

International Guidelines for Pressure Ulcer Prevention and Treatment

In 2019, the NEW International guideline on pressure ulcers was issued by the European Pressure Ulcer Advisory Panel (EPUAP), the National Pressure Injury Advisory Panel (NPIAP) and the Pan Pacific Pressure Injury Alliance (PPPIA).

This international cooperation aims to develop evidence-based recommendations for the prevention and treatment of pressure ulcers, that can be used by health professionals, patient consumers and informal care givers throughout the world¹.

The list of guidelines is very broad and contains recommendations on several topics. The decision to adopt any recommendations must be made by the multidisciplinary healthcare team, in collaboration with patients and informal care givers, taking in to account available resources and the patients individual circumstances¹.

The guideline consists of five main sections, and the information in this document includes some important recommendations and good practice, within the sections that apply directly to the Frontier portfolio of solutions.



Prevention of Pressure Ulcers Skin and Tissue Assessment

The clinical observation of the patient and their skin and a full risk assessment, care planning and re-assessment, are key in estimating the risk of pressure ulcers.

- When patients at risk of pressure ulcers are newly admitted to the care service, a pressure ulcer risk screening should be conducted as soon as possible (i.e. at first contact with the health professional), and periodically thereafter.

- ✓ VERY HIGH RISK
- ✓ HIGH RISK
- ✓ AT RISK



Repose® protects patients at all levels of risk

Repose® is indicated for the treatment of all categories of pressure ulcers

Interventions for Prevention and Treatment of Pressure Ulcers

Repositioning and Early Mobilisation

Reposition all individuals with or at risk of pressure ulcers on an individualised schedule, unless contraindicated.

Guideline

5.1

Reposition all patients at risk of developing pressure damage, unless contraindicated.

Toto® is an automated lateral patient turning system, that repositions individuals evenly, smoothly and consistently, whilst effectively redistributing pressure.

Guideline

5.2

Determine repositioning frequency based on the individuals level of activity and ability.

Toto® provides tailored automatic repositioning frequencies and adaptive profiling.

Guideline

5.4

Implement repositioning reminder strategies to promote adherence to repositioning regimens.

Toto® is an automated lateral patient turning system repositioning the patient at set timed intervals, thereby removing the risk of non-adherence to repositioning regimens.

Guideline

5.5

Implement effective repositioning strategies combining optimal offloading and maximum redistribution of pressure.

Toto® provides effective peak pressure reduction and redistribution, by altering patient position.

Guideline

5.8

Use the 30-degree lateral side lying position, in preference to the 90-degree side lying position.

Toto® delivers an optimum tilt angle to ensure patient comfort and peak pressure redistribution and is designed to assist and supplement 30-degree manual patient turning programmes.

Guideline

5.11

Promote seating out of bed in an appropriate chair or wheelchair for limited periods of time.

Repose® Cushion and Repose® Care-sit provide effective pressure redistribution when sat in a static chair or wheelchair.

Guideline

5.12

Select a reclined seated position with the individual's legs elevated.

Repose® Contur provides head to heel pressure redistribution when sat in a reclining chair.

Heel Pressure Ulcers

The heel is one of the two most common anatomical sites for pressure ulcers. Ideally the heels should be free of all pressure, a state sometimes called 'floating heels'.

Guidelines

6.2 & 6.3

Completely offload the heel and ensure the weight of the leg is distributed along the calf, without placing pressure on the Achilles tendon and popliteal vein.

The Repose® range of foot care solutions provide support for the calf and complete offloading of the heel. Repose® Flex places the knee in slight flexion, reducing the pressure on the popliteal vein.

Support Surfaces

As an individual immerses (sinks) into the support surface, weight can be redistributed over a larger area. If the surface also envelops (i.e. conforms to the shape of) the individual, the pressure on the body will be more evenly distributed, especially over bony prominences – *Repose® delivers high levels of patient immersion and envelopment*².

Guideline 7.5

Use a reactive air mattress overlay for individuals at risk for developing pressure ulcers.

*Repose® is a range of reactive air pressure redistribution solutions, all with high levels of immersion and envelopment*².

Guidelines 7.8 & 7.15

Consider the use of pressure redistribution support surfaces in all areas of clinical practice.

Repose® Trolley Companion provides pressure redistribution combined with lateral transfer that accompanies the patient throughout the hospital.

Guideline 7.12

Use a pressure redistribution cushion for patients at high risk, who are seated for prolonged periods.

Repose® seating solutions provide effective pressure redistribution for patients sat in static chairs, wheel chairs and riser-recliner chairs.

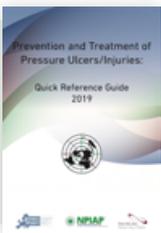
Device Related Pressure Ulcers

Pressure ulcers from medical devices are common and can cause significant morbidity in patients of all ages³.

Guidelines 8.3 & 8.4

Reduce and/or redistribute pressure under medical devices to minimise pressure and shear.

Dermisplus® Prevent redistributes peak pressures over a wider surface area, reducing the risk of pressure related tissue damage. Flexible and versatile, Dermisplus® Prevent can be used under medical devices.



Further information can be found on the EPUAP/NPIAP/PPPIA websites:

www.epuap.org
www.npuap.org
www.pppia.org

References

1. European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline. The International Guideline. Emily Haesler (Ed.). EPUAP/NPIAP/PPPIA: 2019
2. START Study reference Beckman et al. (2019) A multicentre prospective randomised controlled clinical trial comparing the effectiveness and cost of a static air mattress and alternating air pressure mattress to prevent pressure ulcers in nursing home residents. International Journal of Nursing Studies June, <https://doi.org/10.1016/j.ijnurstu.2019.05.015>
3. Holden-Mount, S. Sieggreen, M. 2015. Medical Device-Related Pressure Ulcers: Pediatrics & Adults. National Pressure Ulcer Advisory Panel downloaded from <https://www.npuap.org> on 27.03.2019

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