

Correct seating position for good posture and support





Heel positioning — keep heels floated



Do's and don'ts

Do

- ✓ Place individuals in suitable positions while in bed or in a chair
- ✓ Encourage individuals to move independently whenever possible
- ✓ Use moving and handling aids to help reposition individuals who require assistance moving
- ✓ Perform regular skin inspections to check areas at risk following repositioning
- ✓ Consider the individual's comfort, dignity and functional ability
- ✓ Continue to use a suitable support surface for patients at risk or with a pressure ulcer
- ✓ Document changes in position and frequency
- ✓ Refer to physiotherapist, occupational therapist or specialist mobility services for individuals with specific mobility needs
- ✓ Plan ahead to allow for positions required as part of normal routine (e.g to be in a chair at meal times)

Do not

- × Place individuals in a position that will put pressure on another body part or does not allow them to function (e.g. to take adequate nutrition or fluids)
- × Let individuals sit in a seat for more than two hours without being repositioned
- × Leave hoist slings and sliding sheets (see page 4) under individuals after use
- × Position patients directly on a bone if at all possible. Always use the 30 degree tilt position.

GREEN

Patient is fully mobile: Encourage daily exercise with regular activities.

AMBER

Patient needs assistance: Encourage frequent repositioning to improve circulation and reduce time spent on damaged area.

RED

Patient is immobile: Reposition the patient at regular intervals. Use a repositioning chart and select an appropriate support surface.

HOW TO KEEP PATIENTS MOVING

HOW TO MOVE INDIVIDUALS SAFELY

Manual handling aids should be used when moving individuals to avoid dragging them along the mattress, which can cause tissue damage (friction and shear). It is important to know how to use any moving and handling equipment safely to minimise the risk to staff and patients/clients.

It is important to check the person's skin when altering his or her position. This can help inform the length of time between position changes and identify early signs of damage.

Moving and handling aids can help to reposition individuals who require assistance in moving. Types of moving and handling equipment available to use are:

- Sliding sheets
- Glide and lock sheets
- Hoist slings
- Lateral transfer boards
- Electrical profiling beds.

When using equipment it is important to know when and how to use it to ensure your safety and minimise the risk to the individual. Follow manufacturer's instructions or local protocols for best practice.

HOW THIS GUIDE CAN BE USED TO PREVENT PRESSURE ULCERS

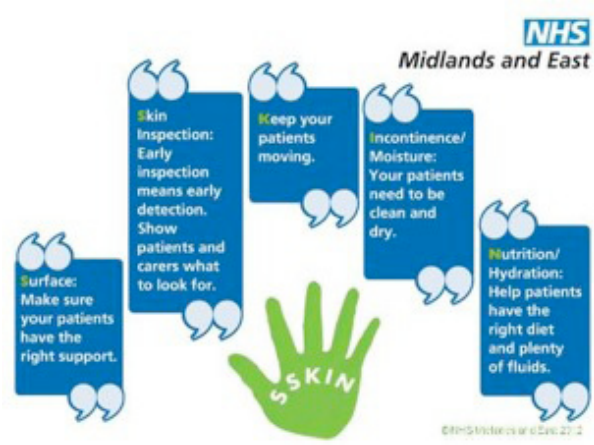
By positioning individuals correctly while in bed or seated, repositioning them regularly and/or encouraging individuals who do not require assistance to move regularly, you can reduce the risk of pressure damage to vulnerable tissues.

Regular inspection of the skin over bony prominences when assisting patients will help to inform the time period needed between position changes and to identify areas of pressure damage early (eg areas of skin that appear reddened and/or do not blanche (go white) if light finger pressure is applied (see How to guide on Keep skin healthy). Early signs of pressure damage may also be associated with higher skin temperature, localised oedema and hardening of the skin. The presence of skin blisters over bony prominences is another marker of early pressure damage.

It is important to let others know what you are doing by documenting position changes using a repositioning chart and the results of skin inspection to identify patients at risk of developing a pressure ulcer.

SSKIN Bundles

Keeping patients moving is just one step of a simple five-step care plan (called a SSKIN bundle) to ensure all patients receive the appropriate care to prevent pressure damage. This includes:



Using the Safety Cross

Using the pressure ulcer safety cross to measure incidents of pressure damage can help to raise awareness and change attitudes to pressure damage. Keep the safety cross in a public area so that everyone can see it on a regular basis. This will show how many patients have developed a pressure ulcer in the care home. It should be used to record all pressure ulcers, regardless of grade and should help to identify improvements in care and reduce the number of pressure ulcers occurring.

KEY POINTS

1. Patients should be repositioned regularly — at least every two hours
2. Movements may only need to be small
3. Where possible change of position should be planned into the daily routine.

KEY RESOURCES

- Best Practice Statement (2012) Caring for the Older Person's Skin 2012. http://www.wounds-uk-com
- How to: Pressure ulcer management (2012). http://www.wounds-uk.com/how-to-guides/how-to-guide-pressure-ulcer-management Wounds UK.
- NICE guidelines (2005) Pressure ulcer management. http://www.nice.org.uk/CG029
- SSKIN bundle. http://www.stopthepressure.com/sskin/
- Safety cross (http://www.patientsafetyfirst.nhs.uk/ashx/Asset.ashx?path=/PressureUlcers/