# PRESSURE ULCER PREVENTION AND MANAGEMENT- THE ROLE OF OT

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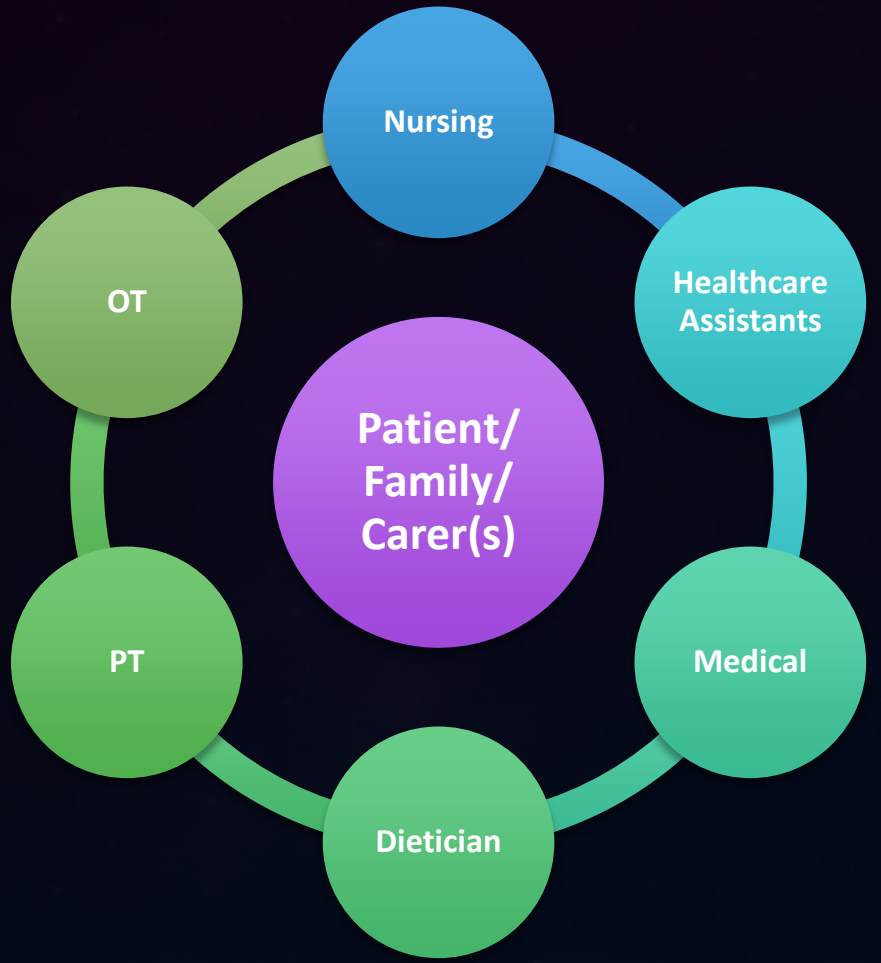
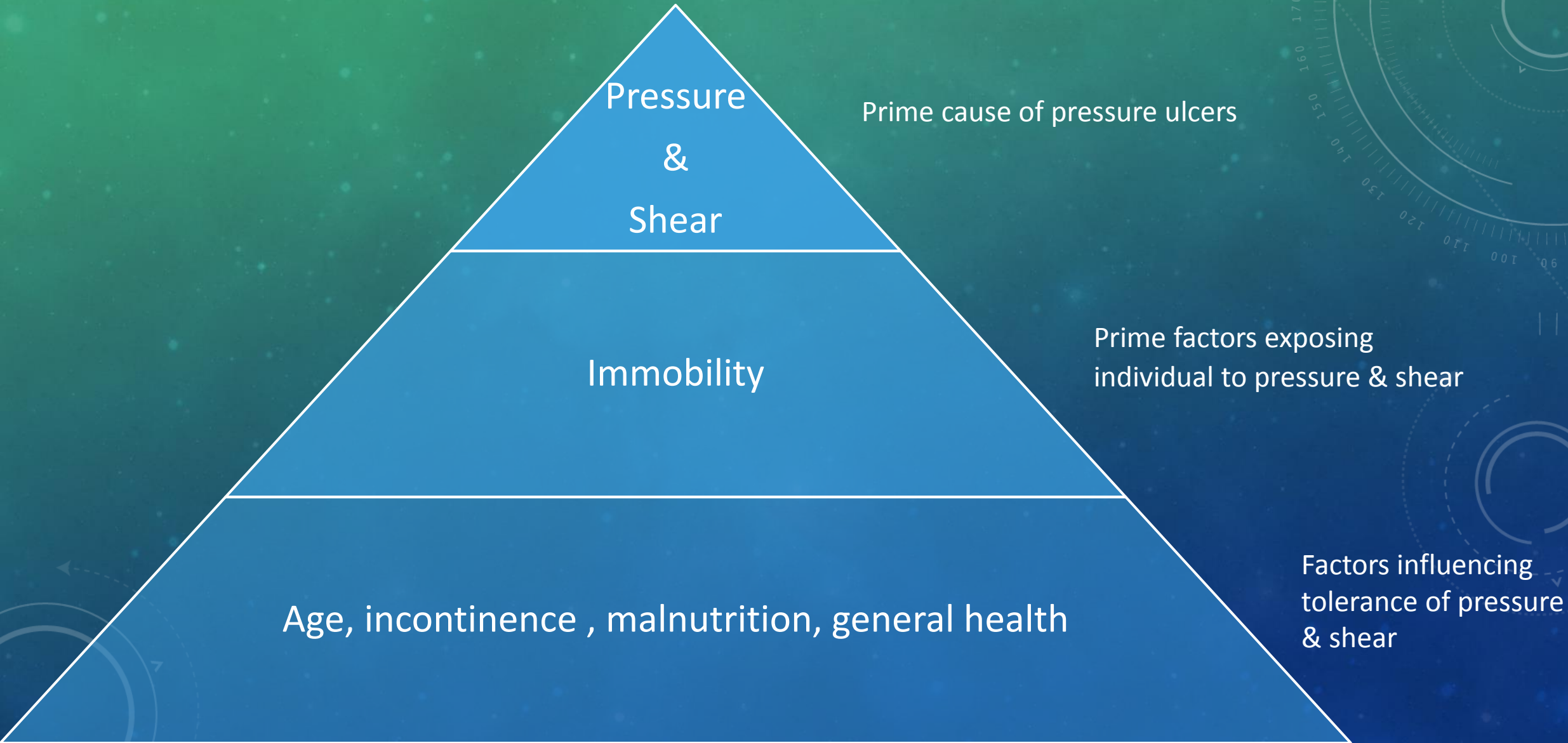
# TEAMWORK:
## PRESSURE ULCER PREVENTION AND MANAGEMENT AT NRH



# HIERARCHY OF RISK FACTORS (MOORE ET AL. 2011)



# WHY ARE OT SKILLS RELEVANT?

- Environmental Assessment
- Task Analysis & Adaptation (ADLs) Washing, Dressing, Toileting, Transfers
- Equipment Assessment & Provision
- Seating, Mobility and Posture – Assistive Technology
- Cognitive assessment and interventions
- Splinting
- Patient and Family Education

# OT ASSESSMENT & INTERVENTION

- Transfers – Bed, Shower Chair, Toilet, Wheelchair, Chair, Car, Floor
- ADLs – Bed Mobility, Washing, Dressing, Toileting
- Mobility – Home and Community
- Seating – Wheelchair, Armchair
- Does the patient use orthotics or splints?
- Does the patient have any cognitive impairments?

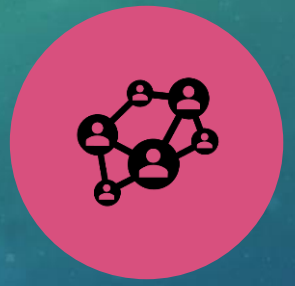
# EQUIPMENT PROVISION

# OT ROLE - SURFACES

- Wheelchair Cushion – but also more…….footplates, backrest, headrest, chest strap etc.
- Armchair/couch
- Shower Chair
- Toilet
- Transport e.g. car

# PRACTICAL CONSIDERATIONS

Check clothing, e.g. shoes, pockets, type of clothing



What supports does a person have.

Are they independent or need assistance?

What is important for the person to be able to do?

Patient and Family Education – repeated, multiple formats, person's learning style

# THE PRESSURE RELIEF TECHNIQUE

This will depend on:

- Patient's condition, e.g. SCI level
- Type of surfaces in use
- How much movement and strength the person has

# USE OF TILT AND RECLINE MECHANISM (RESNA 2015 )

- Tilt and recline wheelchair functions affect pressure and perfusion at the skin and muscle tissue at the ischial tuberosity and to a minimum extent at the sacrum.
- Tilt when used alone should be greater than 25° to achieve pressure relief and or tissue perfusion at the ischial tuberosity.
- The greatest reduction in pressure are seen when tilt and recline are used together. Either at tilt of 35 ° with recline of 100° or tilt of 15-25° with recline of 120°.
- Greater tilt and recline angles generally provide better pressure relief.
- 3 minutes duration of 35° tilt with 120° recline is more effective than 1 minute.
- Lateral weight shifting may sufficiently offload the ischial tuberosities on one side, but also simultaneously increase pressure on the other.

# REFERENCES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- Cosgrave, M. and Rose, L. (2003). A specialist seating assessment clinic: changing pressure relief practice. Spinal Cord, 41(12), pp.692-695.
- Moore, Z.; Cowman, S. and Conroy RM (2011). A randomised controlled clinical trial of repositioning, using 30 tilt, for prevention of pressure ulcers. *J Clin Nurs.* 2011 Sep;20(17-18):2633-44. 10.1111/j.1365-2702.2011.03736.x. Epub 2011 Jun 27.
- RESNA Position on the Application of Tilt, Recline and Elevating Leg rests for Wheelchair Users Literature Update (2015).

# THANK YOU FOR LISTENING